

The Massachusetts Disability Employment Initiative (MA-DEI)

**A Plan to Maximize Employment for People with
Disabilities in Massachusetts**

Revised – February 2009

**The MA-DEI was developed under a partnership among:
The Massachusetts Executive Office of Health and Human
Services
University of Massachusetts Medical School ~ Center for
Health Policy and Research
University of Massachusetts Boston ~ Institute for
Community Inclusion**

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I. Executive Summary

Massachusetts (MA) Governor Patrick has made enhancing the economic well being of all the state's residents through *job creation and economic growth* one of the key priorities of his administration. Consistent with this priority, in early 2008 the state's Executive Office of Health and Human Services (EOHHS) developed four major goals targeted to promoting job creation and economic growth for MA residents served by EOHHS agencies. These goals include:

- Increasing the accessibility and diversity of available jobs for EOHHS clients through policy development and employer outreach
- Maximizing the number of clients who receive employment supports from EOHHS agencies
- Maximizing the number of clients who move toward self-sufficiency through employment
- Successfully transitioning youth served by EOHHS agencies into the workforce

To support the achievement of these goals, the requirements of the MI-CEO grant, and to address the myriad of challenges that contribute to unemployment and underemployment for people with disabilities, MA, with support from the *Massachusetts Medicaid Infrastructure and Comprehensive Employment Opportunities* (MI-CEO) Grant, undertook a broad-based strategic planning effort. Beginning in January of 2008, the effort brought employers, providers, people with disabilities and other stakeholders together with state policymakers and program planners. Policymakers helped to identify current government priorities and employment-related initiatives, as well as opportunities for building on and enhancing the current capacity of state agencies to provide employment services. Multiple forums, roundtables and advisory groups were convened to capture the unique perspectives of people with disabilities and their family members, employment service providers, and employers. A multi-stakeholder strategic planning workgroup with substantial representation of people with disabilities, MI-CEO grant leaders, and strategic planning consultant's integrated information and recommendations generated during the process into a plan for a more comprehensive and coordinated employment service system for people with disabilities in the state.

The plan that resulted from this process proposes the creation of the ***Massachusetts Disability Employment Initiative (MA-DEI)***. The MA-DEI will be a public/private partnership, bringing together state policy makers across Secretariats, employment service providers, employers, and people with disabilities to create an environment that maximizes work opportunities for people with disabilities, addresses the needs of employers and strengthens the MA workforce. The success of these partnerships is particularly vital at this point in time, as MA, like the rest of the nation, copes with economic uncertainty that may threaten job growth within the state. In 2009 and beyond, the work of the MA-DEI and its partners will ensure that employment opportunities for people with disabilities remain a priority. Within the public sector, the MA-DEI will work to build capacity across multiple state agencies that support people with disabilities, including the state Medicaid and Vocational Rehabilitation agencies, as well as other state agencies that directly provide or purchase employment services for

people with disabilities. Within the private sector, the MA-DEI will seek to devise new ways of empowering youth and adults with disabilities to participate in employment, to enhance the capacity of community-based employment services and related support programs to more effectively assist people with disabilities to achieve their employment goals, and to engage businesses and employers to hire, retain and advance people with disabilities.

II. Massachusetts: The State of the State

People with Disabilities in Massachusetts

Data from the US Census Bureau's 2007 American Community Survey¹ (ACS) shows that 11% of working age people (16-64 years) in Massachusetts experience some form of disability, with disability rates equivalent for men and women. Certain racial/ethnic groups are at an increased risk for disability; ACS data suggest that 15% of African American and 17% of Hispanic residents in MA have a disability compared to 11% of Whites and 6% of Asians. The MA employment rate for working age people with disabilities in 2007 was 37% (with 19% working full-time) compared to a rate of 82% (with 57% working full-time) for people without disabilities. Employment rate varies within disability group. People with sensory disabilities² had the highest employment rate (49%). Individuals who had difficulty with self-care³ or going outside the home⁴ had the lowest employment rate, 21% and 19%, respectively. There is some regional variability in rates of disability among MA residents age 16-64, as well as variability in rates of employment for those with disabilities. Table 1 shows that estimated rates of disability are generally lowest in the eastern part of the state in Norfolk (8%) and Middlesex (8%) counties, and are generally higher in the western part of the state, particularly in Berkshire (18%) and Hampden (15%) counties. Among 16-64 year olds with disabilities, estimated employment rates range from 31% in Hampden County to 49% in Barnstable County.

Table 1. Rates of disability among residents 16-64; rates of employment among those with disabilities, by County

<u>Region of MA</u>	<u>County</u>	<u>Disability Rate</u>	<u>Employment Rate</u>
<u>Greater and Suburban Boston:</u>	Suffolk	12%	36%
	Norfolk	8%	40%
<u>Northeast:</u>	Essex	11%	37%
	Middlesex	8%	43%
<u>Southeast:</u>	Barnstable	11%	49%
	Bristol	14%	37%
	Plymouth	11%	44%
<u>Central:</u>	Worcester	12%	36%
<u>Pioneer Valley:</u>	Franklin	14%	47%
	Hampden	15%	31%
	Hampshire	10%	41%
<u>Western:</u>	Berkshire	18%	40%

Source: US Census Bureau, American Community Survey, 2006

¹ Bjelland, M.J., Erickson, W. A., Lee, C. G. (2008, November 8). *Disability Statistics from the American Community Survey (ACS)*. Ithaca, NY: Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics (StatsRRTC). www.disabilitystatistics.org

² Sensory disability type is based on the question: Does this person have any of the following long-lasting conditions: blindness, deafness, or a severe vision or hearing impairment?

³ Self-care disability is based on the question: Because of a physical, mental, or emotional condition lasting six months or more, does this person have any difficulty in doing any of the following activities: dressing, bathing, or getting around inside the home?

⁴ Going outside the home disability type is based on the question asked of persons ages 16 and older: Because of a physical, mental, or emotional condition lasting six months or more, does this person have any difficulty in doing any of the following activities: going outside the home alone to shop or visit a doctor's office?

MA residents with disabilities have lower levels of educational attainment than those without disabilities. Among working-age adults, 42% of individuals with disabilities have at least some college education or more compared to 69% of individuals without disabilities.

Among full-time workers ages 21-64, MA residents with disabilities have lower annual earnings than those without disabilities, with median earnings of \$40,700 compared to \$50,800, respectively⁵. The annual median earnings for people with sensory disabilities were the highest (\$41,700) and for people with going-outside-home disability was the lowest (\$30,500). Median annual household income in MA is lower for working age people with disabilities compared to those without disabilities (\$41,100 vs. \$78,300). Consequently, working-age individuals with disabilities are almost four times more likely to live in poverty in Massachusetts than those without disabilities (25% vs. 6.5%).

The Massachusetts Labor Market and Economic Growth

The national economy is struggling with a deep financial crisis and recession. Mirroring national trends, unemployment is on the rise in MA. Although below the national average of 6.5%, the MA unemployment rate in October 2008 was 5.5%⁶, compared to 4.4% a year ago. Despite uncertainties about the depth and length of the current economic downturn, the state's economy is well positioned to achieve continued economic growth and emerge from the recession as a national leader in knowledge-based industries, including but not limited to life sciences, nanotechnology, surgical and medical device technology, and professional services.

The strength of the MA economy lies in its vibrant learning and research community that provides home to world-class universities, public and private medical centers, research facilities, and innovative enterprises. The state has one of the best-educated labor forces in the nation, ranking first in college degree attainment among the states⁷. MA is a national leader in grant awards per capita from the National Institutes of Health and from the Small Business Administration. More than 10 percent of venture capital funding for the medical devices industry is regularly destined for MA⁸. There is strong commitment at the state leadership to investment in research, education, and technology. In early 2008, Governor Patrick signed a \$1 billion Life Sciences bill providing a ten-year roadmap and funding for capital investments, research grants and tax credits to organizations working in life sciences⁹.

The state's workforce is heavily concentrated near Boston. In the 4th quarter of 2007, 46% of all working age adults (16+ years) were employed in Boston and its Metropolitan Area, followed by Southeast with 20% (See Appendix A, Figure 1 for regional variations in workforce). Areas that had the largest percentage gain in employment were Boston (2.3%), Metro North (2.0%) and Metro South/West (1.5%) between the 4th quarter of

⁵ U.S. Census Bureau, 2006 American Community Survey. <http://www.census.gov/hhes/www/disability/2006acs.html>

⁶ Bureau of Labor Statistics, <http://data.bls.gov>

⁷ U.S. Census Bureau, American Community Survey 1-year Estimates, 2007 <http://factfinder.census.gov/>. Data refer to population 25 years and older.

⁸ Massachusetts Alliance for Economic Development. <http://www.massecon.com/mass.industrial.asp>

⁹ http://www.boston.com/news/local/breaking_news/2008/02/1_billion_life.html

2006 and the 4th quarter of 2007. Net losses were in Bristol County (-0.7%) and Brockton (-0.9%) in the Southeast.

Industries and Occupations in Massachusetts

Leading industries. The MA economy added 32,698 jobs between 2006 and 2007, a 1% job growth. Five large industry sectors comprised about half of all jobs in MA¹⁰, including Health Care and Social Assistance (14.3%); Professional, Scientific and Technical Services (7.6%); Accommodation and Food Services (7.9%); Retail Trade (10.6%); and Manufacturing (9.1%). The first three of these sectors were the principle source of job growth, accounting for nearly four of five net new jobs between 2006 and 2007. For the same period, Retail Trade and Manufacturing lost jobs.

Job vacancies. In 2007, job vacancies and vacancy rates increased in three of seven regions¹¹. Greater Boston recorded an 8.2% increase in job vacancies, followed by the Cape and the Islands (4%), and the Northeast (3.9%). At the same time the volume of job postings fell in the Pioneer Valley (-10.4%), the Southeast region (-7.4%), Western (-7.3%) and Central (-1.2%) MA.

Recruitment remained high in several of the state's industries in 2007. Statewide job vacancy rates were the highest in the following industries: Professional and Technical Services (5.5%), Accommodation and Food (4.6%), Health Care (4.4%), Arts, Entertainment, Recreation (3.7%), and Information (3.5%), Retail Trade (4.2%), and Finance and Insurance (3.3%). Relatively high vacancy rates exist in select industries in every region of the state. (See Appendix A, Table 1, Job Vacancy by Regions and Selected Industries). Four of the seven industries with the highest job vacancy rates statewide required *highly educated workers*; 85% of jobs in Information, 76% in Technical and Information, 73% in Finance and Insurance, and 58% in Health Care required at least an Associate's degree.

By occupation group, demand for workers is highest in Management; Business and Financial Operations; Computer and Mathematical; Architecture and Engineering; Life, Physical and Social Services; Community and Social Services; and Healthcare Practitioners. At the same time demand for workers remained low in Construction; Production, Transportation; Office and Administrative Support.

Projections for the future. As of March 2008, the state labor projections indicated that, by 2014, the MA economy will expand by 7.8%, with 265,800 new jobs being created⁷. In addition, there will be 799,200 job openings created by the retirement of current workers. The two fastest growing sectors, Professional, Technical, and Business Services and Health and Educational Services will add the most jobs, representing more than 2/3 of all new jobs. The third fastest growth is expected to be in Leisure and Hospitality.

¹⁰ *LMI Profile, Annual Profile for Massachusetts*, March 2008, Executive Office of Labor and Workforce Development, Commonwealth of Massachusetts.

¹¹ *Massachusetts Job Vacancy Survey 4th Quarter 2007*, Executive Office of Labor and Workforce Development, Commonwealth of Massachusetts.

Seven industries are expected to provide about half of all projected new jobs. These include Food Service and Drinking Places, Private Hospitals, Management and Technical Consulting, Offices of Health Practitioners, Residential Care Facilities, Employment Services, Colleges and Universities and Computer Systems Design. Among the 30 fastest growing occupations, 19 are either in health care or information technology. In terms of education and training, 22 of the 30 require at least an Associate's Degree. (See Appendix A, Table 2 for Job Vacancy Rates and Degree Requirement by Selected Industries). Beyond the fastest growing occupations, more than half (56%) of all new jobs in MA will require an Associate's Degree or higher. For those seeking a rewarding career path with good pay and upward mobility, some form of post secondary education will be essential.

Massachusetts' Economic Challenges. Although MA has some unique economic advantages to compete in national and international markets, it also faces some challenges. According to the U.S. Census Bureau's projections for 2025, the rate of population gain will be one of the smallest, putting MA 42nd among the states. The rate of growth in the elderly population is expected to increase from 14.2% in 1995 to 18.1% in 2025. By 2025, MA is projected to have the 36th highest proportion of the elderly among states¹². Despite being in the forefront of innovation, research and education, MA is also a high cost state for businesses and is one of the highest cost of living areas for young college graduates. With an aging labor force, slow migration into the state and a high cost of doing business, political and business leaders have difficult challenges to meet and unique resources to tap into.

The number of residents with disabilities who have been benefiting from the state's economic prosperity has been historically low. It is going to be a special challenge to bring jobs to those areas of the state (e.g. Hampden and Bristol counties) where disability rate is above the state average and employment rate is the lowest within the disabled population among the counties. Jobs in the projected growth sectors of the state economy increasingly require post secondary education and specialized skills from its workforce. Educational institutions will have to work with industry leaders and tailor their degree programs and certificates to the needs of the new economy. Amidst the latest serious economic downturn, increasing unemployment, increasing state budget shortfalls, rising tuition costs, there is a heightened need for financial assistance for those seeking and currently pursuing higher education. Despite these challenges, research has shown that the disability population is able and willing to work and provides a rich and largely untapped resource to be integrated into the state's economy.

The Massachusetts Commitment to Employment for People with Disabilities

Soon after assuming office in January of 2007, **MA Governor Patrick** established nine major, statewide priorities for his administration as well as methods for assessing progress in achieving these priorities. This initiative – known as **MassGOALS** – provides both a roadmap and accountability measures for the work of Secretariats and State Agencies under the Patrick administration. One of these priorities – enhancing the economic well being of all residents through **job creation and economic growth** – is

¹² State Population Ranking Summary, US Bureau of the Census, Population Division, Population Paper Listing #47.

most germane to the state's strategic plan to maximize employment for people with disabilities.

Responding to the MassGOALS initiative, in early 2008 the MA **Executive Office of Health and Human Services (EOHHS)**, a cabinet level Secretariat that oversees the majority of state agencies serving people with disabilities or potentially disabling conditions, convened a working group to develop a set of goals and indicators to be used to measure the effectiveness of EOHHS agencies in promoting job creation and economic growth for residents served by these agencies. This group, co-chaired by the EOHHS Assistant Secretary for Disability Policy and Programs and the Commissioner of the Massachusetts Rehabilitation Commissioner (the state VR agency), identified four goals targeted to residents served by EOHHS agencies:

- Increase accessibility and diversity of available jobs for EOHHS clients through policy development and employer outreach;
- Maximize the number of EOHHS clients who receive employment support services from EOHHS agencies;
- Maximize the number of targeted EOHHS adults who move toward self-sufficiency and independence through employment;
- Successfully transition EOHHS youth into the workforce.

EOHHS leaders meet quarterly with the Governor to review the progress of agencies in achieving these four goals – known as the EHSResults Initiative. This initiative has provided a framework and led to a commitment by the agencies to improve data tracking capacities in order to accurately report on employment indicators in EHS Results. The EHSResults Initiative also provided initial guidance to the development of the state's strategic plan for employment for people with disabilities.

In January 2007, Governor Patrick issued **Executive Order 478** regarding non-discrimination, diversity, equal opportunity and affirmative action in all aspects of employment, programs, services and other functions of the Executive Branch of the Commonwealth. Pursuant to this order, a disability task force, convened by the chief of the state's Human Resources Division and the director of the Massachusetts Office of Disability, was developed and is currently working to implement a plan for the **Executive Branch of the Commonwealth to be a model employer** of people with disabilities.

Additionally, at Governor Patrick's direction, an Olmstead Planning Committee was convened in late 2007 to create a comprehensive community living plan for people with disabilities and elders in the state. Released in the Fall of 2008, the MA **Community First Olmstead Plan** articulates six goals to maximize the extent to which elders and people with disabilities are able to live successfully in their homes and communities, including promoting employment of people with disabilities and elders by collaborating with the strategic planning effort of the MA MI-CEO grant, and work of the **Cross-Secretariat Steering Committee on Employment**. The Steering Committee, which is comprised of representatives from all of the EOHHS agencies as well as from the Executive Office of Labor and Workforce Development and other Secretariats, is

charged with coordinating employment initiatives for all state residents served by public human service agencies.

These multiple initiatives and planning efforts (See Appendix B for additional details) are evidence of the strong commitment of Governor Patrick and state leaders to a shared vision of employment as a critical part of an individual's community integration and quality of life.

Employment Services and Supports for People with Disabilities in Massachusetts

MA has historically been a progressive state, rich in services and other resources for youth and adults with disabilities and potentially disabling conditions. There are multiple state agencies that directly provide employment services and/or purchase employment services from hundreds of community-based vendor-run programs in the state. Other agencies/programs provide indirect employment supports (e.g. health services or benefits counseling) to people with disabilities. Most of these state agencies serving people with disabilities are overseen by the EOHHS, and include the Office of Medicaid (MassHealth), the MA Rehabilitation Commission, the Departments of Mental Retardation and Mental Health, the Commissions for the Blind and for the Deaf and Hard of Hearing, and the Department of Transitional Assistance (See Appendix C for EOHHS Organizational Chart). In addition, people with disabilities can receive employment services from the One Stop Career Centers throughout the state, which are overseen by 16 regional workforce investment boards.

While MA has a strong history of providing services to people with disabilities, state services have been impacted by the recent economic downturn. In October 2008, Governor Patrick announced budget cuts that are currently having an impact on many state services for people with disabilities. Fortunately, at this point in time, many core services that support people with disabilities to obtain and maintain employment remain intact. EOHHS agencies providing employment services and related supports to people with disabilities include:

- The Massachusetts Office of Medicaid – known as MassHealth – provides health insurance for individuals with disabilities who meet Social Security Administration or state SSA-based disability criteria. MassHealth covers a full range of health care services, including inpatient, outpatient, pharmacy, and behavioral health services, as well as Personal Assistance Services (PAS), which are available in and out of the home, including in the workplace. The MassHealth *CommonHealth Working Program (CHW)* (the state's Medicaid Buy-in Program) allows working adults with disabilities whose income exceeds standard limits to purchase MassHealth with a family income-adjusted premium. The CHW program, which has no income or asset limit, is the oldest and one of the largest and most successful buy-in programs in the US. As of July 2008, there were 228,900 adults with disabilities enrolled in MassHealth; over 10,000 MassHealth members were enrolled in CHW. Research findings show that CHW members are among the highest earners among Medicaid Buy-in program enrollees nationally¹³.

¹³ Gimm, G., Davis, S. R., Andrews, K. L., Ireys, H. T., & Lui, S. (2008). The three E's: Enrollment, employment and earnings in the Medicaid Buy-in Program, 2006. Final Report. Washington, DC: Mathematica Policy Research, Inc.

Recent budget cuts have not impacted the CHW program, PAS services or other current health care services for people with disabilities covered by MassHealth.

- The Massachusetts Rehabilitation Commission (MRC) is the designated state vocational rehabilitation (VR) agency responsible for assisting people with the most severe disabilities to obtain and maintain competitive employment. MRC counselors provide traditional VR services. MRC also often purchases employment services, including assessments, on-the-job training and job coaching, and post employment supports from community-based vendor agencies. In fiscal year (FY) 2008, MRC provided vocational rehabilitation services to over 11,000 clients and successfully placed and retained 3,559 clients in competitive employment. Recent budget cuts have resulted in the elimination of MRC's Extended Employment (sheltered workshop) Program. While MRC intended to eliminate this program in the long run, the unexpected loss of funds is anticipated to have an impact on MRC's ability to invest in additional long-term employment support services.
- The Department of Mental Retardation (DMR) provides employment services to approximately 5600 adults with intellectual disabilities to promote skill development and community participation, including individual integrated (i.e. competitive) employment, sheltered and group-based employment, volunteer work, and school-to-work transition services. In FY '07-'08, DMR supported 1601 clients in competitive employment. DMR is currently implementing a statewide strategic plan (developed with support of the MA MI-CEO grant) to promote an Employment First policy for all adult clients. Recent budget cuts have not had a substantial impact on DMR's employment services; however the cuts to MRC's Extended Employment Program have eliminated services for 110 DMR clients served through this MRC funded program.
- The Department of Mental Health (DMH) provides both inpatient and community-based services to approximately 20,000 adults living with mental illness in the state, and supported over 3000 individuals in competitive employment in FY 2008. Recently, DMH began a redesign of all community-based services to reflect the department's commitment to providing a recovery-oriented system of care. Consistent with this commitment, DMH now funds six peer-operated support programs (Recovery Learning Communities) for people living with mental illness throughout the state as well as a Boston-based, peer-operated TA and training center (the Transformation Center). Recent DMH budget cuts have resulted in the elimination of 25 Supported Education and Employment programs. However, DMH will continue to provide employment services to clients through 32 Clubhouse programs across the state. In addition, DMH plans to reprocur all community-based services in 2009, expecting all vendors to provide services under a recovery-oriented model that includes principles of evidence-based employment practices (emphasizing competitive employment) as a critical service component.

- The Massachusetts Commission for the Blind (MCB) provides VR services, including supported and sheltered employment services, to people who are legally blind. During Fiscal Year '08, MCB successfully placed and retained 121 clients in competitive employment. Recent budget cuts have led to the closing of MCB-funded Ferguson Industries, a sheltered workshop serving approximately 25 clients; other VR services provided by MCB have not been impacted.
- The Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) does not provide direct employment services to clients (these are provided by MRC) but does provide interpreter and CART referral services, assistive technology, case management and other services to support clients in employment. Recent budget cuts have had a significant impact on the CART and interpreter referral services, creating additional barriers to communication access.
- The Department of Transitional Assistance (DTA) is the state agency responsible for administering public assistance programs. MA DTA provides employment assistance, food stamps, cash assistance, and emergency shelter services. Approximately 15% of the people served by DTA disclose a disability; many others face health and social challenges that can create employment barriers. The DTA Employment Services Program (ESP) served over 2,500 clients in FY 2008. Recent budget cuts have resulted in a significant reduction to funds for ESP.

Working with the agencies that purchase employment services from community vendor programs (i.e. MRC, DMR, DMH, MCB and DTA), the EOHHS Purchase of Service Policy Office is in the process of developing a new, streamlined and standardized mechanism that will be used across all agencies to purchase employment services from vendors beginning in 2009. This Comprehensive Integrated Employment Services model reflects an EOHHS commitment to purchasing *competitive employment* services from community vendors, and includes an outcome-based reimbursement strategy that will link provider payments to client achievement of key milestones along the path to competitive employment, and will require all providers to track outcomes with a standard data collection tool.

MA has two Social Security Administration-funded Work Incentives Planning and Assistance (WIPA) programs. *Project Impact*, which is housed at MRC and *BenePLAN*, which is housed within the Center for Health Policy and Research at University of Massachusetts Medical School (which also holds the MI-CEO grant) both provide high quality benefits counseling services to people with disabilities receiving SSDI, SSI, Medicaid, Medicare, and other entitlements to help people make fully informed decisions about employment and earnings. These two programs developed benefit plans for over 1300 clients in FY '08.

Massachusetts' Workforce Development System

The **Executive Office of Labor and Workforce Development (EOLWD)** is responsible for workforce support and development (See Appendix C for EOLWD Organizational

Chart). The state's 16 regional workforce investment boards (WIBs), comprised of employers, representatives of labor, higher education, business and industry associations, economic development and workforce organizations, provides leadership in workforce development in each region across the state, and work to address each region's specific workforce development needs resources. Employment and business services are delivered primarily through 32 One Stop Career Centers, grants and workforce development initiatives, which along with Youth Councils, are overseen by the WIBs. Representatives from the VR and community agencies that serve people with disabilities provide input to planning for workforce development services. In addition, the Disability Program Navigator funds "navigators" to guide people with disabilities in using the region's OSCCs. Over the past year the workforce system has experienced funding cuts that have led to the elimination of specialized services such as the New Perspectives program that brought experienced clinicians into the Career Centers to provide consultation and limited directed support to customers. Career Centers also received funding from DTA to provide employment supports to DTA clients. Although seen as valuable, these services have been eliminated as part of recent state budget cuts.

Working with the **Commonwealth Corporation** and Northeastern University's Center for Labor Market Studies, EOLWD has launched the **Working Together: Regional Workforce Strategy Initiative** in order to better link workforce development efforts with existing business needs. This initiative is bringing leaders in business, education, government, and workforce development together to develop concrete plans and partnerships to fill jobs that are in-demand in each region of the state. By bringing these leaders together, EOLWD will develop regional pipelines to prepare MA workers for high demand jobs.

MA also has a diverse array of public and private organizations focusing on economic development and the needs of businesses in the state. Outside of state government, organizations such as the Chambers of Commerce, Associated Industries of MA, the New England Council, and the MA Business Leadership Network provide a wide range of services for businesses. Governor Patrick has made economic development a major priority of his administration, and has recently created the Development Cabinet, a collaborative partnership between cabinet secretaries that is geared toward identifying and promoting business development, job growth and infrastructure projects.

MA Departments of Education

The **Department Elementary and Secondary Education** is responsible for providing educational services to youth with disabilities. Schools are required to incorporate transition planning into students' Individualized Education Plans by the time a student turns 16. In addition, schools must make referrals to the Bureau of Transition Planning to ensure that students are connected to the appropriate adult service agencies.

The **Department of Higher Education** oversees 29 public higher education institutions, including 15 community colleges. Community colleges offer open access to high quality, affordable academic programs, including associate degree and certificate programs. Forty-five percent of all students in the state higher education system attended

community colleges in 2006-2007 academic year. Community colleges have a special responsibility for workforce development and through partnerships with business and industry, provide job training, retraining, certification, and skills improvement. In addition, they assume primary responsibility in the public system for offering developmental courses, programs, and other educational services for individuals who seek to develop the skills needed to pursue college-level study or enter the workforce.

MA Executive Office of Transportation

The **Executive Office of Transportation** oversees both fixed route and para-transit services operated by public and private transit companies. The MBTA is one of the oldest mass transit systems in the country serving 78 percent of the state's population of 6 million people in 175 Greater Boston communities. The MBTA is an independent state authority operating commuter rail, rapid rail, surface rail, commuter boat, bus, trackless trolley and van services serving approximately 1.1 million passengers a day. Communities outside the Greater Boston area are served by 15 independent Regional Transit Authorities (RTA). To comply with the ADA, both the MBTA and the RTAs operate shared-ride, door-to-door service for eligible individuals who cannot use general public transportation due to a physical, cognitive or mental disability. Transportation is provided via lift-equipped vans. The MBTA's para-transit service –THE RIDE– is offered in 62 cities and towns in the Greater Boston area. In general, services are operated during the same day and hours as fixed route services are provided by transit authorities. For communities served by RTAs, para--transit services may be limited to weekdays from morning to evening only and reduced hours or no service on weekends.

Other Resources for People with Disabilities in Massachusetts

In 2005, Massachusetts began a 3-year grant period of federal funding to create greater access to **assistive technology devices and services** for people of all ages and abilities. The funds were authorized by the Assistive Technology Act of 1998; **MassMATCH** is the Commonwealth's plan to Maximize Assistive Technology in Consumer's Hands (MATCH). Through partnerships with community-based organizations, MassMATCH's mission is to promote the use of assistive technology and assistive technology services to enhance the independence of people with disabilities, enabling equal participation in all of life's activities. The MRC is the lead state agency implementing MassMATCH in collaboration with seven additional state agencies. Consumer direction is provided by and AT Advisory Council which is comprised of a majority of individuals who either use AT themselves or are the family members or guardians of people using assistive technology.

The **Massachusetts Chapter of Easter Seals** helps people of all ages with any disabilities -- individuals disabled through illness, accident or aging, as well as people born with disabilities—to achieve equal opportunities to live, learn, work and play. Easter Seals serves people at more than 100 sites in communities all over Massachusetts, including Technical and Training Centers in Boston, Worcester and New Bedford. Easter Seals' supporters in Massachusetts include nearly 110,000 individuals, foundations, corporations, small businesses and service clubs. Easter Seals provides the following services: maintains the Assistive Technology Regional Center

(ATRC) that helps people with disabilities in Eastern Massachusetts make informed decisions about assistive technology they can use to increase their independence at home, on the job or in school. The center shares the Easter Seals mission: ensuring that children and adults with disabilities have equal opportunities to live, learn, work and play. In addition to assistive technology, Easter Seals provides autism services, disability resource information, job training and employment, rehabilitation and therapy and youth leadership programs.

New England INDEX is a web-based searchable resource database providing “one-stop-shopping” for information on programs and services provided directly or indirectly by private or public organization for people with disabilities. People can also search the website for disability activist organizations, advocates, attorneys, counselors, benefit specialists, physicians and dentists by specialty and region. In addition the New England INDEX is a resource on multicultural information, disability news, laws and legislations pertaining to disability and provides a directory of 285 links that serve the disabled community. The site was developed and is operated by the Shriver Center, a division of the University of Massachusetts Medical School. The INDEX is funded by the DMR, MRC and EOHHS.

III. A Foundation for Enhancing Capacity in Massachusetts

Massachusetts Strengths and Challenges

Despite the recent economic challenges, MA continues to be a state with substantial resources upon which to build, and continues to have a strong commitment to serving people with disabilities. With an extensive array of health and employment services and a relatively strong economy, the state has been able to advance employment opportunities for people with disabilities. MA has been a leader in protecting access to health care for working people with disabilities by implementing the CommonHealth Working (CHW) program, sending a strong message that work and earnings among people with disabilities are valued and not penalized. In addition, the economic outlook for MA can support entry of more people with disabilities into the workforce.

The policy infrastructure within state government has been strong in MA. There is a well-established system of services for people with disabilities, and a commitment to develop strategies for better coordinating employment efforts across agencies through the work of the EOHHS Office of Disability and Community Services and the cross-Secretariat Steering Committee on Employment. MA has also benefited from eight years of funding under the MIG (2001-2003) and MI-CEO (2004-2007) grant programs. During this period, grant staff, working with multiple stakeholders, contributed to fortifying an infrastructure of employment services and supports for promoting employment of people with disabilities.

However, the recent economic downturn, which has led to substantial budget cuts, has the potential to destabilize the current system and it remains unclear how reductions in certain services will ultimately affect the state’s ability to meet the employment needs of youth and adults with disabilities. Moreover, in addition to those created by the current

economic situation, other challenges remain for people with disabilities who want to work.

Barriers to Employment for People with Disabilities

Research conducted under the prior MI-CEO grant (See Appendix D for summaries of prior research) showed that people with disabilities in MA continue to face both personal and systemic barriers to employment. Among these may be:

- Multiple health challenges and/or activity limitations that may limit work energy and effort
- Lack of education or skills training that matches current job opportunities
- Lack of access to high quality, state-of-the-art employment services
- Lack of access to good information about the impact of work on disability benefits
- Lack of access to transportation that can support participation in work
- Low expectations and other discouraging messages from family member and/or healthcare providers
- Concerns about discrimination and the stigma associated with disability that can impede work attempts

These and other barriers, considered in the context of the many strengths as well as the current challenges faced by MA, underscore that 2008 has been a crucial time to undertake a deliberate strategic planning process to enhance the infrastructure for employment of people with disabilities.

IV. The Strategic Planning Process

The existing MA employment services and supports provide a strong foundation for creating a more integrated and comprehensive system to enhance employment for people with disabilities. To achieve enhancements, MI-CEO grant staff from the Center for Health Policy and Research (CHPR) at UMass Medical School and the Institute for Community Inclusion (ICI) at UMass Boston, in partnership with EOHHS leaders, adopted an approach to the strategic planning process that prioritized: 1) building on existing capacity and employment initiatives in the state; 2) engaging representatives of four key stakeholder groups – state-level policy makers and program planners; employment service providers; employers; and people with disabilities and their family members – and 3) developing strategies targeted to these four groups. In particular the strategic planning approach was guided by the Governor's agenda for economic growth and job creation (MassGoals) and the EHSResults initiative.

To develop the MA strategic plan – hereafter referred to as the **Massachusetts Disability Employment Initiative or MA-DEI** – MI-CEO grant staff, with assistance of strategic planning consultants, designed a four phase process that: (I) established planning teams, (II) assessed existing capacity and employment initiatives in the state, (III) obtained input from representatives across the four key stakeholder groups to ensure an inclusive process, and (IV) synthesized and integrated findings into a draft plan. After the recent economic downturn resulted in cuts to state services, a fifth phase was added to (V) review areas planned for development and reprioritize and restructure activities to propose a course of action that would be responsive to recent changes and

maximize the potential positive impact on employment for people with disabilities. Phase VI, revision and finalization of the plan, will occur following the CMS panel review of the plan. The table below shows the focus of activity, primary outputs and milestone events occurring during each phase.

Table 2. Phases of Strategic Planning for the MA-DEI

Phase	Activity	Primary Output	Milestone Events
Phase I	Obtain strategic planning consultation. Identify overarching approach and teams to develop and oversee the strategic planning process.	Organizational plan and approach that identified members, roles, and projected strategic planning activities. Established MA-DEI Executive Team and Strategic Planning Workgroup.	<ul style="list-style-type: none"> • Initial EOHHS-UMass Strategic Planning Meeting (Fall '07) • Strategic Planning Consultation Meetings (11/07) • Meeting with EOHHS Commissioners (12/07) • First Meeting of the MA-DEI Executive Team (1/08) • Presentation to Cross-Secretariat Steering Committee on Employment (1/08) • Ad hoc meetings with State Agency Staff, Advocates and People with Disabilities (1/08) • First meeting of MA-DEI Strategic Planning Workgroup (2/08)
Phase II	Collect, synthesize information on existing initiatives and planning processes across state agencies and stakeholder groups relating to employment for people with disabilities.	Summary document outlining existing efforts across state agencies and focus areas. Identification of opportunities for capacity building, gaps and areas of focus for MA-DEI.	<ul style="list-style-type: none"> • Monthly MA-DEI Executive Team Meetings • Bi-monthly MA-DEI Strategic Planning Workgroup meetings • Ad hoc meeting with State Agency Staff, Advocates and People with Disabilities (3/08) • Strategic Planning Retreat with MI-CEO Grant Staff (5/08)
Phase III	Conduct forums with stakeholder groups to identify issues, challenges, and potential priorities for MA-DEI. Contract with Consumer Quality Initiative to conduct public forums to review initial priorities for MA-DEI.	Reports from: <ul style="list-style-type: none"> • Business Roundtable • Consumer Forum • Provider Forum • Regional Public Forums 	<ul style="list-style-type: none"> • Monthly MA-DEI Executive Team Meetings • Bi-monthly Strategic Planning Workgroup Meetings • Business Roundtable (6/08) • Employment Forum for People with Disabilities (8/08) • Employment Service Provider Forum (9/08) • Regional Public Forums (9-10/08)
Phase IV	Review reports from all forums with stakeholder groups; identify major focus areas (issues), goals and strategies for the MA-DEI.	Draft full MA-DEI strategic plan	<ul style="list-style-type: none"> • Monthly MA-DEI Executive Team Meetings • Bi-monthly Strategic Planning Workgroup Meetings • MI-CEO Grant Team Retreat to Establish Strategic Plan Format and Final Content (10/08) • Executive Team Meetings to Review Strategic Plan Format and Final Content (10/08)

Phase	Activity	Primary Output	Milestone Events
Phase V	Review plan themes and strategies for applicability in new economic landscape.	Revised strategic plan; finalize for submission to CMS.	<ul style="list-style-type: none"> Executive Team Meetings to Review State Budget Cuts and Impact on Strategic Plan Development (10/08) Steering Committee Meeting to Discuss Impact of Cuts on Programs (11/08) Submit draft plan to CMS (11/08)
Phase VI	Submit draft plan to CMS for panel review	Final MA-DEI Strategic Plan.	<ul style="list-style-type: none"> CMS Panel Review of the Massachusetts Disability Employment Initiative strategic plan (12/08)

Phase I. In anticipation of funding for the 2008 MA MI-CEO grant, grant leaders from CHPR and ICI garnered high-level commitments from EOHHS and state agencies to the strategic planning process. In the Fall of 2007, MA MI-CEO leadership hosted a meeting with the EOHHS Assistant Secretary of Disability Policy and Programs and other senior EOHHS staff to conceptualize development and oversight of the strategic planning process. Subsequently, the MI-CEO leadership partnered with EOHHS leadership to present and discuss the goal of the strategic planning process to executives (Commissioners or their designees) of the EOHHS disability-serving agencies, including MassHealth, MRC, DMR, DMH, MCB, MCDHH and DTA. The result of this discussion was the establishment (in January 2008) of an **MA Disability Employment Initiative Executive Team** to provide executive oversight to the strategic planning process. This team, which met monthly throughout 2008, included MI-CEO senior leaders, the EOHHS Assistant Secretary of Disability Policy and Programs, the Commissioner of the MRC, a Deputy Commissioner at DTA, the Director of Member Policy and Program Development for MassHealth, the Managing Director of the **Cross Secretariat Steering Committee on Employment**, and, as an employer representative, a Vice President of Human Resources for the largest healthcare employer in the state. The Executive Team included individuals with disabilities as well as those coping with disability in their families. Consultants in strategic planning also participated in the monthly Executive Team meetings. Early in the winter of 2008, the MA-DEI Executive Team made a major presentation on the strategic planning process to the Steering Committee on Employment (which coordinates employment activities across Secretariats and Agencies); subsequently, the Steering Committee was routinely briefed on progress in developing the strategic plan at their monthly meetings to ensure that strategic planning efforts were aligned with the work of this group. Finally an ad hoc group of state agency executives, advocates and people with disabilities who had previously advised the grant provided additional input into the development of the strategic planning process.

In addition to the Executive Team, a **MA-DEI Strategic Planning Workgroup** was also established early in 2008. The Workgroup was comprised of select MI-CEO grant staff from CHPR and ICI, as well as people with disabilities and family members who were recruited from advocacy groups (e.g. **Employment Now Coalition**) and consumer-run organizations throughout the state. Represented within the Workgroup were individuals with physical disabilities, psychiatric disabilities, intellectual/cognitive disabilities, and visual and hearing impairments. The workgroup, which met bi-monthly beginning in February 2008, was responsible for undertaking the day-to-day work required for the strategic planning effort. By the beginning of the new grant year in early 2008, the

infrastructure for managing the strategic plan development and review processes was in place (See Appendix E for strategic planning process diagram).

Phase II. During Phase II, members of the Strategic Planning Workgroup met individually with state agency executives and reviewed written documents to identify existing initiatives and planning efforts related to employment for people with disabilities (Appendices B and F). In addition, Workgroup members re-convened the ad hoc meeting of state agency staff, advocates and others individuals with disabilities to identify progress on these initiatives and problems/issues not addressed by the initiatives. Workgroup members compiled findings into a comprehensive summary document, pointing to opportunities for capacity building and unaddressed problems/issues (gaps) to inform the development of potential priorities for the MA-DEI. The Workgroup also hosted a planning retreat with all CHPR and ICI staff to develop and test a strategy for further identifying problems/issues and potential priorities with various stakeholder groups. The **World Café** strategy included rotating small group discussion sessions that enabled participants to comment in detail on different aspects of the emerging plan then convene as a larger group for processing and prioritization.

Phase III. The Strategic Planning Workgroup used the World Café strategy to solicit input on the emerging issues and priorities for the MA-DEI during separate large **forums with two key stakeholder groups -- people with disabilities** in August 2008 and **employment services providers** in September 2008. (Individual interviews were also held with providers who could not attend the forum). Major issues discussed at the forum for people with disabilities included: empowering people with disabilities; employment services and supports; work incentives and benefits information; the needs of youth with disabilities; transportation; engaging employers; and communicating a positive message about employing people with disabilities. Issues discussed during the provider forum included: building capacity within the service system; defining and measuring employment outcomes; and effectively engaging employers. Input from employers was solicited during a **Business Roundtable** (held in June 2008) with representatives from small and large MA-based businesses (convened by Workgroup and EOHHS leadership) and during individual meetings between employers and members of the Workgroup. Discussions with employers focused on their concerns and ideas for hiring, retaining, and advancing people with disabilities in competitive employment. (See Appendix G for additional information on outreach efforts with all stakeholders).

Finally, **Consumer Quality Initiatives (CQI)**, a MA-based consumer-operated research, evaluation and quality improvement organization was hired to work closely with the Strategic Planning Workgroup to convene and facilitate five public forums during which the emerging priorities for the MA-DEI were presented and public comment and input was solicited. Multiple strategies were used to recruit forum participants; people with disabilities, family members, advocates, service providers and state agency staff were among the forum participants. (See Appendix H for CQI's full report on Forums).

Phase IV. Once data and information from Phases I - III had been compiled and synthesized, members of the Strategic Planning Workgroup, along with other MI-CEO grant staff and strategic planning consultants developed a format for the plan and, based on stakeholder input, a recommended final set of MA-DEI Priorities, Goals, Strategies and Activities. MI-CEO grant leadership then shared the priorities, goals strategies and activities with the MA-DEI Executive Team and other senior agency executives at EOHHS. The MI-CEO **Consumer Outreach Coordinator** shared the final set of priorities with and solicited feedback from members of the Strategic Planning Workgroup and individuals with disabilities who attended the consumer forum.

Phase V. When Governor Patrick announced proposed cuts to the EOHHS budget in response to the economic downturn, the Strategic Planning Workgroup and MI-CEO grant leadership revised the strategic planning timeline to allow for additional discussions with the MA-DEI Executive Team and state agency leaders to review the proposed MA-DEI plan in light of changes in state employment services and supports for people with disabilities.

Phase VI. Once the plan is submitted for review, the MI-CEO grant leadership will prepare for the panel evaluation by CMS reviewers. Feedback from the review will be incorporated into the final MA-DEI plan and the plan will be re-submitted to CMS.

V. Major Issues Emerging from Strategic Planning Process

Issue 1. Stigma Needs to be Addressed and the Potential of People with Disabilities to Work Needs to be Widely Communicated

Stakeholders at all forums spoke about the role that stigma and discrimination can play in keeping people with disabilities from achieving employment success. Some felt that discrimination exists at all levels – within the service system, among employers, and within the greater community – and creates one of the greatest barriers to employment for people with disabilities. Stakeholders argued that until all parties believe in the positive potential of people with disabilities in the workforce, unemployment and underemployment of people with disabilities will not be resolved.

Stakeholders noted that both employment service providers and people with disabilities need more effective marketing strategies targeted to both employers and the broader community. They identified the need for strategies that offer positive messages and success stories, that share information about the benefits of and approaches to effectively hiring people with disabilities, and that recognized good employers. Many suggested that a strong marketing and communication campaign could positively affect the public, as well as employers, service providers and even people with disabilities themselves. Stakeholders also suggested that people with disabilities could effectively address stigma and discrimination by acting as role models in formal and informal dealings with businesses and state agencies. A public campaign approach to communicate the positive potential of people with disabilities to work received strong support.

Issue 2: Youth and Adults with Disabilities can be Empowered to Participate in Employment

Stakeholders at all forums spoke of a need for accurate and accessible information so that people with disabilities can make informed decisions about work. Stakeholders made it clear that information – from state agencies, employment service providers and schools – is essential to empowerment. Many noted the lack of a single source of good information in the state where people with disabilities can learn about the array of services that can help them join or rejoin the workforce. In particular, all stakeholders noted the importance of ensuring that youth with disabilities and their families have the information and resources they need to ensure a successful transition from school to post-secondary education and/or the workforce.

In addition, stakeholders with disabilities and family members strongly valued the role peers could play in promoting employment. Many spoke of the need for peer support and networking opportunities, and the need for positive role models to fight stigma, to help empower and motivate others with disabilities, and to provide “real-life” solutions to work-related challenges, such as requesting accommodations or disclosing disability in the workplace. Many argued that creating real opportunities for active and meaningful involvement of both youth and adults with disabilities in the implementation and evaluation all aspects of the MA-DEI is a way to empower both individuals and the community of people with disabilities.

Issue 3: Business and Employers Need to be Full Partners in Promoting Employment for People with Disabilities

Employers who participated in roundtable discussions expressed interest in promoting employment for people with disabilities, but have questions and unaddressed concerns. They identified a strong interest in learning from other employers who have achieved success and recognition in hiring and retaining people with disabilities. Employers also identified a need for a more businesslike approach on the part of employment service providers. Employers described being approached by too many service providers with varying strategies; employers want a coordinated, streamlined, and business-oriented approach to service provision. People with disabilities, services providers and employers all acknowledge that employers need information on hiring and retaining people with disabilities and on making workplaces more fully accessible.

Stakeholders at the public forums, particularly people with disabilities and family members, expressed some lack of confidence in the willingness of businesses to hire people with disabilities, and the view that that stigma and discrimination continue to be major obstacles. It is clear that there are differing levels of willingness and ability to hire and retain workers with disabilities among businesses, from those that have been identified as leading the effort, to those with a desire to hire workers with disabilities but without confidence in their capacity to do so, to those with neither the willingness nor the desire. Business-to-business strategies are needed to expand the range of employment opportunities for people with disabilities, and all stakeholders agree that efforts to promote employment of people with disabilities without a strong partnership

with employers and without a good understanding of business perspectives would not be successful. Finally, many stakeholders felt that state government could play a more active role in promoting the hiring of people with disabilities, both by encouraging businesses and by becoming a model employer of people with disabilities.

Issue 4: There are Opportunities to Enhance Employment Services for People with Disabilities

People with disabilities seeking employment must navigate a complex service delivery system. Access to public employment services from disability serving agencies is often contingent on meeting agency eligibility requirements (e.g. DMR and DMH) or eligibility for specific services such as VR services available through MRC. Services may be provided directly by state agency staff or by community providers funded by state agencies. Approaches to providing services and to working with businesses can vary significantly across the system. Many stakeholders identified a need for better coordination and collaboration among state agencies and between state agencies and service providers, and a consistent pro-work message, particularly focused on competitive employment, throughout the system. Stakeholders also advocated for approaches that reduced the effect of “channeling”, i.e. forcing people into one service option based on disability type. Rather, stakeholders argued for information about service options and a *choice of services and providers*, as well as the need for ongoing support that continues into employment.

In addition, stakeholders agreed that the system could better meet the needs of a broad range of individuals with disabilities who are seeking competitive employment by offering individualized, person-centered services. Stakeholders felt that existing services do not always adequately meet the needs of people with higher education or past work experience as professional, nor do they effectively help people connect with training or education to better prepare for careers in sectors where there are job opportunities now and in the future. Efforts to help people with disabilities access opportunities offered by the mainstream workforce development system were also emphasized. Additionally, providers talked of the need for more diversified sources of funding for employment services (e.g. Ticket-to-Work) given the recent cut to state-funded employment services.

Post-secondary training and education were seen as particularly important for youth with disabilities. Families want their youth to be provided every opportunity to prepare for integrated, competitive employment in the community, and suggested that there are opportunities to improve the work-related preparation that young people receive at the secondary school level as well to enhance transition planning for post secondary education and employment. Many stakeholders stressed the potential benefits of peer as providers of employment services for people with disabilities, as well as the important role that peer mentors (and other mentors) can play for youth and adults seeking employment.

Finally, all stakeholders spoke of the need to enhance the ability of the generic workforce system (e.g. One-Stop Career Centers) to effectively serve people with disabilities. Particularly given the recent cuts to funding for some employment services

for people with disabilities (and the recent rise in the state's unemployment rate); policy makers and providers expect that Career Centers will see increases in the numbers of people seeking their services.

Issue 5: Accurate Work Incentives and Benefits Information Needs to be Accessible

Federal and state disability benefit programs are complex and can create significant disincentives to work. Many people with disabilities lack accurate, complete and timely information about existing work incentives in benefit programs, which prevent them from making fully informed decisions about participating in work or maximizing their full earning capacity. In the public forums, people with disabilities, their families and service providers repeatedly noted that accurate information about the impact of work on benefits needs to be more widely publicized and accessible. As an example, the MassHealth CommonHealth program is one of the nation's oldest and most successful Medicaid buy-in programs, yet many forum participants were not familiar with it.

Stakeholders identified a need for simplified information about incentives and benefits, and noted the potential usefulness of an online system for accessing such information. Participants also identified a need for more benefits specialists and experts. Of note, over 200,000 working-age MA residents currently receive SSDI and/or SSI benefits, yet there are only 9 full-time community work incentive counselors (CWICs) in the state's two SSA-funded WIPA program to meet the demand for services as well as to provide outreach and education about work incentives. Stakeholders at forums also saw a need for all service providers to have a better working knowledge of incentives and benefits. In addition, stakeholders saw *peers* as a critical component of an improved information dissemination system because of their ability to train and support one another, share information with one another, and help one another access this information.

Issue 6: Public Health Insurance in MA Needs to Remain an Employment Support

Access to health insurance is critically important for people with disabilities. Many people with disabilities need long-term health care services such as durable medical equipment, medical supplies, personal assistance services, pharmaceuticals, mental health and other services. Services such as these can be critical employment supports. The *MassHealth CommonHealth Working (CHW) Program* is the oldest and is one of the most generous and successful buy-in programs in the US. Yet, there continues to be a lack of understanding and accurate information about the CHW program among people with disabilities and their family members, health care providers, case managers, employment service and other providers who work with people with disabilities. Many stakeholders at the public forums were unaware of the CommonHealth Working program.

Through its Community First Olmsted Plan, the state has made a commitment to expanding access and improving the quality of community-based long-term supports for people with disabilities and to ensuring that any potential disincentives to employment in public support systems, including MassHealth, are addressed. There are several

opportunities to do this. For example, MassHealth customer service staff who interface with members with disabilities could benefit from on-going training to ensure that they communicate accurate information about the CHW program to MassHealth members. In addition, MassHealth policy makers have identified a need for on-going analyses of enrollment, healthcare utilization and expenditure data, employment earnings and other trends among working-age MassHealth members with disabilities in order to better inform the development or refinement of policies, procedures and services to promote employment. Finally, because of the size and longevity of the CHW program, MA is well positioned to work with other states and with research collaborators at other institutions to undertake evaluation activities that will inform the development and continuation of Medicaid Buy-In programs nationally.

Issue 7: Creative Solutions are Needed to Address Transportation Barriers to Employment

At every forum, stakeholders consistently noted that lack of adequate transportation is a major barrier to employment for people with disabilities and a significant problem that requires creative solutions. Limited routes, hours, and accessible vehicles and facilities, and limited availability of paratransit services were cited as the major barriers that need to be addressed. While the state's regional transit authorities (RTAs) and planning authorities (RPAs) are aware of these concerns and attempt to address them in their coordinated human service plans, changes are often made on a decentralized local level, making statewide policy changes in this arena challenging.

In addition to regional limitations, stakeholders expressed concern that some people with disabilities, such as people with psychiatric disabilities and traumatic brain injuries, are not eligible for many forms of transportation assistance. Moreover, employment service providers are often unaware of services they could utilize in supporting clients to go to work, and communication between employment service providers and transit authorities is limited in addressing gaps in transit systems. Stakeholders identified the need for alternative modes of transportation and suggested that solutions must be local. Throughout the forums, people embraced practical solutions, such as developing community support networks and ride shares, the use of on-line resources and telecommuting. People suggested that peers could also play a role in solving this problem. One suggestion was a state sponsored system to compensate individuals who are willing to provide transportation to work for people with disabilities (this might include money, gas vouchers or tax credits).

Issue 8: Good Data on Employment Among People with Disabilities in MA is Needed to Inform Policy and Service Development

Over the past several years, the Cross-Secretariat Steering Committee on Employment's Subcommittee on Standard Measures has worked to develop a common definition of **competitive employment** and standard employment outcome measures for all the EOHHS agencies providing or funding employment services. These efforts were intended to create more of a system-wide picture of employment outcomes for use in both assessing the current state of employment services and planning for the future.

While the subcommittee succeeded in developing a definition and in implementing reporting on a few key employment outcomes, it also identified several barriers to more systematic data collection and use.

Across EOHHS agencies providing or purchasing employment services, there continue to be significant differences in approaches to employment outcome data collection. These differences include differences in the type of data collected (e.g. ongoing supports provided vs. new jobs obtained); in the frequency with which data are collected (from daily to once per year); and at the “level” at which data are collected (individual client level vs. aggregated provider level). Some agencies or programs collect no employment outcome data at all. The employment indicators that are articulated as part of the EHSResults Initiative provide a new set of expectations for data collection across the agencies. The Subcommittee on Standard Measures is currently working with agencies to assess their capacity to collect data for the EHSResults indicators and to identify opportunity to enhance data collection within agencies.

Participants at the provider forum, most of whom represented community-based vendor programs, identified a need for consistent definitions of employment outcomes and consistent expectations for data collection across state agencies. In addition, providers requested more routine feedback from state agencies regarding the data that they provide. Providers and state agencies staff express a need to more effectively use data for quality improvement efforts.

VI. Summary of the Strategic Planning Process

These eight major issues provide the basis for the Strategic Priorities and Goals of the MA-DEI. In formulating a set of strategies to realize the MA-DEI goals and achieve genuine enhancements to the infrastructure supporting employment for people with disabilities, we were guided by a set of overarching **strategic planning principles**:

1. Strategies targeted to all stakeholders are needed to address the complex problems of unemployment and under-employment of people with disabilities. Partnerships among all stakeholders are key to the success of the MA-DEI.
2. People with disabilities must be full partners in the implementation of the MA-DEI.
3. Within state government, strategies to promote employment should build on existing state infrastructure as well as forge new linkages across state agencies.
4. Decisions about policy and program enhancements should be data-driven.
5. Strategies targeted to providers should enhance their capacity to offer state-of-the-art, evidence-based employment services.
6. Partnerships between service providers and mainstream workforce development efforts, particularly to develop regional and sector-specific approaches to job development, will meet the needs of business and employers and will enhance employment opportunities for people with disabilities.

VII. The Massachusetts Disability Employment Initiative: Vision and Mission

The **Vision of the Massachusetts Disability Employment Initiative (MA-DEI)** is to establish an environment where youth and adults with disabilities can achieve economic well-being and community inclusion through full participation in the competitive workforce. This will be accomplished when:

- ✓ People with disabilities participate in the full range of employment opportunities consistent with their interests, talents, and experiences.
- ✓ Employers, including the state of MA, recognize they can better meet their goals by recruiting, hiring, accommodating, and promoting people with disabilities.
- ✓ The health, human service, and education systems promote a pro-employment philosophy, where employment and career advancement are primary goals of services and supports for people with disabilities.
- ✓ A coordinated system of policies, services, and supports encourages maximal participation in the workforce and economic well-being of people with disabilities.

Mission: *The MA-DEI is a public/private partnership bringing together people with disabilities, state policy makers and service planners, employment service providers, businesses and employers, and other stakeholders to create an environment that maximizes work opportunities for youth and adults with disabilities, addresses the needs of employers and strengthens the Massachusetts workforce.*

VIII. MA-DEI Strategic Priorities

Collectively, the 8 Strategic Priorities detailed below are designed to achieve the **Overarching Long-term Outcomes or Goals of the MA-DEI** – namely, *enhanced participation in competitive employment as well as enhanced earnings and economic well-being among people with disabilities in Massachusetts*. Below are specified the Strategies and Activities of each priority area, along with the Major Outputs and Principal Intermediate Outcomes that each priority is expected to achieve.

Priority 1: Communicating a Pro-Employment Message to all Stakeholders

Goal 1 ► *MA undertakes a broad-based communication, marketing and public awareness campaign to promote employment for people with disabilities*

Strategy 1.1: Develop and implement a comprehensive communication plan that promotes employment for youth and adults with disabilities across stakeholders, including people with disabilities and their families; policymakers and program planners; service providers and school personnel; and employers. Ensure that communication and marketing materials are broadly disseminated to all stakeholders.

Activities:

- a) Hire a communications and marketing firm to implement a broad-based, fully-accessible communications plan to promote employment for youth and adults with disabilities in the state. Establish a primary mechanism for disseminating information to all stakeholders (hereafter referred to as an information clearinghouse)
- b) Establish and convene the **MA-DEI Advisory Board**, representing all stakeholder groups, including policy makers, providers, employers and youth and adults with disabilities, to provide input on newly developed marketing and communication materials and resources.
- c) Design and broadly disseminate user-friendly executive summary and full versions of the CMS approved strategic plan to the public using multiple, accessible formats.
- d) Support the efforts of the National Consortium on Health Systems Development to develop a national marketing campaign promoting employment for people with disabilities; ensure national marketing materials are useful to MA.

Major Outputs of Priority 1

- ✓ Comprehensive MA-DEI marketing and communications plan is developed
- ✓ MA-DEI Advisory Board is established and convened
- ✓ User-friendly Executive Summary and Full versions of MA-DEI Strategic Plan are disseminated publicly
- ✓ Statewide marketing campaign to promote employment for people with disabilities is launched

Principal Intermediate Outcome of Priority 1

- Increase/change in knowledge and attitudes about employment for people with disabilities among stakeholders targeted by communication and marketing campaign

Priority 2: Empowering People with Disabilities to Fully Participate in Employment

Goal 2 ► *Youth and adults with disabilities have access to information, resources, and peer supports that help them obtain and maintain employment. People with disabilities have a voice in the development and evaluation of employment policies and programs.*

Strategy 2.1: Create opportunities for people with disabilities to be involved in the implementation and evaluation of the MA-DEI.

Activities:

- a) Develop mechanisms to ensure that people with disabilities have an ongoing voice in the implementation of the MA-DEI and that information is effectively disseminated to people with diverse disabilities.
- b) Contract with Consumer Quality Initiatives (CQI), a consumer-run evaluation and quality improvement agency, to participate in the design and implementation of evaluations of the MA-DEI.

- c) Establish partnerships with existing youth advisory boards within the state to ensure the voices of young adults are incorporated into the implementation of the MA-DEI.

Strategy 2.2: Support efforts of consumer-focused and parent organizations to advocate for and empower people with disabilities to fully participate in employment.

Activities:

- a) Provide support to the Employment Now Coalition and the Disability Policy Consortium, consumer-run groups that advocate for employment for people with disabilities in the state.
- b) Provide support to the Transformation Center and the Recovery Learning Communities in the state to help expand the cadre of peer providers who can support other peers to achieve their employment goals.
- c) Establish partnerships with grassroots parent organizations to support their advocacy efforts related to employment for youth with disabilities.
- d) Establish partnerships with existing disability advisory groups, including those within state disability serving agencies.

Strategy 2.3: Provide direct training to people with disabilities to empower them to improve their own and their peers' employment and economic status.

Activities:

- a) Expand the Peer Employment Program, a program that facilitates both individual empowerment and peer-to-peer support through training of people with disabilities on benefits and work incentives, employment supports, and other employment issues.
- b) Through partnerships with consumer-operated organizations, establish a Peer Employment Network to provide peer support, information-sharing, and continuing education opportunities for people with disabilities who want to serve in a peer-to-peer role supporting others in working toward their employment goals.
- c) Partner with existing youth serving organizations to support young people to develop self-advocacy and leadership skills for post-secondary education and employment.

Strategy 2.4: Ensure that individuals with disabilities, family members and organizations serving them have access to information, resources and training that support participation in employment, and for young people, that support effective transition to work and/or post-secondary education.

Activities:

- a) Develop resources, materials and trainings for individuals with disabilities and organization -- addressing issues such as obtaining employment services; career development; accommodations and disclosure; other issues -- that support participation in employment. Disseminate resources and materials through the clearinghouse.

- b) Develop a web-based resource center of self-employment for people with disabilities.
- c) Develop resources, materials and trainings for youth with disabilities, their families and organizations to support successful transition from school to employment and/or post secondary education. Disseminate resources and materials through the clearinghouse.

Major Outputs of Priority 2

- ✓ New members representing people with disabilities are added to MA-DEI Advisory Board; MA-DEI Consumer Outreach Coordinator is hired
- ✓ Partnerships are established with multiple consumer-operated and advocacy organizations in the state
- ✓ People with disabilities are trained to support peers seeking employment
- ✓ A Peer Employment Network is established
- ✓ Employment-related resources, materials and trainings are developed and disseminated to people with disabilities and family members

Principal Intermediate Outcomes of Priority 2

- Increase in the involvement of people with disabilities in the implementation and evaluation of the MA-DEI
- Increase in knowledge about options for employment among people with disabilities
- Increase in advocacy efforts related to employment among people with disabilities
- Increase in the number of people with disabilities with access to and utilizing peer employment supports

Priority 3: Effectively Engaging Businesses and Employers

Goal 3(A) ► *EOHHS agencies serving people with disabilities adopt policies and practices that support effective business partnerships that result in the hiring, retention and career advancement of people with disabilities in the Commonwealth.*

Strategy 3.1: Enhance the capacity of EOHHS disability serving agencies to support effective business engagement and coordinate these efforts with EOLWD.

Activities:

- a) Develop mechanisms to ensure that the MA-DEI receives input from businesses and employers on an ongoing basis.
- b) Provide resources within EOHHS to enhance capacity of disability serving agencies to support effective business engagement.
- c) Support alliances between disability serving agencies and the workforce development system and increase the effective use of labor market information and data to guide strategic business partnerships.
- d) Assist EOHHS disability serving agencies to develop a 'menu of services' for businesses and improve access to these services for businesses.

Major Outputs of Priority 3(A)

- ✓ Employer representatives are added to MA-DEI Advisory Board
- ✓ Meetings between disability serving agencies and local workforce development groups are convened
- ✓ Materials on labor market data are developed for targeted audiences
- ✓ An EOHHS *Menu of Services* for businesses is developed

Goal 3(B) ► *Businesses in MA have access to qualified candidates with disabilities and the information, resources and technical assistance they need to hire, train, manage, accommodate and promote people with disabilities within their work places.*

Strategy 3.2: Assist the Commonwealth of MA in its efforts to become a model employer of people with disabilities.

Activities:

- a) Provide support to the state’s Human Resources Division to implement its Action Plan for the Executive Branch of the Commonwealth to be a model employer of persons with disabilities.

Strategy 3.3: Support the use of promising practices by businesses through strategic alliances with existing business associations and business-to-business networks.

Activities:

- a) Identify promising practices of businesses that have successfully hired, retained and promoted workers with disabilities.
- b) Develop partnerships with existing business associations and networks (e.g. AIM; NEHRA, MBLN) to promote the use of promising practices in the hiring, retention and career advancement of workers with disabilities.

Strategy 3.4: Increase the ability of employers to successfully hire, retain and promote workers with disabilities through training, technical assistance and the development and dissemination of resources and tools that meet their business needs.

Activities:

- a) Create and disseminate business “toolkits” that provide information and resources that will help businesses successfully employ workers with disabilities.
- b) Provide training and technical support to targeted employers to enhance their ability to hire, retain and promote and retain employees with disabilities within their work places.
- c) Support the utilization of strategies that help businesses to directly provide training, soft skill development and related supports for employees with disabilities including expansion of on the job evaluation and training options.

Strategy 3.5: Increase the ability of businesses to offer internships, mentorships and other types of career development opportunities to youth with disabilities.

Activities:

- a) Identify existing employment and career development initiatives targeting youth and provide technical assistance to support the inclusion of young people with disabilities in those initiatives.
- b) Integrate promising practices in youth employment into the development of targeted training, technical assistance, resources and tools for businesses.

Strategy 3.6: Develop and implement an integrated communication strategy targeting the business community that promotes employment of people with disabilities

Activities:

- a) Use the information clearinghouse to coordinate resources and product dissemination
- b) Promote the use of promising practices through multiple communication strategies including the dissemination of resource materials, media efforts and marketing.
- c) Identify and use multiple strategies to recognize businesses that demonstrate promising practices.

Major Outputs of Priority 3(B)

- ✓ State Human Resources Division Action Plan for the Executive Branch is implemented
- ✓ Businesses/employers using promising practices are identified and recognized
- ✓ Alliances with existing business groups are established
- ✓ Business/employer toolkits and other resources are developed and disseminated
- ✓ Training and technical assistance are provided to businesses/employers
- ✓ An integrated business communication strategy is developed

Principal Intermediate Outcomes of Priority 3

- Increase in the number of employers providing input into the implementation of MA-DEI
- Increase in the number of Executive Branch positions offered to people with disabilities
- Increase in employers' use of effective practices in hiring and retaining people with disabilities
- Increase in the number of employers seeking to hire youth and adults with disabilities

Priority 4: Enhancing Employment Services Delivery System

Goal 4(A) ► *Across and within EOHHS disability serving agencies, employment policies, programs and practices are coordinated and enhanced to best support employment for youth and adults with disabilities.*

Strategy 4.1: Support current efforts across EOHHS disability serving agencies to coordinate and align disability and employment policies, programs and practices.

Activities:

- a) Support the development of an EOHHS-wide policy on competitive employment for people with disabilities.
- b) Support EOHHS to implement the Comprehensive Integrated Employment Service model for competitive employment -- a common approach for the purchase and delivery of competitive employment services across disability serving agencies.
- c) Support the Cross Secretariat Steering Committee on Employment and Subcommittees on Policy and Employer Engagement; Delivery of Employment Services; Transition Age Youth; Benefits and Financial Literacy; Standard Employment Measures.
- d) Support the EOHHS Transition Planning/688 Coordinators Workgroup to develop centralized intake and referral procedures and to improve transition-planning processes and service models for youth across disability serving agencies.
- e) Identify opportunities to enhance employment outcomes for individuals with disabilities served by agencies not typically considered to be “disability serving” (e.g. Office of Refugees and Immigrants, Department of Veterans Services).

Strategy 4.2: Within individual EOHHS disability serving agencies, ensure that policies promote the delivery of effective, person-centered services aimed at supporting participation in competitive employment for youth and adults with disabilities, consistent with EOHHS-wide employment policy.

Activities:

- a) Provide technical assistance and consultation to DMR to support implementation of DMR’s Strategic Plan for Employment.
- b) Provide technical assistance and consultation to DMH to integrate evidence-based practices in employment services for people with mental illness into DMH’s newly designed system of community-based, recovery-oriented services.
- c) Provide technical assistance and consultation to the DTA to address barriers to employment for TANF beneficiaries with disabilities.
- d) Provide technical assistance and consultation to MRC to support more effective business engagement in partnership with EOLWD and work across agencies to develop long terms supports that lead to improved job retention.
- e) Identify opportunities to enhance employment services and outcomes for individuals served by MCB and MCDHH.

Major Outputs of Priority 4(A)

- ✓ EOHHS-wide policy on competitive employment for people with disabilities is developed
- ✓ Comprehensive Integrated Employment Services procurement approach is implemented
- ✓ Centralized intake and referral process for Transition Planning is established
- ✓ Technical assistance and consultation are provided to DMR, DMH, DTA, MRC

Goal 4B ► *Community-based employment service providers use state-of-the-art practices and establish more effective partnerships with businesses and educational institutions to promote employment for youth and adults with disabilities.*

Strategy 4.3: Support four Regional Employment Collaboratives that will develop cross-organizational partnerships including workforce development and disability serving agencies, providers, and educational institutions to promote state-of-the-art service delivery and more effective business engagement that results in improved employment outcomes for people with disabilities.

Activities:

- a) Develop and implement a selection process for the Regional Employment Collaboratives. Collaborative members will include local Workforce Investment Boards and/or One Stop Career Centers, representatives from local MRC office and other disability serving agencies, educational institutions, employment services programs, and businesses.
- b) Develop and implement a technical assistance plan for each collaborative to support the implementation and sustainability of new practices.
- c) Develop materials and resources describing the Collaborative model and disseminate to other groups within the state via through the information clearinghouse.

Strategy 4.4: Enhance the capacity of community-based employment service programs and individual providers across the state to use state-of-the-art practices to business engagement, job development, job placement and on-going supports for youth and adults with disabilities.

Activities:

- a) Provide technical assistance to targeted community-based programs to support the use of state-of-the-art employment practices including capacity to utilize Ticket to Work program
- b) Offer regular trainings targeted to employment service providers to promote the use of state-of-the-art employment practices.
- c) Offer regular trainings to service providers who work with youth with disabilities and their families to enhance their ability to promote employment and postsecondary education among youth with disabilities.
- d) Develop materials and resources to enhance the use of state-of-the-art practices and disseminate these resources through the information clearinghouse.
- e) Increase providers' use of labor market data to better align service delivery and job development approaches with business needs.

Major Outputs of Priority 4(B)

- ✓ Four Regional Employment Collaboratives are established
- ✓ Technical assistance and trainings are provided to targeted programs and employment service providers
- ✓ Materials and resources on Collaboratives and other state-of-the-art practices are developed and disseminated

Goal 4C ► *Youth with disabilities are prepared to successfully transition from secondary school to work and/or post-secondary education.*

Strategy 4.5: Enhance the capacity of secondary schools to better support youth with disabilities to enter the workforce.

Activities:

- a) Conduct a survey to identify promising school-to-work practices within secondary schools in the state.
- b) Develop resources on promising school-to-work practices within schools and disseminate resources through the information clearinghouse.
- c) Conduct trainings on promising school-to-work transition practices in targeted schools.

Major Outputs of Priority 4(C)

- ✓ Resources on promising practices are developed and disseminated
- ✓ Trainings on promising practices are provided at targeted school

Principal Intermediate Outcomes of Priority 4

- Increase in the number of providers participating in regional Employment Collaboratives
- Increase in the number of employment service programs/providers offering state of the art employment services and using effective business engagement strategies
- Increase in the number of EOHHS youth and adults receiving competitive employment services
- Increase in the number of schools using promising school-to-work transition practices

Priority 5: Ensuring Access to Work Incentives and Benefits Information

Goal 5 ► *Youth and adults with disabilities across the state have access to complete, accurate and timely work incentives and benefits information in order to make fully informed decision about work and earnings.*

Strategy 5.1: Building on existing services in the state, establish the Massachusetts Work Incentive Information and Supports Network (MassWIINS) to increase the availability of work incentives and benefits information for youth and adults with disabilities through information dissemination and targeted trainings.

Activities:

- a) Hire a project manager with expertise in work incentives and benefits planning to coordinate the work MassWIINS.
- b) Working with the communications and marketing firm (see Priority 1), develop a branding and messaging strategy to promote work incentives and benefits information; strategy will include messages and branding approaches that appeal to youth and families.

- c) Develop and maintain public access to work incentives and benefits information, including:
 - i. A toll-free information and referral telephone services;
 - ii. An on-line, interactive calculator to estimate impact of users' potential earnings on benefits;
 - iii. Other electronic (e.g. website and listservs) media.
- d) Coordinate dissemination of information via the clearinghouse.
- e) Enhance capacity of the existing Work Incentive Planning and Assistance (WIPA) programs in the state to provide high quality benefits counseling services.
- f) Build a network of community-based providers in vocational rehabilitation offices, supported employment programs, independent living centers, One Stop Career Centers, Clubhouse programs, consumer-operated programs, case management and care coordinator programs, secondary schools and other programs/services who participate in tiered training on work incentives and benefits information.

Major Outputs of Priority 5

- ✓ Branding and messaging strategy on work incentives developed
- ✓ Toll-free information and referral number and on-line interactive calculator established
- ✓ Work incentives and benefits information material disseminated
- ✓ Tiered trainings on work incentives and benefits information offered to a range of providers; peers; school personnel and others
- ✓ Work Incentives Information and Support Network established

Principal Intermediate Outcomes of Priority 5

- Increase in knowledge about impact of work on benefits and work incentives among people with disabilities
- Increase in the number of providers/peers/school personnel trained in benefits information and work incentives; increase the number of CWICs in MA
- Increase in the number of people with disabilities receiving benefits planning services from WIPA programs
- Increase in the number of people with disabilities using SSA work incentives

Priority 6: Strengthening the CommonHealth Working Program and other MassHealth Services that Promote Employment

Goal ► *The MassHealth CommonHealth Working Program continues to function as a key employment support for people with disabilities in the state. Other MassHealth policies, procedures and services support employment for people with disabilities.*

Strategy 6.1: Work with MassHealth policy makers to ensure that MassHealth policies, procedures and services targeted to people with disabilities support employment.

Activities:

- a) Conduct analyses of CommonHealth Working program (MA Medicaid Buy-in) and other MassHealth services (e.g. PAS; DME) to inform policy makers of the effectiveness of programs/services as employment supports.

- b) Review MassHealth communications mechanisms (procedures and products) to ensure that working-age MassHealth members are informed about the CommonHealth Working program.
- c) Support the training of MassHealth customer service representatives, including reviewing and enhancing materials about the CommonHealth program.

Strategy 6.2: Ensure that information about the CommonHealth Working program is made widely available to youth and adults with disabilities and to family members.

Activities:

- a) Routinely disseminate information about CommonHealth Working (including a CommonHealth member handbook) to potential and current MassHealth members via the information clearinghouse.
- b) Routinely disseminate information to youth and families about the CommonHealth Children's program and about options for obtaining CommonHealth as an adult.

Strategy 6.3: Working with MassHealth and regional and national collaborators, conduct research and evaluation activities that will inform the development and continuation of Medicaid Buy-in Programs at a state and national level.

Activities:

- a) In collaboration with the Northeast Partnership, the MIG-RATS group and MPR, develop cross-state evaluations and reports of the Medicaid Buy-in Programs.

Major Outputs of Priority 6

- ✓ Quarterly reports on CommonHealth Working program, including enrollment, earnings, service use among members provided to MassHealth policy makers
- ✓ Information about CommonHealth Working, including member handbook, is routinely disseminated to current and potential MassHealth members
- ✓ Materials and/or trainings to MassHealth customer service representatives is delivered
- ✓ Research activities in collaboration with NEP, MIG-RATS and MPR are begun

Principal Intermediate Outcomes of Priority 6

- Increase in knowledge about CommonHealth Working program among people with disabilities and family members
- Increase in the number of working-age adults with disabilities enrolled in CommonHealth Working program

Priority 7: Increasing Transportation Options

Goal ► *People with disabilities have greater access to transportation options when going to work.*

Strategy 7.1: Develop mechanisms to increase transportation options for people with disabilities to support participation in employment.

Activities:

- a) Obtain technical assistance from Community Transportation Association of America (CTAA) to develop a plan for enhancing regional transportation options for people with disabilities by increasing collaboration between transportation providers and community partners (including employment service providers).
- b) Implement the plan developed with CTAA; ensure that transportation resources are made available via the information clearinghouse to providers and people with disabilities.
- c) Provide information, resources and training to people with disabilities and employment service providers around emerging transportation opportunities and best practices at both the state and national levels.

Strategy 7.2: Support the development of trip-planning tools and provide training on the use of these and other tools to service providers and people with disabilities

Activities:

- a) Provide resources to facilitate the mapping of both fixed public and private transit routes in various regions of the state onto trip planning systems, including but not limited to, Google Transit. Disseminate information via the clearinghouse.
- b) Provide training and outreach to service providers and people with disabilities around trip planning tools and how they can be used to help their clients find work.

Major Outputs of Priority 7

- ✓ TA session delivered by CTAA to develop regional transportation plan(s)
- ✓ Additional regional transit routes mapped to Google Transit
- ✓ Materials, resources and trainings on trip planning and other transportation options developed and disseminated

Principal Intermediate Outcomes of Priority 7

- Increase in collaboration between transportation providers and community partners
- Increase in knowledge of transportation resources and options among people with disabilities and employment providers
- Increase in access to and use of public transportation to support work among people with disabilities

Priority 8: Tracking Employment Outcomes

Goal ► *EOHHS and individual disability serving agencies effectively track employment outcome data for people with disabilities and use data to support and enhance the delivery of evidence-based employment services.*

Strategy 8.1: Building on the EHSResults initiative, enhance the collection of key employment outcome and other relevant (e.g. education; community living) indicators by individual agencies serving people with disabilities.

Activities:

- a) Work with the EOHHS and Standard Employment Measures Subcommittee to refine and operationalize employment outcome indicators for *EHSResults*
- b) Support the development of a common database/dashboard that can be used across EOHHS agencies to collect/report employment outcomes and other relevant indicators at the provider level using Massachusetts Virtual Gateway.
- c) Work with individual EOHHS agencies to enhance their capacity to collect employment outcome and other relevant indicators for *EHSResults* and other purposes from employment service providers.

Strategy 8.2: Develop approaches for use of EHSResults and other relevant data by all stakeholders, including the Governor’s Office, EOHHS and other secretariats, individual disability serving agencies, and people with disabilities and their family members.

Activities:

- a) Assist EOHHS and individual disability serving agencies to develop strategies to use employment outcome and other relevant data for program management and continuous quality improvement.
- b) Assist EOHHS and individual disability serving agencies to develop mechanisms to make employment outcome and other relevant data accessible to policymakers, individuals with disabilities and their families. Disseminate information via clearinghouse.

Major Outputs of Priority 8

- ✓ Operational definitions for all EHS Results indicators developed
- ✓ Common database/dashboard for reporting indicators developed within EOHHS
- ✓ Consistent method for collecting data from employment providers developed for each EOHHS agency
- ✓ Quality improvement strategies developed to improve data integrity

Principal Intermediate Outcomes of Priority 8

- Increase in the tracking and reporting of employment outcomes for EOHHS clients by disability serving agencies
- Increase in the use of employment outcome data by EOHHS agencies to improve delivery of employment services
- Increase in the availability of employment outcome data to all stakeholders

IX. Implementing the Massachusetts Disability Employment Initiative

Many of the MA-DEI strategies and activities are designed to build on existing infrastructure and enhance capacity of existing programs within the state (e.g.

employment services; benefits counseling; Medicaid services). Others will involve launching substantial new initiatives (e.g. developing a communications plan). Consequently, implementation of the plan will be progressive, initially capitalizing on established resources and partnerships and guided by a MA-DEI Advisory Board and other key stakeholder groups that have been organized during the strategic planning year.

MA-DEI Leadership Structure

During the strategic planning phase, the MI-CEO grant team solicited direction from executive level advisors within state government in the form of the MA-DEI Executive Team, an executive oversight body charged with reviewing priorities and monitoring the development of the MA-DEI strategic plan. The MA-DEI Executive Team identified needs and opportunities for additional activities within state government, as well as service gaps and state budget shortfalls that could have implications for the MA-DEI and suggested course corrections. Participation on this team grew to include EOHHS senior executives, MI-CEO Principal and Co-Principal Investigators and senior managers, a business representative, and an organizational development consultant. In 2009, the MI-CEO grant team will reconfigure this team as the **MA-DEI Advisory Board** with expanded representation of community members with disabilities, employers, providers, and other public sector agencies to broaden its scope and application. The Advisory Board will provide guidance to the MI-CEO grant team in implementing the strategic plan and open pathways to other stakeholder and advocacy groups. The Board will address cross-cutting issues across all priority areas to impact individuals and their communities while driving systems change in service delivery and policy development. The grant team will continue to advance relationships with individual, **senior EOHHS agency advisors** by working closely with them to develop agency specific agendas, provide technical assistance, and better inform disability employment policy.

As the grant recipient, the UMMS **Center for Health Policy and Research and the MI-CEO Principal Investigator**, with input from the Advisory Board and other senior level executives in the public and private sectors, will have ultimate responsibility for ensuring appropriate utilization of MI-CEO grant resources and compliance with CMS guidelines. Senior managers at CHPR and ICI will deploy MI-CEO staff as **Implementation and Evaluation Teams** for each of the 8 priority areas. These teams will work with partners within government and other stakeholders in the execution of the MA-DEI plan.

MI-CEO teams will also work closely with the **Cross-Secretariat Steering Committee on Employment**, which will serve as a policy development and implementation link between the MA-DEI and the individual state agencies that serve people with disabilities. The Steering Committee, comprised of representatives from EOHHS agencies, EOLWD and other Secretariats concerned with employment, will inform the implementation process and identify and prioritize issue areas for capacity enhancement.

Advocacy Groups and Consumer Council

The MA-DEI will continue to engage existing stakeholder groups as advisors to refine and implement MA-DEI strategies. Advocacy groups such as the **Employment Now Coalition**, the **Disability Law Center**, and the **National Alliance on Mental Illness (NAMIMass)** will provide linkages to targeted populations to inform execution of the MA-DEI strategies and activities. The MA-DEI will also rely on peer-operated organizations, including the **Transformation Center** and **Consumer Quality Initiatives**, to participate in refining, implementing and evaluating specific strategies and activities. The MA-DEI will also seek out opportunities to engage youth advisors through the Governor's **Youth Council** and other organizations focused on employment for youth with disabilities. Employer advisors will include a business representative from the health sector on the Executive Team, and linkages with business leaders with successful experience hiring people with disabilities and with employer associations.

In order to ensure ongoing involvement of people with disabilities in the implementation of the MA-DEI beyond the MA-DEI Advisory Board, the MI-CEO grant team will support the **MA-DEI Consumer Council**. This group will include individuals with disabilities who participated in the Strategic Planning Workgroup as well as new members who will be added to address emerging needs and developments. The Council will offer insight into how to best disseminate MA-DEI information, resources and materials to people with disabilities and will advise the MI-CEO teams on the overall effectiveness of the MA-DEI communication plan. In addition, this group will assist in the development of strategies for best engaging people with disabilities in all the MA-DEI priority areas, and will be kept informed of achievement MA-DEI goals. The group will represent various disability communities and will be cross-generational, diverse in racial and ethnic composition, and reflective of people in various stages of readiness to enter the workforce.

Key Partnerships

A host of external stakeholder partners, many of whom participated in the strategic planning process, will be engaged to help implement each of the MA-DEI eight Strategic Priorities (See Appendix I for a complete list of these partners):

- Priority 1: Communicating a Pro-Employment Message. A communications and marketing firm specializing in cause-related and social marketing will help to brand the MA-DEI, to disseminate user-friendly versions of the MA-DEI plan and to develop a range of communication and marketing materials.
- Priority 2: Empowering People with Disabilities. Peer and parent-operated organizations such as **Consumer Quality Initiatives**, the **Transformation Center**, and other groups will help expand opportunities for people with disabilities to be involved in the implementation and evaluation of the MA-DEI, as well as to participation in training and information dissemination activities to peers to promote employment.
- Priority 3: Effectively Engaging Businesses. Partnering with major employers (e.g. Partners Healthcare) as well as business associations and networks such as **Northeast Human Resources Association** and **Associated Industries of**

Massachusetts will strengthen the support for MA-DEI business and employer strategies.

- *Priority 4: Enhancing Employment Services.* In addition to working with established partners at EOHHS and its disability-serving agencies to achieve the goals under Priority 4, the Regional Employment Collaboratives will require the development new partnerships with **One Stop Career Centers**, educational institutions (e.g. community colleges), and community-based employment service providers to better connect people with disabilities to mainstream employment initiatives.
- *Priority 5: Ensuring Access to Benefits Information.* The **Massachusetts Association of Benefits Specialists** (MABS) will partner with the MA-DEI to establish a network that assures quality service delivery in benefits planning (MassWIINS).
- *Priority 6: Strengthening CommonHealth and MassHealth.* In addition to established partnerships with MassHealth, the MA-DEI will draw on regional and national partners to inform evaluations of MassHealth programs and services. The **Northeast Partnership for Health Systems Development** (NEP), a collaborative of MI-CEO states in New England, shares resources and information to guide quality improvement and continuous learning on the range of issues related to employment for people with disabilities. Established partnerships with **Mathematica Policy Research**, Inc., and the **MIG-RATS** group will further enhance the capacity of MI-CEO teams to conduct evaluation of MassHealth services and programs as well as evaluations of all MA-DEI strategies.
- *Priority 7: Increasing Transportation Options.* Partnerships forged with state (e.g. Executive Office of Transportation), regional (e.g. MetroWest Regional Transit Authority) and national (**Community Transportation Association of America**) partners will assist the MA-DEI to develop innovative strategies, within the limits of a regionalized transit system, to make traveling to work more manageable for people with disabilities.
- *Priority 8: Tracking Employment Outcomes.* Most of the activities in Priority 8 are intended to support the capacity of state agencies to track employment outcomes for people with disabilities in accordance with EHSResults and, ultimately, the Governor's goals for the Commonwealth. Facilitating cross-agency partnerships and working with **Information Technology departments within EOHHS** and its agencies will help to ensure improvements in employment outcome tracking.

Disseminating the MA-DEI Strategic Plan

Working with a media and marketing consultant, the MI-CEO communication team will develop multiple user-friendly versions of the final MA-DEI plan and a variety of mechanisms to ensure broad-based dissemination to and ongoing feedback from all stakeholders. After gathering input from these stakeholders to better translate the vision, mission and goals of the MA-DEI, the communications and marketing firm will design a branding plan that will communicate a pro-employment message for people

with disabilities. Branding the effort will increase name recognition and support ease of stakeholder access to materials and resources developed under the MA-DEI.

The launch and release of the strategic plan will include the following activities:

- In June 2009, the MI-CEO grant will host an Employment Summit to release the strategic plan to a larger group of stakeholders and unveil the new branding of the MA-DEI. The Summit will provide opportunities to discuss the plan in light of any recent policy and economic developments in the state and to discuss effective ways of leveraging resources to address any gaps or otherwise enhance capacity to meet MA-DEI goals. The Summit will also present ways that stakeholders can track MA-DEI progress through various communication mechanisms.
- The media and marketing consultant will work with the MI-CEO teams to develop a website that provides stakeholders with a gateway to information and resources on employment for people with disabilities (i.e. a clearinghouse). A website and information clearinghouse will make the plan available in an online and report format.
- The team will then roll out the plan using strategic channels, opportunities, and timing to ensure maximum penetration to target groups. Presentation at meetings of other disability employment groups, sponsorship of workshops, symposia, and conferences focused on this issue, and participation on conference panels represent opportunities for further dissemination and discussion of the plan. The team will also develop strategies to rapidly respond to arising opportunities by building networks to thoroughly engage stakeholders in the MA-DEI implementation.

Given the needs of specific target audiences (including the general public) the team will further develop and implement strategies to outreach to these groups:

- People with disabilities. The strategy for disseminating the plan to this group involves development of a user-friendly summary that clearly outlines the vision and mission of the MA-DEI and identifies priority work activities. In order to reach the diverse community represented by this group, the document will need to be made available online and in hard copy. Hard copy versions will need to be developed in Braille, large print, and low literacy versions. In addition, the plan will be presented to agencies and organizations that focus on the employment needs of people with disabilities so that they can communicate the contents in an informal manner. A formal release of the plan at an employment summit will highlight the priority areas and engage this target group in a discussion on how they can remain involved in the process.
- Businesses and Employers. Research indicates that businesses and employers need information on hiring people with disabilities to be concise, relevant, and instructive. While business and employer representatives who visit the MA-DEI website will have immediate access to the strategic plan, a more targeted approach will be used to outreach to leaders with success in employing people with disabilities to actively engage them in specific activities relating to the

strategic plan. This will be accomplished through established and newly organized functional leadership groups and by discussing the plan with them at the 2009 employment summit.

- Providers. Providers will also be able to access the strategic plan online. Specific marketing activities will include outreach to provider associations and to state agencies within EOHHS who will partner with MI-CEO teams to ensure broad distribution of the executive summary.
- State Agency Partners. The executive summary and final version of the plan in its entirety will be reviewed with senior leadership at the Executive Office of Health and Human Services through a number of different mechanisms. A special presentation will be made to the Cross Secretariat Steering Committee on Employment to highlight the areas where agency activities intersect with plan priorities. Key agency personnel who were involved in the design of the strategic plan will remain involved in its implementation and ongoing review. Senior Advisors will also remain ambassadors in promoting the plan and connecting personnel to work in partnership with MI-CEO team to implement the plan.
- Legislators and Policymakers. The media and marketing consultant will ensure that key legislative leaders and policymakers are made aware of the release of the strategic plan so that they can better inform their constituents and remain aware of the activities included in the plan.
- General Public. The media and marketing consultant will assist in releasing the plan to the general public through a variety of media outlets. The MA-DEI website will provide ongoing access to the strategic plan. However, an overarching marketing campaign supported by branding messages will inform and educate the public about key components of the plan to make the plan a dynamic entity, rather than a static document.

Executing the MA-DEI Strategic Plan

The MA-DEI strategic plan will be carried out by a MI-CEO grant teams, multiple state partners, consultants, and others. Appendix J provides a detailed workplan and timeline for executing MA-DEI activities in 2009 and beyond. (A budget and budget narrative, aligned with the 8 priorities of the MA-DEI plan is also included in Appendix K). With ongoing guidance by the MA-DEI Senior Advisors and Advisory Board, MI-CEO senior managers at CHPR will provide quarterly reporting on activities and progress to CMS; MI-CEO teams will also assist the Assistant Secretary for Disability Policy and Programs to report on MA-DEI activities and progress to the Governor.

Monitoring Implementation of the MA-DEI Strategic Plan

The MA-DEI Strategic Plan is intended to be a living and dynamic document – it is effective to the degree that its recommendations are adopted, executed, and evaluated. The MI-CEO grant team has therefore established several mechanisms to ensure continuous monitoring of the plan.

- *Evaluation.* The grant team will monitor and evaluate the implementation of the MA-DEI to ensure that workplan activities are undertaken, major outputs are produced, and the intended intermediate and long-term outcomes are achieved. Progress in implementing activities and producing outputs will be monitored on a regular basis. Any activity/outputs that is delayed will be subject to review in a regular Operations Team meeting (attended by MI-CEO senior staff) to learn what might have contributed to the delay or interfered with implementation. Resources will be applied to address the delay and/or understand if there are previously unrecognized factors interfering with implementing activities. Team members will work with EOHHS Senior Agency Advisors, the MA-DEI Advisory Board and other partners to course correct and modify or add activities to address emerging issues, policy changes, and other unexpected developments. Approaches to evaluating the MA-DEI intermediate and long-term outcomes are described below in Section X.
- *Engagement.* The broad and multifaceted scope of the strategic plan requires ongoing input from multiple stakeholders to ensure that target audiences feel their needs are being heard and addressed. Using forums, an interactive website, meetings and conference participation, collateral materials and publications, and one-to-one and small group outreach, the MI-CEO team will engage people with disabilities, employers, and employment service providers in implementing the plan. New partners and ongoing contributors to the plan and process will be actively recruited to ensure ongoing input. With the establishment of the MA-DEI Advisory Board, with representative of the target audiences served under the plan, there will be broad input into plan advancement.
- *Education.* The MA-DEI plan will be disseminated to stakeholders in multiple formats for accessibility. Online access will enable viewers to review the plan and submit their comments for feedback. The grant team will actively engage these partners at employment summits to educate and form them about the plan and help them to identify where they might make a contribution.

Technical Assistance for the MA-DEI

Particularly given the uncertain economic environment both nationally and in MA, it will be important to ensure that the MA-DEI remains flexible and able to respond to emerging issues and shifting priorities in supporting employment for people with disabilities. The MI-CEO grant staff will work with technical assistance providers, including Future Management Systems (FMS), the National Consortium for Health System Development (NCHDS) and the Center for Workers with Disabilities (CWD) to advance strategies that are currently underway, to develop strategies to respond to emerging issues in a timely and effective fashion, and to make necessary course corrections. These organizations will support implementation of the MA-DEI across all of the priority areas outlined in the strategic plan:

- *Priority1: Communicating a Pro-Employment Message.* The MA-DEI will benefit from technical assistance to review other MIG states' communication and marketing efforts, coordinate efforts to align with CMS' national marketing campaign, develop and implement a plan that effectively coordinates efforts

across stakeholders and government agencies in alignment with the Governor's goals for economic growth, and uses the latest technologies to increase access to information by people with disabilities and their families. The National Consortium on Health Systems Development can provide support in all of these areas and has provided technical assistance in 2008 to direct grant staff to marketing resources. Grant staff have also joined NCHSD's state group to develop a national marketing campaign.

- Priority 2: Empowering People with Disabilities to Participate in Employment. Development of ongoing strategies to ensure consumer participation in decision-making activities is critical to the success of disability programs and policies. Technical assistance is needed to guide the development of ongoing forums and standing consumer advisory boards to ensure this involvement. The grant staff will work with NCHSD and APHSA to seek counsel in this area, link to the efforts underway in other states, and work directly with TA staff to review strategies outlined in the MA-DEI workplan for this priority area.
- Priority 3: Effectively Engaging Businesses and Employers. The Governor's initiative to secure economic growth in the life sciences has created opportunities for employment. Technical assistance to engage employers in this and other sectors to provide jobs and supports in the short and long term would help the state create a pipeline for persons with disabilities to gain access to jobs of the future. Once a business plan is developed for how to maximize employer investments in disability employment, technical assistance providers can help review the plan for effectiveness and feasibility and provide access to other states' strategies. The Center for Workers with Disabilities (CWD) through the American Public Human Services Association hosts routine conference calls to advise MIG grantees on business engagement. In addition, CWD will provide direct input in implementing the strategies laid out in this plan in priority area 3. The Commonwealth of Massachusetts is committed to becoming a model employer in employing people with disabilities. In order to advance an overall project plan to achieve this end, the MI-CEO grant team will draw resources from the Office of Program Development within Commonwealth Medicine to assist the Human Resources Division for the Commonwealth in project management to drive the numerous activities associated with this undertaking.
- Priority 4: Enhancing Employment Services Delivery System. The MI-CEO grant team will obtain technical assistance to further develop infrastructure within the Massachusetts Executive Office of Health and Human Services relating to disability employment. The team will use this TA to improve integration in state level functions across Secretariats and more effectively work with the Cross Secretariat Steering Committee on Employment to review its subcommittee infrastructure, engagement strategies for involving consumers and employers as stakeholders in disability employment, and communication strategies to promote more effective relationship building and integration across agencies. Technical assistance is also needed to define high performance in one-stop employment centers. The priority 4 grant team can benefit from consultation to appropriately

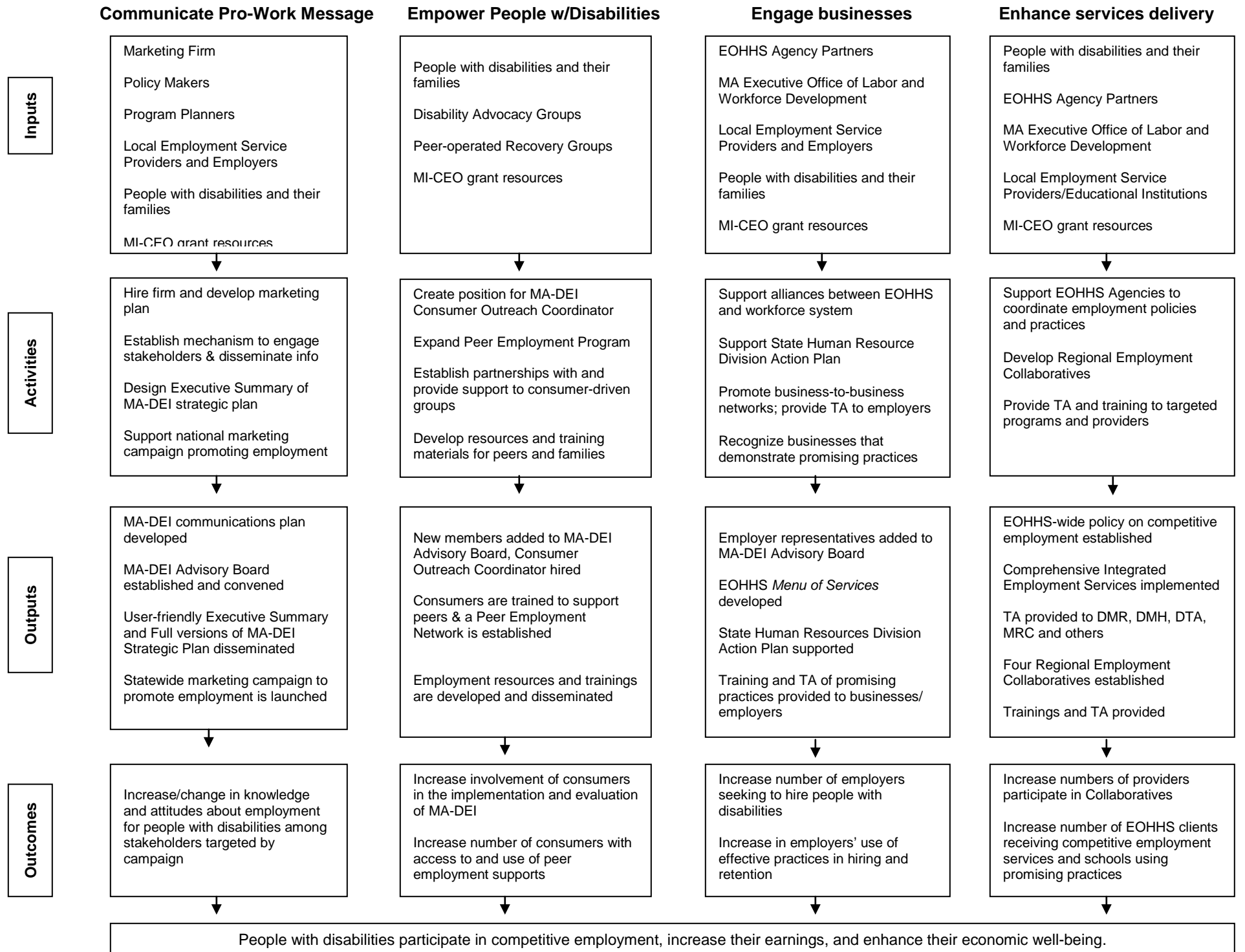
identify centers operating best practices in providing full access to employment services to persons with disabilities.

- Priority 5: Ensuring Access to Benefits Information. Work under this priority area focuses on the creation of a benefits information and work incentives and supports network. The design of this concept was developed through technical assistance received at CMS-sponsored events. As the grant team works to implement this concept into a functioning resource, that team will draw on NCHSD and APHSA resources and information from other states to strengthen partnerships, improve operations, and evaluate network activities.
- Priority 6: Strengthening CommonHealth and MassHealth. As the Commonwealth of Massachusetts seeks opportunities to report on its experience with this program to better inform national policy, the priority 6 work team will work with NCHSD to leverage resources at Mathematica Policy Research Inc. (MPR) to develop informative reports and briefs that analyze and elucidate program findings. NCHSD will also inform the work of the Northeast Partnership for Health Systems Development as it seeks to share resources across the New England region to inform policy and programs to improve employment outcomes for people with disabilities.
- Priority 7: Increasing Transportation Options. Grant team participation at 2008 CMS-sponsored conferences introduced the team to opportunities available through the Community Transportation Association of America (CTAA). The priority 7 grant team will utilize the expertise of CTAA consultants to implement a strategy for connecting regional transit authorities across the state to improve transportation options for people with disabilities.
- Priority 8: Tracking Employment Outcomes. The research and evaluation activities outlined in the MA-DEI strategic plan cover a broad array of activities related to improving employment outcomes for people with disabilities. Research staff has collaborated in the past with MPR to produce reports which analyze data findings in this area. As the priority 8 grant team works to help the state to improve its data collection and reporting mechanisms, they will engage MPR researchers for technical assistance in reviewing strategies for data evaluation.

X. Evaluating the Impact of the Massachusetts Disability Employment Initiative

As noted above, the MA-DEI eight Strategic Priorities collectively are intended to lead to an **increase in the number of people with disabilities participating in competitive employment as well as an increase in earnings among those employed**. These are the intended overarching long-term outcomes of the MA-DEI as a whole. In addition, the activities within each of the eight priorities are intended to lead to specific intermediate outcomes related to that priority. Thus, evaluation of the MA-DEI will involve both process and outcome evaluations, the latter assessing both intermediate and long-term outcomes of priorities. (See Overall Logic Model on following two pages.)

MA-DEI Overall Logic Model Priorities 1 - 4



MA-DEI Overall Logic Model Priorities 5 - 8

Enhance Access to Benefits Info

Strengthen CommonHealth

Increase Transportation Options

Track Employment Outcomes

Inputs

MA Association of Benefits Specialists
 People with disabilities and families
 WIPA Programs and CWICs
 Local Employment Service Providers
 MI-CEO grant resources

MassHealth Policy Makers and Program Planners
 CommonHealth and MassHealth Members
 People with disabilities and their families in MA
 MI-CEO grant resources

Regional Transportation Boards
 People with disabilities and their families
 Community Transportation of America (CTAA)
 Local Employment Service Providers
 MI-CEO grant resources

EOHHS Agency Partners
 MA Executive Office of Labor and Workforce Development
 Local Employment Service Providers
 People with disabilities and their families
 IT system experts

Activities

Develop branding and messaging strategy on benefits
 Develop and maintain public access to work incentives and benefits information
 Enhance WIPA program capacity
 Build network of community-based providers participating in tiered-training

Conduct analyses of CommonHealth and MassHealth Services
 Disseminate information about CommonHealth Working to people with disabilities and families
 Develop cross-state evaluations and reports of Medicaid Buy-In Program

Obtain TA from CTAA to identify specific needs of communities
 Provide information and opportunities for input to community and providers regarding transportation opportunities and best practices

Support database development
 Work with EOHHS agencies to enhance data collection capacity
 Assist EOHHS and agencies to develop strategies to use employment data and mechanisms to make data accessible

Outputs

Branding and messaging strategy on work incentives developed
 Toll-free information and referral number; on-line interactive calculator developed
 Tiered trainings offered
 Work Incentives Information and Support Network established

Reports on CommonHealth Working to MassHealth policy makers
 Information about CommonHealth Working disseminated
 Materials and/or trainings to MassHealth customer service representatives delivered
 Research with NEP, MIG-RATS and MPR begun

TA session from CTAA to develop regional transportation plan(s)
 Regional transit routes mapped to Google Transit
 Materials, resources and trainings on trip planning and other transportation options developed and disseminated

Operational definitions for EHSResults indicators developed
 Common database/dashboard developed
 Consistent method for collecting data
 Quality improvement strategies developed

Outcomes

Increase number trained in benefits information and work incentives
 Increase number receiving benefits planning services and using SSA work incentives

Increase knowledge about CommonHealth Working program among people with disabilities and family members
 Increase number of CommonHealth enrollees

Increase knowledge of transportation resources and options
 Increase access to and use of public transportation to support work among people with disabilities

Increase in tracking and reporting of employment outcomes for EOHHS clients
 Increase use of employment outcome data to improve service delivery

People with disabilities participate in competitive employment, increase their earnings, and enhance their economic well-being.

Researchers from both CHPR and ICI will work closely with the Implementation teams for each of the eight Strategic Priorities to ensure that evaluation strategies are fully integrated with implementation strategies. In addition, Consumer Quality Initiative, a consumer-operated research, evaluation and quality improvement organization which was actively involved in the development of the MA-DEI Strategic Plan, will again be contracted to participate fully in evaluations of the MA-DEI activities. Finally, approaches to evaluation and evaluation results will be routinely shared with members of the MA-DEI Advisory Board and routinely disseminated to all stakeholders.

Process Evaluation of the MA-DEI: Tracking Outputs

A process evaluation documents and analyzes the early development and actual implementation of a strategy, assessing whether strategies were implemented as planned and whether expected outputs were actually produced. The process indicators for the MA-DEI are specified as Major Outputs corresponding to each goal within the eight Strategic Priorities of the plan, and are shown in Section VIII above (see pages 26 to 38). In addition the outputs are specified in a set of Logic Models that have been produced for each goal (see Appendix L). An assessment of the outputs for each goal will be conducted for each quarterly report to CMS. Expected outputs for each quarter will be derived from the workplan and timeframe as described. Where output targets are not met, analysis of barriers to implementation will be conducted by MI-CEO project teams and work plans will be modified accordingly.

Evaluating the Intermediate Outcomes of the MA-DEI

The anticipated intermediate outcomes for each of the MA-DEI Strategic Priorities are specified in the plan in Section VIII above (see pages 26 to 38), and are also shown in the Logic Models (see Appendix L). Table 3 below provides details on the planned approaches to evaluating the intermediate outcomes associated with each Strategic Priority. Specifically, Table 3 shows the anticipated intermediate outcomes, data sources, timeframes for data collection, and (where appropriate and/or available) numeric data on 2008 “baselines” and target “benchmarks” for 2009 for each Strategic Priority.

Table 3: Approaches to Evaluating MA-DEI Intermediate Outcomes

Priority 1: Communicating a Pro-Employment Message

Intermediate Outcome(s)

- Increase/change in knowledge and attitudes about employment for people with disabilities among stakeholders targeted by communication and marketing campaign

Data Source(s)

1. Consumer/Family Survey
2. Provider Survey
3. Employer Survey

Timeframe(s) for Data Collection:

Initial surveys will be developed and fielded in late 2009 or early 2010; follow-up survey to be fielded in mid-2011.

2008 Baseline → 2009 Benchmark

- Not available
- Baseline to be developed in 2009

Priority 2: Empowering People with Disabilities to Participate in Employment

Intermediate Outcome(s)

- Increase in the involvement of people with disabilities in the implementation and evaluation of the MA-DEI
- Increase in knowledge about options for employment among people with disabilities
- Increase in advocacy efforts related to employment among people with disabilities
- Increase in the number of people with disabilities with access to and utilizing peer employment supports (Peer Employment Project or PEP; Peer Employment Network or PEN)

Data Source(s)

1. Documentation of MA-DEI Implementation/Evaluation activities
2. Consumer/Family Survey
3. Participant/Membership lists for PEP and PEN

Timeframe(s) for Data Collection:

Routine documentation of implementation/evaluation efforts compiled monthly (Project Dashboards)

Initial surveys will be developed and fielded in early 2010; follow-up survey to be fielded in mid-2011.

Participant/Membership lists compiled quarterly

2008 Baseline → 2009 Benchmark

- 8 individuals with disabilities involved in MA-DEI Strategic Planning effort
- 22 individuals with disabilities participated in PEP
- 20 individuals with disabilities actively involved in implementation/evaluation of MA-DEI
- 30 individuals with disabilities participating in PEP and PEN

Priority 3: Effectively Engaging Businesses and Employers

Intermediate Outcome(s)

- Increase in the number of employers providing input into the implementation of MA-DEI
- Increase in the number of Executive Branch positions offered to people with disabilities
- Increase in employers' use of effective practices in hiring and retaining people with disabilities
- Increase in the number of employers seeking to hire youth and adults with disabilities

Data Source(s)

1. Documentation of MA-DEI Implementation/Evaluation activities
2. Employer Survey
3. Human Resource Division (HRD) database for MA Executive Branch

Timeframe(s) for Data Collection:

Routine documentation of implementation/evaluation efforts compiled monthly (Project Dashboards)

Initial survey will be developed and fielded in early 2010; follow-up survey to be fielded in mid-2011.

HRD database will be queried annually; late 2009, 2010, and 2011

2008 Baseline → 2009 Benchmark

- 9 unique employers were involved in MA-DEI Strategic Planning effort
- Number of Executive Branch positions (HRD data) not available
- 30 unique employers will be engage in MA-DEI advisory, training and TA activities in 2009
- Baseline for Executive Branch positions to be developed in 2009

Priority 4: Enhancing Employment Services Delivery System

Intermediate Outcome(s)

- Increase in the number of providers participating in regional Employment Collaboratives
- Increase in the number of employment service programs/providers offering state of the art employment services and using effective business engagement strategies
- Increase in the number of EOHHS clients receiving competitive employment services
- Increase in the number of schools using promising school-to-work transition practices

Data Source(s)

1. Documentation of MA-DEI Implementation/Evaluation activities
2. Provider Survey
3. EHS Results Dashboard and individual agency EHS Results databases

Timeframe(s) for Data Collection:

Routine documentation of implementation/evaluation efforts compiled monthly (Project Dashboards)

Initial survey will be developed and fielded in early 2010; follow-up survey to be fielded in mid-2011.

EHS Results database/dashboard will be queried quarterly; summarized annually

2008 Baseline

- 18,000 (estimated) EOHHS clients received competitive employment services

2009 Benchmark

- 18,000* EOHHS clients will receive competitive employment services

*Given recent cuts to state services, benchmark for 2009 is the same number as served in 2008

Priority 5: Ensuring Access to Work Incentives and Benefits Information

Intermediate Outcome(s)

- Increase in knowledge about impact of work on benefits and work incentives among people with disabilities
- Increase in the number of providers/peers/school personnel trained in benefits information and work incentives; increase the number of CWICs in MA
- Increase in the number of people with disabilities receiving benefits planning services from WIPA programs
- Increase in the number of people with disabilities using SSA work incentives

Data Source(s)

1. Documentation of MA-DEI Implementation/Evaluation activities
2. Consumer/Family Survey
3. MA WIPA program aggregated data
4. MA WIPA program outreach/training records

Timeframe(s) for Data Collection:

Routine documentation of implementation/evaluation efforts compiled monthly (Project Dashboards)

Initial survey will be developed and fielded in early 2010; follow-up survey to be fielded in mid-2011.

WIPA program aggregated data and other records will be queried quarterly; summarized annually

2008 Baseline → 2009 Benchmark

- | | |
|---|--|
| <ul style="list-style-type: none"> • 10 individuals are currently trained as CWICs in MA (WIPA programs) • 1,350 individuals received individualized benefits planning services from 2 MA WIPA programs • 2000 individuals received basic benefits information via outreach/training | <ul style="list-style-type: none"> • 18 individuals will be trained as CWICs in MA • 1,500 individuals will received individualized benefits planning services from MA CWICs in 2009 • 2500 individuals will receive basic benefits information via outreach/training |
|---|--|

Priority 6: Strengthening CommonHealth and other MassHealth Services

Intermediate Outcome(s)

- Increase in knowledge about CommonHealth Working program among people with disabilities and family members
- Increase in the number of working-age adults with disabilities enrolled in CommonHealth Working program

Data Source(s)

1. Documentation of MA-DEI Implementation/Evaluation activities
2. MassHealth/CommonHealth member Survey
3. MassHealth administrative data (MMIS and MA21)

Timeframe(s) for data Collection:

Routine documentation of implementation/evaluation efforts compiled monthly (Project Dashboards)

Initial survey will be developed and fielded in early 2010; follow-up survey to be fielded in mid-2011.

MassHealth administrative databases (MMIS and MA21) will be queried quarterly; summarized annually

2008 Baseline → 2009 Benchmark

- | | |
|--|--|
| <ul style="list-style-type: none"> • 10,476 adults with disabilities enrolled in CommonHealth Working | <ul style="list-style-type: none"> • 10,500 adults with disabilities will be enrolled in CommonHealth Working during 2009 |
|--|--|

Priority 7: Increasing Transportation Options

Intermediate Outcome(s)

- Increase in collaboration between transportation providers and community partners
- Increase in knowledge of transportation resources and options among people with disabilities and employment providers
- Increase in access to and use of public transportation to support work among people with disabilities

Data Source(s)

1. Documentation of MA-DEI Implementation/Evaluation activities
2. Consumer Survey
3. Provider Survey
4. MA Dept of Transportation Ridership data

Timeframe(s) for Data Collection:

Routine documentation of implementation/evaluation efforts compiled monthly (Project Dashboards)

Initial survey will be developed and fielded in late 2009 or early 2010; follow-up survey to be fielded in mid-2011.

2008 Baseline → 2009 Benchmark

- | | |
|---|---|
| <ul style="list-style-type: none"> • Not available | <ul style="list-style-type: none"> • Baseline to be developed in 2009/2010 |
|---|---|

Priority 8: Tracking Employment Outcomes

Intermediate Outcome(s)

- Increase in the tracking and reporting of employment outcomes for EOHHS clients by disability serving agencies
- Increase in the use of employment outcome data by EOHHS agencies to improve delivery of employment services
- Increase in the availability of employment outcome data to all stakeholders

Data Source(s)

Timeframe(s) for Data Collection:

- | | |
|--|--|
| 1. Documentation of MA-DEI Implementation/Evaluation activities | Routine documentation of implementation/evaluation efforts compiled monthly (Project Dashboards) |
| 2. EHS Results Dashboard and individual agency EHS Results databases | EHS Results Dashboard will be queried quarterly; summarized annually |

2008 Baseline

2009 Benchmark

- | | |
|---|--|
| <ul style="list-style-type: none"> • 80% of EOHHS agencies can report on 50% of EHSResults outcomes indicators | <ul style="list-style-type: none"> • 100% of EOHHS Agencies report on 100% of EHSResults outcome indicators |
|---|--|

Evaluation of intermediate outcomes will rely on multiple data sources. Several of these data sources already exist and are ones that the MI-CEO grant Research and Evaluation team already has access to (e.g. MassHealth administrative data; aggregated data from MA WIPA programs; EHSResults Dashboard and Databases). Other data sources do not presently exist, but will be developed during the course of implementation, including regular and periodic documentation of MA-DEI activities and surveys of consumers, employment service providers and employers.

Several intermediate outcomes will be evaluated through the use of separate surveys (or related data collection approaches) of employment service providers, employers and people with disabilities that will be developed and administered by the MI-CEO Research and Evaluation team over the coming years. Varying survey administration methods (e.g. mail, phone and/or Internet) may be used and will be determined depending on targeted respondents and the MA-DEI priority/goal being assessed. The first set of surveys will be developed in late 2009 and early 2010. In some instances, these surveys will yield baseline data for specific intermediate outcomes. Follow-up surveys will be administered in mid-2011 so that changes can be tracked.

Another data source requires further description. As described earlier in the plan, each EOHHS agency that provides employment services is expected to report on a set of employment outcomes for their clients as part of the EHSResults Initiative. EHSResults requires agencies to report on: percentage of clients who receive competitive employment services and who obtain and sustain employment; average hourly wages and receipt of employer based health insurance among working clients; and the number of employers that have hired clients and the types of jobs obtained. Data from individual agencies are “rolled-up” into an **EHSResults Dashboard**. While agencies are still working to increase their capacity to collect and report these data (with

assistance from MI-CEO grant staff as part of Priority 8), and EOHHS is still refining the Dashboard, it is anticipated that the EHSResults will provide a solid understanding of employment outcomes achieved by clients receiving services from individual EOHHS agencies as well as EOHHS as a whole. Thus the EHSResults Dashboard and individual agency databases will be a source of data for evaluating intermediate outcomes under Priority 4 and 8, as well as the overall long term outcomes of the MA-DEI.

Evaluating Overarching Long-term Outcomes of the MA-DEI

Collectively, activities pursued under the eight MA-DEI Strategic Priorities are intended to lead to enhanced participation in competitive employment as well as enhanced economic well-being of youth and adults with disabilities in MA. Three key measures will be used to evaluate these overarching long-term outcomes:

1. The number of youth and adults with disabilities in competitive employment;
2. The number of hours worked per week among workers with disabilities;
3. Monthly/annual earnings among workers with disabilities.

Annual reports will be made to CMS during the life of the MI-CEO grant (2009-2011) to capture changes in the measured long-term outcomes.

Outcomes for EOHHS Clients. Two existing EOHHS data sources will be utilized to assess changes in employment outcomes for EOHHS clients.

- The EHSResults Dashboard will provide employment outcomes, including job placements, hourly wages and receipt of employer-sponsored health insurance, for clients who receive services from EOHHS disability serving agencies. While the Dashboard is still being populated, preliminary data show that approximately **18,000 clients were placed in jobs in the past fiscal year, and hourly wages ranged from \$9 to \$16 per hour.**
- MassHealth Administrative Data: MI-CEO staff at the Center for Health Policy and Research (CHPR) have immediate and regular access to MassHealth administrative datasets. These datasets can provide outcome data such as: number of members in CommonHealth Working; hourly wages and monthly earnings of CommonHealth Working members; number of hours worked per week by CommonHealth Working members; as well as service utilization and costs for CommonHealth Working and MassHealth Standard members. These data will be accessed on a yearly basis to determine measurable changes in long-term outcomes for CommonHealth Working and other MassHealth members with disabilities. **Data from 2008 showed over 10,000 individuals currently enrolled in CommonHealth Working. A prior study by CHPR researchers¹⁴**

¹⁴ Ellison, M. L., Samnaliev, M., Henry, A. D., Beauchamp, J. S., Shea, A., & Himmelstein, J. (2008, October). How do employment outcomes of Medicaid Buy-in participants vary based on prior Medicaid coverage? An example from Massachusetts. *Working with Disability – Work and Insurance in Brief. Number 8.* Washington DC: Mathematic Policy Research, Inc.

(using data from 2006) showed CommonHealth Working members to earn an average of \$10 per hour and work an average of 20 hours per week.

Non-EOHHS Employment Outcomes. In addition to the measuring the employment outcomes of participants of state programs for persons with severe disabilities, we will also report employment statistics for broad populations of Massachusetts residents with severe disabilities, some of whom do not participate in state programs. We will use the American Community Survey (ACS) as a source of disability prevalence and employment data. In 2007, there were approximately 438,000 persons with disabilities in Massachusetts of whom approximately 160,000 were employed.¹⁵ This corresponds to a baseline employment-population ratio (e-p ratio) of 0.365. We will report the e-p ratio annually. There are indications that the e-p ratio for persons with disabilities has been in decline for over 20 years.¹⁶ As time passes and we accumulate multiple years of ACS data, we will conduct trend analysis to determine a baseline trend and to determine changes to the baseline trend.

In addition to ACS employment statistics, we will also report Social Security Administration statistics for employment of Massachusetts SSDI and SSI recipients. Of the 166,195 Massachusetts disabled workers (SSDI recipients) 1,505 (0.9 percent) had their benefits withheld because of substantial work in December, 2007 and 1,140 (0.69 percent) had their benefits terminated in calendar year 2007 because of a successful return to work.¹⁷ These are baseline statistics. We will report these statistics annually. Also, of the 137,000 persons in Massachusetts who received SSI because of disability or blindness in December of 2007, 10,347 were employed.¹⁸ This corresponds to a baseline e-p ratio of 7.5 percent. We will report this statistic annually. Of the 10,347 working SSI recipients, 549 (5.3 percent) had earned income exceeding substantial gainful activity amounts and continued to receive a cash grant (1619a) and 3,673 (35.5 percent) were 1619b Medicaid without a cash grant. These are additional baseline statistics and we will report these statistics annually.

Mathematica Policy Research Inc. (MPR) - Integrated Data Set: The MPR Integrated data set provides another reliable source of data on: the employment rate of people with disabilities in MA who ever touched the CommonHealth program; their earned and unearned income; and their service utilization. Annual requests will be made to MPR for MA specific data on the relevant long-term outcome measures or data will be culled from existing MPR reports. These data will be used to supplement findings from MassHealth and the national population surveys.

¹⁵ Bjelland, M.J., Erikson, W.A., Lee, C.G. (2008) *Disability Statistics from the American Community Survey (ACS)*. Ithaca, NY: Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics (StatsRRTC). Retrieved February 10, 2009 from www.disabilitystatistics.org.

¹⁶ Stapleton D. and Burkhauser, R. V. (2003), *The Decline in Employment of People with Disabilities: A Policy Puzzle*, Kalamazoo, Michigan: Upjohn Institute.

¹⁷ Social Security Administration, *Annual Statistical Report on the Social Security Disability Insurance Program*, 2007.

¹⁸ Social Security Administration, *SSI Annual Statistical Report*, 2007.

XI. Contributors to the MA-DEI Strategic Plan

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XII. Appendices