

**Appendix A**

***Massachusetts: Regional Variations in Workforce and Job Vacancies***

Map of Massachusetts, by Counties

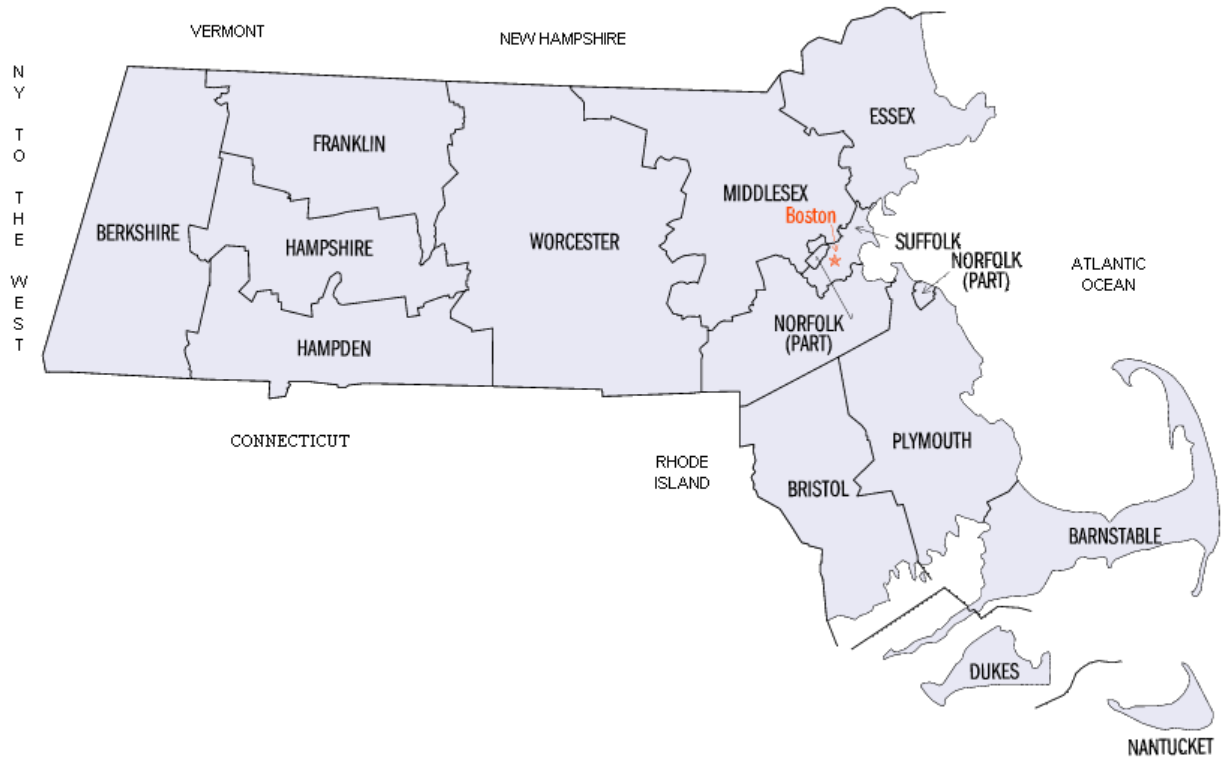
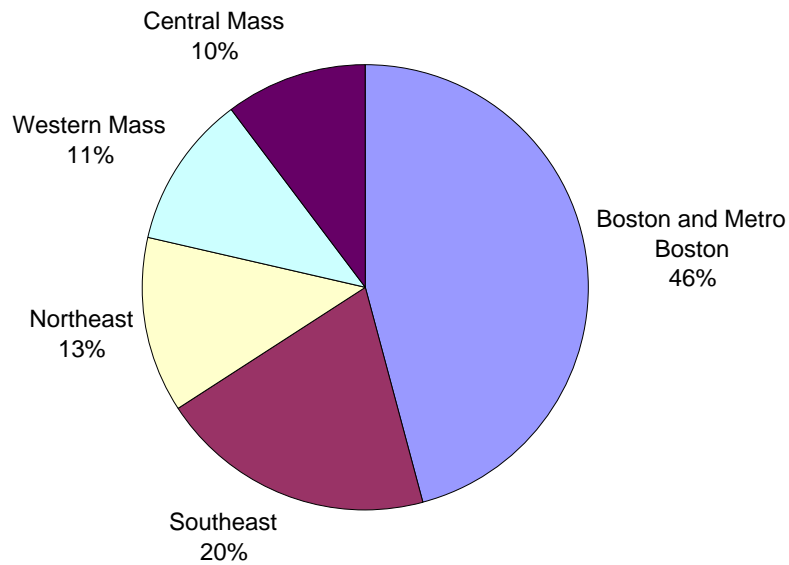


Figure 1. Share of MA Total Workforce by Area, 4<sup>th</sup> Quarter, 2007



Note: Central Mass includes Worcester County; Western Mass: Berkshire, Hampden, Franklin, and Hampshire Counties; Northeast: Essex and Middlesex Counties; South east: Barnstable, Bristol, Plymouth, Dukes and Nantucket Counties; Boston and Metro Boston: Suffolk and Norfolk Counties

**Table 1. Job Vacancy Rate by Region and Selected Industry, 4<sup>th</sup> Quarter, 2007**

<b>Industry</b>	<b>Massachusetts</b>	<b>Berkshire</b>	<b>Cape Cod &amp; Isl.</b>	<b>Central Mass</b>	<b>Greater Boston</b>	<b>Northeast</b>	<b>Pioneer Valley</b>	<b>Southeast</b>
Construction	1.3%	0.8%	1.2%	0.7%	1.7%	1.6%	0.7%	0.5%
Manufacturing	2.1%	2.5%	2.3%	1.3%	2.6%	2.4%	1.5%	1.4%
Retail Trade	4.2%	5.0%	4.8%	3.1%	5.1%	2.8%	3.0%	4.1%
Transportation & Warehousing	1.8%	7.7%	5.3%	2.5%	0.9%	2.6%	2.2%	2.2%
Information	3.5%	2.2%	2.1%	0.8%	4.2%	2.8%	2.3%	2.3%
Finance & Insurance	3.3%	2.6%	1.3%	4.2%	3.3%	3.3%	3.1%	3.2%
Real Estate	2.1%	2.7%	0.7%	3.2%	1.8%	0.4%	4.9%	4.5%
Professional & Tech Services	5.5%	3.2%	6.9%	6.0%	5.3%	4.9%	4.9%	10.5%
Admin. Support & Waste Services	3.7%	4.0%	5.3%	8.7%	3.6%	3.3%	1.9%	1.9%
Health Care	4.4%	4.2%	4.1%	4.7%	4.5%	4.3%	4.2%	4.1%
Arts & Entertainment	3.7%	n/a	0.4%	6.0%	1.6%	5.5%	4.8%	3.9%
Accomodation & Food Services	4.6%	7.5%	3.5%	5.3%	4.9%	3.7%	4.6%	3.7%
Public Administratic	2.6%	3.0%	0.2%	1.2%	1.8%	8.9%	1.7%	1.8%

Source: Massachusetts Job Vacancy Survey, 4th Quarter 200. Mass. Dept. of Workforce Development

Note: Cape Cod & Islands includes Barnstable, Bristol, Plymouth, Dukes and Nantucket Counties; Pioneer Valley includes Franklin, Hampden, and Hampshire Counties

Table 2. Statewide Job Vacancy Rate and Degree Requirement by Selected Industries, 4<sup>th</sup> Quarter, 2007

<b>Industry</b>	<b># Job Vacancies</b>	<b>Job Vacancy Rate</b>	<b>% Requiring Assoc Degree or Higher</b>
Construction	1,601	1.3%	22%
Manufacturing	5,753	2.1%	52%
Retail Trade	13,504	4.2%	10%
Transportation & Warehousing	1,727	1.8%	7%
Information	2,885	3.5%	86%
Finance & Insurance	5,432	3.3%	73%
Real Estate	736	2.1%	46%
Professional & Tech Services	11,527	5.5%	76%
Administrative Support & Waste Services	3,383	3.7%	25%
Health Care	20,016	4.4%	58%
Arts & Entertainment	1,598	3.7%	25%
Accommodation & Food Services	10,580	4.6%	5%
Public Administration	2,862	2.6%	32%
<b>Total -- All Industries in MA</b>	<b>92,021</b>	<b>3.2%</b>	<b>46%</b>

Source: Massachusetts Job Vacancy Survey, 4th Quarter 2007. Mass. Dept. of Workforce Development

**Appendix B**

***Massachusetts Commitment to Employment for People with Disabilities***

**MassGOALS** – MassGoals is a performance measurement and management initiative focused on achieving outcomes and improving performance across state agencies in alignment with nine major goals of Governor Patrick’s administration. MassGOALS provides both a roadmap and accountability measures for the work of Secretariats and State Agencies. The nine goals are in the areas of: Affordable Housing; Civic Engagement; Clean Energy & Environment; Effective Government; Efficient Transportation & Mobility; Job Creation & Economic Growth; Safe Communities; Quality, Affordable Health Care for All; World-Class Education.

**EHSResults** – In response to MassGoals, EOHHS developed a set of indicators to measure the effectiveness of EOHHS agencies in promoting job creation and economic growth for citizens served by EOHHS agencies. The four goals targeted to citizens served by EOHHS agencies include:

- 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.

**State as a Model Employer** – In May of 2008, a Disability Task Force was formed to take a critical look at the Commonwealth of Massachusetts (State) current policies and practices and to research the best practices in the public and private practices to attract, hire, promote and retain people with disabilities. The goal of the Task Force is to make the State a model employer for people with disabilities by implementing policies and practices that welcome them as valuable contributors of the Commonwealth’s workforce. On October 16, 2008, the Task Force submitted a report entitled *Action Plan for the Massachusetts Disability Task Force on Employment* (Report). The Report lists a set of recommendations to promote the hiring and retention of people with Disabilities in the State. The purpose of the Report was to establish policies and practices that can be enforced in the State Departments and possibly replicated by other entities throughout the Commonwealth.

**Massachusetts Olmstead Plan** – Released in 2008, the Massachusetts Olmstead Plan is a statewide initiative to adopt long-term, community-based supports that are person-centered, high in quality and provide optimal choice to individuals with disabilities. A large group representing people with disabilities, elders, providers and advocacy organizations was formed to create the plan along with state policy makers. The plan has six major goals, which include: (a) Helping individuals’ transition from institutional care, (b) Expanding access to community-based long-term supports (c.) Improving the capacity and quality of community-based long-term supports, (d) Expanding access to affordable and accessible housing and supports, (e) Promoting employment of persons with disabilities and elders, and (f) Promoting awareness of long-term supports.

**Cross-Secretariat Steering Committee on Employment** - The mission of the cross-secretariat Steering Committee on Employment is to ensure maximal employment opportunities for all individuals served by state agencies. The Steering Committee works to achieve this through open dialogue and communication across agencies and secretariats, through collaboration on integrated projects, and through a commitment to achieving the goals of the Patrick administration around job creation and economic growth. The Steering Committee operates to ensure open lines of communication both up to agency leads and down through the service delivery system and to encourage dialogue between various stakeholders and partners to ensure that the work of the Committee reflects the needs of state clients.

**Appendix C**

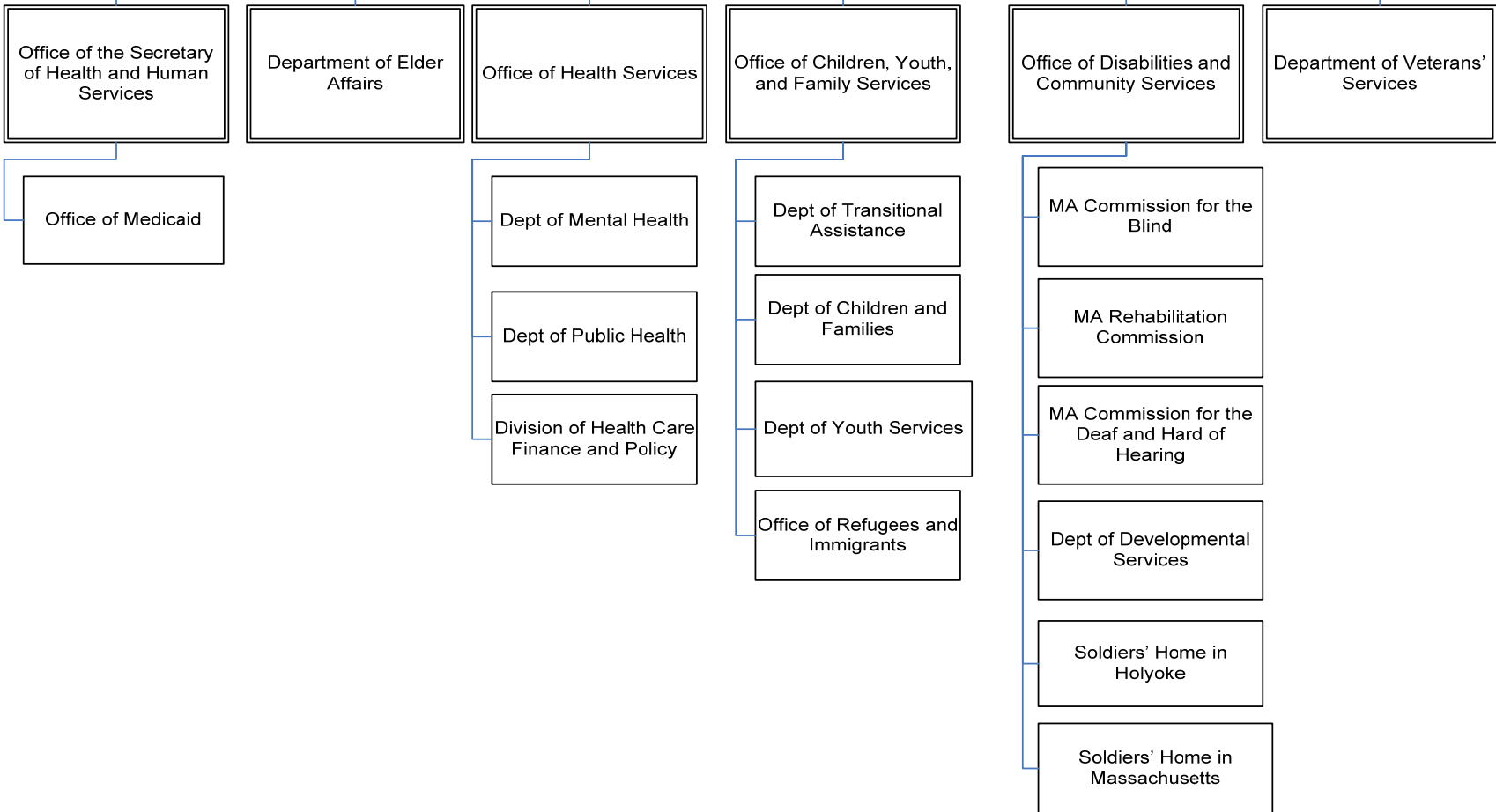
***Organizational Charts***

***Executive Office of Health and Human Services***

***Executive Office of Labor and Workforce Development***



Executive Office of Health and Human Services



Executive Office of Labor and Workforce Development

Office of the Secretary of Labor and Workforce Development

Department of Workforce Development

Department of Labor

Commonwealth Corporation

Massachusetts Workforce Investment Board

Division of Unemployment Assistance

Division of Career Services

Division of Apprentice Training

Department of Labor

Division of Industrial Accidents

Division of Labor Relations

**Appendix D**

***Summaries of Prior Research Conducted under MA MI-CEO Grant***

MassHealth Employment and Disability Survey I (2003)  
Executive Summary

Unemployment among adults with disabilities is a significant problem in Massachusetts and the U.S. National data show an increasing gap in employment rates between people with disabilities and the general population (Houtenville, 2004). This report presents findings from a survey conducted to gain a better understanding of the relationship between disability and employment among working-age people with disabilities enrolled in the Massachusetts Medicaid program. The MassHealth Employment and Disability Survey (MHEDS), was conducted as part of the Monitoring and Evaluation effort of the Massachusetts Medicaid Infrastructure Grant (MMIG) funded by the federal Centers for Medicare and Medicaid Services (CMS). The goal of the MMIG was to support the competitive employment of working age adults with disabilities enrolled in MassHealth programs. The MMIG was jointly awarded to the Center for Health Policy and Research (CHPR) at the University of Massachusetts Medical School and the Massachusetts Executive Office of Health and Human Services' Office of MassHealth (Medicaid).

The MHEDS was developed with input from consumers, provider and state agency representatives and in collaboration with the Center for Survey Research at the University of Massachusetts-Boston. The survey was administered in the late summer and early fall of 2003 to almost 3000 randomly selected MassHealth members enrolled in three programs that cover working age adults (19-64) with disabilities, including the CommonHealth Working, CommonHealth Non-Working and MassHealth Standard programs. The two CommonHealth programs are available to individuals with disabilities whose family income (earned and/or unearned) is too high to qualify for the Standard program. There are no earnings or asset limits for either CommonHealth program, however members in CommonHealth Working must work a minimum of 40 hours per month. Because enrollment in the two CommonHealth programs is much lower than in the Standard program, and because the CommonHealth programs enroll individuals who are working or who likely have a history of working, the survey sample was specifically constructed to over-sample members enrolled in the CommonHealth programs. In addition, to ensure adequate representation of younger members, we over-sampled members between ages 19 and 25. The survey sample included 993 members enrolled in CommonHealth Working, 939 members enrolled in CommonHealth Non-Working, and 988 members enrolled in MassHealth Standard, with 10% aged 19 to 25, 60% aged 26 to 49, and 30% aged 50 to 64.

The survey was administered via mail and telephone, and yielded an overall response rate of 57%. The 1658 responding members included 604 (36%) respondents from CommonHealth Working, 562 (34%) from CommonHealth Non-Working, and 492 (30%) from MassHealth Standard. Because we over-sampled the CommonHealth programs, the survey sample disproportionately represented MassHealth members in the three programs; CommonHealth Working and Non-Working members were over-represented, and MassHealth Standard members were under-represented. In addition, young adults were slightly over-represented and older adults were slightly under-represented in the

sample. Prior to analysis, survey data were weighted to reflect the size and age distributions of the populations in the three programs. Findings reported are estimates based on weighted survey data.

In the summary of key findings below, MassHealth members were considered to be **working** if they answered “yes” to the question, “Are you currently working at a job for pay”? Conversely, respondents were considered to be **non-working** if they answered “no” to this question. Although most working respondents were in the CommonHealth Working program, there were respondents who reported working in the other two programs. Thus, the terms **workers/working members** and **non-workers/non-working members** include members from all three programs.

**Key findings related to disability and employment are:**

- ❖ **Working age MassHealth members with disabilities confront multiple health challenges.** Many face multiple disabling conditions, and experience secondary health problems such as fatigue or pain, as well as daily activity limitations.
  - **As many as 65% of members experience psychiatric disabilities, 55% experience physical disabilities, and 31% experience long-term illnesses.**
- ❖ **Despite these health challenges, we estimate that 17% of all working age adults with disabilities in MassHealth -- or over 26,000 individuals -- are currently working for pay.**
  - **The employment rate varies across the three MassHealth programs; 88% of CommonHealth Working members, 4% of CommonHealth Non-Working members, and 16% of MassHealth Standard members are currently working.**
- ❖ **The estimated rate of employment varies by disabling condition;** the rate is higher for those with sensory disorders and developmental disabilities (such as autism or mental retardation) and lower for those with psychiatric disabilities, physical disabilities, and long-term illnesses.
- ❖ **Working members reported fewer disabling conditions, fewer secondary health problems and activity limitations, and better overall health** than those who were non-working at the time of the survey.

**Key findings related to employment experiences of working members are:**

- ❖ **The majority of working members work less than full-time and have low earnings.**
  - Working members work an average of 20.4 hours per week.

- 72% of all workers earned \$10,000 or less in the past year, while 89% of all workers reported earning less than \$20,000.
- ❖ However, **workers in the CommonHealth Working (CHW) program** are more likely to work full-time and have higher earnings than workers in the other two programs.
  - 40% of workers in CHW work 30 hours per week or more.
  - 24% of workers in CHW have annual earnings over \$20,000.
- ❖ **65% of workers report job tenure of a year or more** and most express satisfaction with their jobs.
  - Job tenure is highest among **workers in CHW**; 88% of workers in CHW have one year or more of tenure.
- ❖ **Only 10% of working members receive employer-sponsored health insurance.**
  - 23% of full-time workers receive employer-sponsored insurance, compared to 7% of part-time workers.
  - 15% of **workers in CHW** receive employer-sponsored insurance compared to 9% in the other two programs.
- ❖ **Workers perceive specific health care services and employment supports as important to their ability to work.** However, among workers needing them, rates of perceived unmet health service/employment support need ranged from 2% to 32%.
- ❖ **Many workers in MassHealth face a range of barriers to full participation in employment.**
  - **84% of working MassHealth members say it would be a problem to keep working without health insurance.**
    - 51% of workers believe they would lose MassHealth and/or Medicare if they worked more.
  - 60% of workers have a high school education or less.
  - 43% of workers had at least some problem with transportation to and from work in the past year.
  - 28% of workers describe their health as fair or poor.
  - 16% of workers had a health care provider tell them not to work, and 15% had a family member or friend tell them not to work.

**Key findings related to non-working members are:**

- ❖ **Many adults with disabilities in MassHealth who are not currently working have worked in the past and express an interest in working in the future.**

- We estimate that just over 40% of non-working members -- **as many as 54,000 individuals** -- may be either currently looking for work or hoping to work in the future.
- ❖ **However, involvement in work-related activities (such as vocational rehabilitation, volunteer work, education or training) among non-working members appears low.**
  - Only about 6% to 7% of non-working members are currently involved in these activities.
- ❖ **Currently non-working MassHealth members with disabilities face multiple potential employment barriers.**
  - **86% of non-working members say that they are not working because of their health or disability**; 69% report their overall health as fair or poor.
  - 74% of non-working members have a high school education or less.
  - 38% of non-working members had difficulty with transportation in the past year.
  - 39% of non-working members had a health care provider tell them not to work and 22% had a family member or friend tell them not to work.

Although, as expected, members in the CommonHealth Working (CHW) program were more likely to work than members in the other two programs, the MHEDS revealed both workers and non-workers across all three programs. For the most part, survey findings show that working people with disabilities enrolled in the three programs typically work in low wage jobs that lack health insurance. Notably, the employment picture is most positive for workers in the CommonHealth Working program, who work longer hours, have higher earnings and job tenure, and are more likely to receive employer-sponsored health insurance than workers in the other two programs. Still, only a minority of workers in CHW appear to have earnings consistent with economic self-sufficiency (over \$20,000) or have employer-sponsored health insurance. Among those who are not currently working, many would like to work. Yet, non-working members face more health challenges than people with disabilities who are working. Improving the quality of jobs for those who are working, and increasing employment among those who want to work requires a better understanding of the role of services and supports in enabling work, and of the factors associated with successful employment. In order to help guide interventions that will result in improvements in employment for working-age MassHealth members with disabilities, additional research is needed. In 2004, the Center for Health Policy and Research, in collaboration with the Massachusetts Executive Office of Health and Human Services Office of MassHealth and the Institute of Community Inclusion at UMass-Boston, was awarded the Medicaid Infrastructure and Comprehensive Employment Opportunities Grant (MICEO) by the Centers for Medicare and Medicaid Services (CMS). An important future survey conducted under the MICEO will be fielded in Fall, 2005. This survey will more fully explicate the role that health care

services, formal employment supports, and informal natural supports play in helping people with disabilities obtain and maintain employment.

For additional information on MHEDS, contact: [alexis.henry@umassmed.edu](mailto:alexis.henry@umassmed.edu)



## MassHealth Employment and Disability Survey II (2005-06)

### Executive Summary

**Unemployment and under-employment among adults with disabilities are significant problems. People with disabilities are employed at far lower rates and, even when employed, earn much less than their non-disabled counterparts.** The disparities in employment and income for adults with disabilities are due in significant part to barriers to employment at the individual, societal and policy levels. These barriers can act to keep people with disabilities out of the workforce altogether, or can keep those who do work from earning enough to achieve economic wellbeing. Policy makers at the national level have long recognized the problems of unemployment and poverty among people with disabilities. Despite efforts to address the barriers to work through federal legislation like the Americans with Disabilities Act of 1990, reforms to the vocational rehabilitation system, such as the Ticket to Work and Work Incentives Act, and other measures, these problems persist.

At the state level, the Massachusetts Executive Office of Health and Human Services (EOHHS) has prioritized competitive employment as a critical outcome of agencies serving people with disabilities. The **EOHHS Office of MassHealth (Medicaid)**, in collaboration with the **Institute for Community Inclusion** at UMass-Boston and the **Center for Health Policy and Research (CHPR)** at UMass Medical School was awarded the **Medicaid Infrastructure and Comprehensive Employment Opportunities (MICEO)** grant by the Centers for Medicare and Medicaid Services in 2004. The overall goal of this grant is to promote the competitive employment of people with disabilities in MassHealth and in the Commonwealth and to improve the quality of the jobs they hold.

**One of the major activities under this grant has been a semi-annual statewide survey of MassHealth members with disabilities**, designed to provide a better understanding of members' employment experiences and the barriers to employment that they face. This report summarizes the results of the second such survey, **MassHealth Employment and Disability Survey II (MHEDS II)**, which was conducted in late 2005 and early 2006. It surveyed almost 3000 working age MassHealth members with disabilities representing three programs; CommonHealth Working, CommonHealth Non-Working and MassHealth Standard. Over 1500 members responded, for an overall response rate of 53%.

The first MassHealth Employment and Disability Survey (MHEDS I) was conducted two years previously in 2003. It surveyed a comparable number of working age MassHealth members from the three programs. Key findings from MHEDS I show:

- ❖ **58% of MassHealth members with disabilities experience multiple disabling conditions**
  - Many members also experience secondary health problems such as fatigue or pain, and daily activity limitations such as difficulty

concentrating on daily tasks, doing household chores or getting out to shop

- ❖ **Despite health challenges, 17% of all working age adults with disabilities in MassHealth are currently employed; most work part time and have low earnings.**
  - Over 70% of workers work 20 hours per week or less
  - Over 70% of workers have annual earning of \$10,000 or less
  
- ❖ **Non-working MassHealth members experience more health issues than working members, yet survey findings suggest that over 40% of non-working members with disabilities want to work in the future.**
  - However, only very few members (about 7%) who want to work are currently taking advantage of work-promoting activities such as education or training, vocational rehabilitation or volunteer work.

While MHEDS I provided valuable baseline information regarding disability, health status, and employment experiences of working age MassHealth members with disabilities, a number of questions remained to be answered. The second survey, MHEDS II, was designed to fill some of these knowledge gaps. The MHEDS II sought to explicate the role that services and supports play in helping MassHealth members with disabilities obtain and maintain employment. In addition, the survey sought to describe the level of information that members perceive they have about the impact of work on their benefits and to more clearly identify factors that may keep earnings low among working members, prevent non-working members from participating in employment and inhibit the ability of both groups to achieve greater economic wellbeing.

The MHEDS II Survey yielded findings similar to MHEDS I and also provided additional data showing that:

- ❖ **Workers perceive specific health care services as important to their ability to work.**
  - However, among workers needing them, rates of perceived unmet health service need ranged from 12% (prescription medication) to 49% (personal assistance services).
  - **44% of workers who received mental health services said they had missed work because of problems in getting these services.**
  
- ❖ **Job accommodations are an important employment support.**
  - 28% percent of workers in MassHealth reported needing a workplace accommodation in the past year, with 83% of these workers requesting an accommodation from their employer.

- Virtually all of the workers who requested an accommodation, (99%) received the accommodation.
- ❖ **Formal employment services played an important role in assisting working MassHealth members with disabilities to find a job.**
  - 39% of workers got their current jobs through disability-related employment services such as vocational rehabilitation services.
- ❖ **Many working MassHealth members say that they keep their earnings low because they are afraid of losing their cash benefits or health insurance.**
  - 36% said they earn less because they are afraid of losing SSI or SSDI cash benefits.
  - 24% said they earn less because they are afraid of losing Medicaid.
  - 28% said they earn less because they are afraid of losing Medicare.
  - 62% of workers said they had gotten information about the impact of work on their benefits.

These two surveys together illustrate the many challenges confronting individuals with disabilities who wish to work and yield valuable information regarding services and supports that facilitate the ability of these individuals to successfully obtain and maintain employment.

For additional information on MHEDS, contact: [alexis.henry@umassmed.edu](mailto:alexis.henry@umassmed.edu)

## **Understanding the Health and Employment Experiences of MassHealth CommonHealth Members with Disabilities: A Focus Group Study Summary of Findings**

**Introduction:** Four focus groups (29 participants) were held during 2003 - 2004 with MassHealth members who had psychiatric and physical disabilities, were aged between 18 – 64, working and non-working regarding their experiences of their health care and employment options.

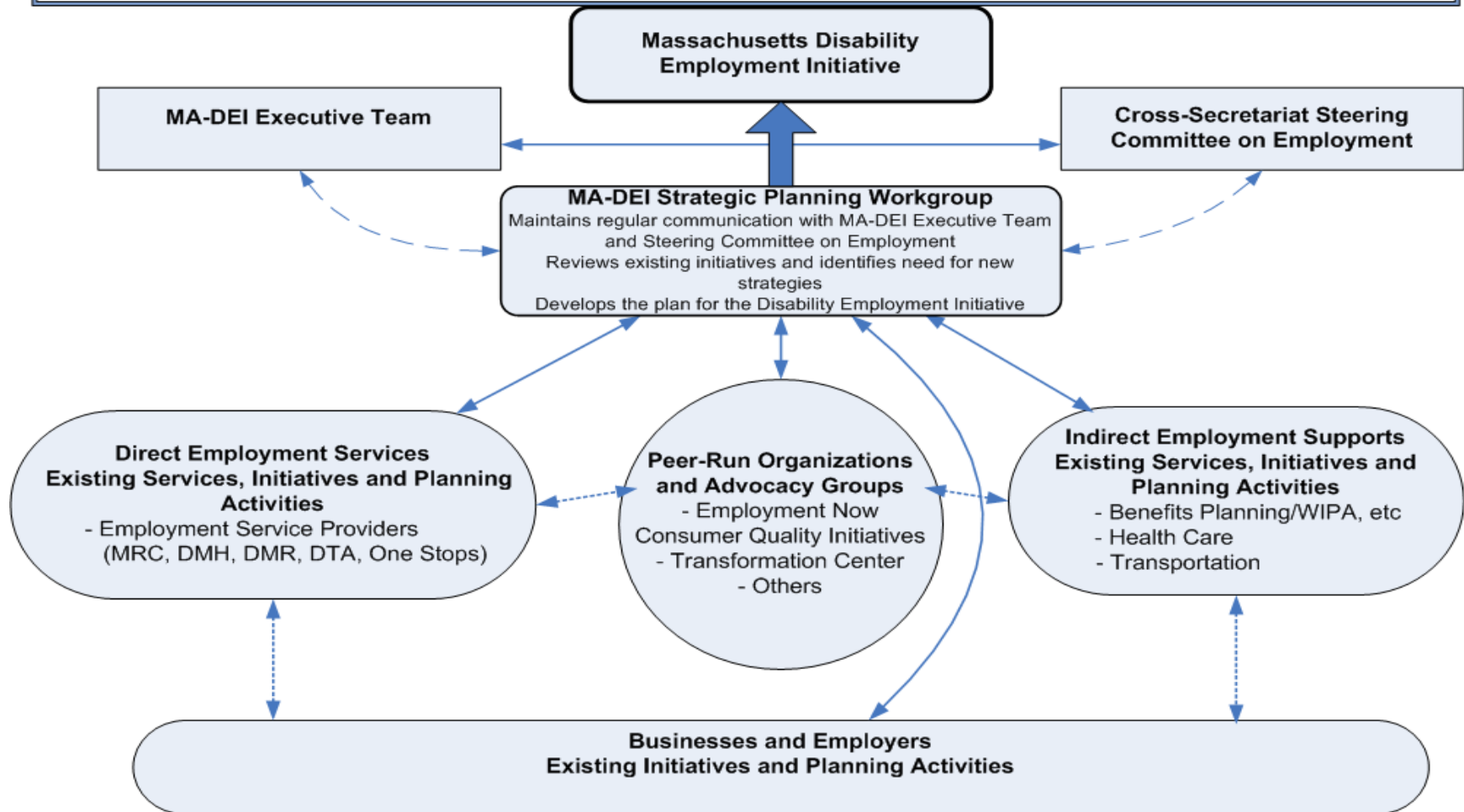
**Summary:** Focus groups with both working and non-working individuals with disabilities regarding their health care and employment experiences yielded valuable information regarding barriers and facilitators to work. Focus group participants expressed a great appreciation for MassHealth as a facilitator to work and its role in making health coverage affordable for them, along with some frustration with its coverage and administrative limitations. Focus group participants described a strong motivation to work. They also described several barriers to work such as stigma, low employer expectations, difficulty obtaining accommodations such as flex-time or part-time work and inadequate benefits and work incentives information. Managing their own disabilities also posed a challenge to obtaining and maintaining employment as individuals struggled with managing their own health and mental health care, limited tolerance for criticism and stress in some instances and other issues. In addition to MassHealth, focus group participants mentioned other services that were facilitators to work such as clubhouse experiences, VR services, job coach services; independent living center services, peer counseling, mentoring; access to mental health services; and PASS plans, among others.

For additional information contact: [alexis.henry@umassmed.edu](mailto:alexis.henry@umassmed.edu)

**Appendix E**

***Process Diagram for the Development of the MA-DEI Strategic Plan***

# PROCESS DIAGRAM FOR THE DEVELOPMENT OF THE MA DISABILITY EMPLOYMENT INITIATIVE STRATEGIC PLAN



**Appendix F**

***Existing Initiatives and Activities Reviewed during the Strategic Planning Process***

## Cross-Secretariat Steering Committee on Employment

### Subcommittee Activities

**Standard Measures Subcommittee** – This existing subcommittee of the Cross Secretariat Steering Committee on Employment is comprised of representatives from across EOHHS agencies. The subcommittee meets monthly to discuss standard data collection mechanisms and reporting systems. The group has been successful in developing common employment outcome indicators applicable across the agencies. It has also been working to assist EOHHS to define indicators and develop data collection methods for the *EHSResults* Initiative.

**Employment Services Procurement Subcommittee** – A subcommittee of the Steering Committee was formed in 2007 to work with the EOHHS Purchase of Service Policy Office to develop a common mechanism for the procurement of *competitive employment* services to be used across EOHHS agencies. A common model for Comprehensive Integrated Employment Services aims to simplify contracting and purchasing practices and to improve the quality of competitive employment services purchased from community-based vendors through a standardized payment structure. This subcommittee is comprised of cross-agency representatives and meets monthly to discuss the development and roll-out of the procurement, which is slated to begin in early 2009.

**United Approach to Engaging Employers Subcommittee** – This subcommittee surveyed employment service providers in Massachusetts. The purpose of the survey was to identify practices providers found to be most effective when working with employers. A total of 159 service providers responded to the survey. The results are currently being analyzed and will be used to inform the development of future initiatives in the area of employer engagement and to guide the development of training for job developers. The subcommittee also developed an online message board for job developers.

### EOHHS State Agency Strategies

**Department of Mental Retardation (DMR) Employment Initiative and Strategic Plan** – In January 2006, at the request of the Commissioner, DMR formally implemented a statewide employment initiative, with the goal of developing a statewide strategic plan for improving employment outcomes for its clients. To begin the process of this planning effort, the agency in partnership with MI-CEO staff, convened a planning group that consisted of DMR staff, consumers, family members, providers and representative of key organizations. Regional groups were also formed to provide targeted input into the plan. Thirteen key employment focused recommendations for the agency were developed to improve service delivery.

**Department of Mental Health (DMH) Employment Initiatives** - A Sub-Committee on Employment of the Massachusetts Mental Health Planning Council was established by the Council on August 30, 2006. The group promotes the concept that DMH and every



DMH client, provider, case manager, clinician, and program should understand that employment is just as critical to recovery as treatment, housing, and peer support. Among other policy related recommendations, this group helped to shape DMH's redesign of all community-based services to reflect the department's commitment to providing a recovery-oriented system of care, which will be implemented in 2009.

### **Executive Office of Labor and Workforce Development Initiatives**

**EOLWD Working Together Regional Workforce Strategy** - This statewide initiative brings 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 and to develop pathways to skills and opportunities for the Massachusetts workforce. In 2008, EOLWD partners from the Commonwealth Corporation and Northeastern University presented regional labor market data at meetings across the state to provide all stakeholders information that will drive the identification of regional workforce needs and priorities.

### **Advocacy Group Initiatives**

**Employment Now Coalition** – Formed in 2006 and partly supported by the MI-CEO grant, the Employment NOW Coalition is a consumer run, grassroots coalition whose mission is to increase employment opportunities and awareness for Massachusetts residents with disabilities. The Employment Now Coalition seeks to create a meaningful dialogue on innovative ways to support equal rights and genuine opportunities for people with disabilities in employment.

**The Transcom (the Transformation Committee)** is a diverse stakeholder group committed to promoting recovery principles to transform the mental health system and to meaningfully engage people with recovery needs in the development of mental health policy and service delivery. Members include representatives from consumer and provider groups, state agencies, and UMass. The activities of the Transcom are aligned with DMH's strategic plan's emphasis on consumer direction and recovery. Members of Transcom meet monthly to provide support, direction and vision to the work of the Transformation Center and other statewide efforts involving mental health transformation.

**Transformation Center** is a consumer run and operated training and technical assistance center that supports peers, providers, and other stakeholders on recovery and empowerment approaches and cultural change issues relating to mental illness. The Transformation Center provides technical assistance to six Recovery Learning Communities throughout the state. The Center focuses activities in: 1) statewide education and training; 2) planning and program development; and 3) policy development and statewide and national advocacy.

### **Employer Initiatives**

**MRC/Spaulding Partnership** – Spaulding Rehabilitation Hospital and the Massachusetts Rehabilitation Commission have developed a partnership that brings Job Placement Specialists (JPS) from the Massachusetts Rehabilitation Commission into the hospital to learn about the healthcare industry. The JPS spend a total of six days at the hospital, rotating through targeted departments in order to better understand the needs of the industry and support more effective job placement.

### **MA MI-CEO Activities**

**MassHealth Employment and Disability Survey II (MHEDS II)** - The survey was administered by MI-CEO researchers at the Center for Health Policy and Research in the late 2005 and early 2006 to almost 3000 randomly selected MassHealth members. Members were enrolled in three programs that cover working age adults (19-64) with disabilities, including the CommonHealth Working, CommonHealth Non-Working and MassHealth Standard programs. The survey was developed with input from consumers, provider and state agency representative and in collaboration with the Center for Survey Research at the University of Massachusetts-Boston. Key information on the population and their interactions with employment was collected and has been used as a source in multiple research projects.

### **Services for Education and Employment Technical Assistance Project (SEE-TAP)**

-- Beginning in FY '98, the MA DMH implemented a program called Services for Education and Employment (SEE). SEE Standards required that programs follow many of the principles of evidence-based supported employment, and since FY '98 individual client enrollment and outcome data have been tracked by programs using the SEE Information System. The goal of the SEE-TAP, which began in 2006 as a collaboration between MI-CEO researchers and DMH policy makers, was to conduct a comprehensive evaluation of SEE programs, including: examining the extent to which SEE programs operated in a manner consistent with the standards for evidence-based practice; to examine a variety of factors (person; program; community) that may account for differences in employment outcomes achieved by SEE programs; and to provide training, consultation, and other technical assistance to SEE programs and to the MA/DMH aimed at enhancing program outcomes. A final SEE-TAP report is currently in production.

**Personal Assistance Services (PAS) in the Workplace** - The Center for Health Policy and Research and Abt Associates conducted a joint study regarding Personal Assistance Services in the workplace in 2007. The study looked at the Massachusetts PAS experience and compared it with other state PAS policies. It also included qualitative data from employers and co-workers relating to their attitudes of PAS in the workplace. Seven key Massachusetts policy recommendations were developed.

**Benefits Information Strategic Planning (BISP)** – Prior to the development of the statewide strategic plan on disability and employment, a targeted strategic planning effort focusing on promoting work incentives and dissemination of benefits information related to employment was begun in 2007. A multi-disciplinary steering committee, with

active participation of people with disabilities, was formed to create this plan, with help from NCHSD and partner states. The goal of this planning effort was to increase the capacity for a comprehensive, sustainable infrastructure that can provide work incentives and supports to people with disabilities. The plan developed by this group has been incorporated into the MA-DEI strategic plan.

**Supporting Peers in Employment Project** – The MI-CEO grant has been active over the past few years in several efforts using peer-to-peer supports toward employment. MI-CEO researchers conducted informal discussions/forums with individuals who live with mental illness who had recently undergone training on benefits and related issues through the Recovery Learning Communities in Quincy and Worcester, Massachusetts (with assistance from MI-CEO trainers). The purpose of the discussion was to understand better their perspectives on barriers to employment for individuals with mental illness and solicit their input on potential topics and approaches for a training curriculum to address these issues. A pilot version of the curriculum is currently being implemented.

**Disability Issues Newsletter** – Since 2003 the MI-CEO grant has co-sponsored the publication of the Disability Issues Newsletter with the Spaulding Rehabilitation Hospital. The Mission of Disability Issues is to provide people with disabilities, their families, friends and advocates with timely, relevant information to improve the quality of life, health and employment options. The newsletter is edited by Paul Kahn, a person with a disability, and is published quarterly. It is distributed free to over 6,000 subscribers by mail and electronically via [www.masschec.org](http://www.masschec.org) website and is available in Braille and large print.

### **Other Initiatives**

**Transportation Initiatives** – As in most states, transportation in Massachusetts is a very decentralized system with much of the decision-making taking place at the regional level (Regional planning authorities and regional transit authorities). Transportation initiatives relating to people with disabilities are accordingly varied and decentralized. For purposes of our strategic planning, we reviewed some of the existing initiatives, including trip planning systems development on the regional level in two areas, a proposed pilot program offering free transit passes to job-seekers with disabilities, a proposed series of information forums on how to obtain federal transportation funding, and a proposed pilot program to promote bicycle commuting. We also reviewed the Coordinated Human Service Transportation Plans of several regional transit authorities.

**Transition Initiatives** - Helping young people with disabilities transition from school to adult life is an issue that has garnered a lot of attention in recent years, both in Massachusetts and nationally. We reviewed and tried to build on several existing initiatives in this area, including: The 688 Workgroup formed by EOHHS (and supported by MI-CEO staff) to improve the referral process from education to adult services; the College Career Connection initiative to offer concurrent enrollment in college for high school students with disabilities ages 18-22; the Mass Focus Academy on-line training

for teachers and counselors; individual EOHHS agencies' strategies relating to transition; the state's Pathways to Success by 21 (P21) project for vulnerable youth ages 16-21, and several local or regional transition programs and trainings.

**Appendix G**

***Efforts to engage all Stakeholders in Strategic Planning Process***

## **Policy Makers**

### **MA-DEI Executive Team**

In the early stages of the plan development, an MA-DEI *Executive Team* consisting of high level state personnel and MI-CEO grant leadership was formed in order to initiate buy-in and support at the state level. Feedback on the process and content of the emerging MA-DEI plan *was reviewed on a regular basis with this team*, who provided their feedback and recommendations. This committee *met monthly for two hour sessions* and the group consisted of grant management team members as well as the Assistant Secretary for Disability Policy and Programs, the Commissioner of the Massachusetts Rehabilitation Commission (MRC), the Assistant Commissioner of the Department of Transitional Assistance (DTA), Director of Member Policy and Program Development for MassHealth and the Managing Director of the Executive Office of Health and Human Services Steering Committee on Employment, and well as consultants.

### **Cross-Secretariat Steering Committee on Employment**

This Steering Committee is an existing cross-secretariat committee dedicated to working collaboratively around employment issues. Representatives are the *immediate designees of each state agency* and provide high-level representation on employment issues. Periodic updates were given to the Steering Committee about the strategic plan by grant staff to *inform them of the process and the emerging themes*. Feedback was given by this committee, as well as from the various subcommittee representatives working within the Steering Committee framework.

### **Individual Meetings with State Agency Executives**

Near the end of the planning process, individual interviews were set up with *upper management from each disability-serving agency* (DMR, DMH, MRC) as well as with the Department of Transitional Assistance, whose clientele often include people with disabilities. These interviews *solicited in-depth information on the specific needs of each agency* and how the grant might be able to build those needs into the strategic plan.

## **People with Disabilities**

### **Outreach to the Employment Now Coalition**

In 2007, the MI-CEO grant partially funded the start-up of an *independent grassroots community organization* called “Employment Now” whose main goal was to advocate for employment opportunities for people with disabilities. This group has gained steady membership, primarily comprised of people with diverse disabilities. In early 2008, this organization was engaged in discussions related to the development of the strategic plan and a member of the group was included in the strategic planning work group. Employment Now is based in Metro-Boston, and received periodic updates on the plan as it developed.

### **Involving people with disabilities in the Strategic Planning Workgroup**

A *cross-disability group of individuals and family members* was identified through outreach to community members and input from staff for participation on the strategic

planning taskforce. *Eight community advocates* with disabilities were identified to join the MI-CEO grant staff in bi-weekly meetings where the processes and content of the strategic plan were discussed and developed. This action ensured that people with disabilities, their family members, and representatives from disability organizations had a direct connection to all aspects of the plan. Gender, ethnic/racial, transition-age status and geographic diversity were considerations in selecting community members. This involvement proved to be a key strategy in the development of the plan, as these individuals provided grant staff with *insight into priority areas where capacity could be built*. These members also provided valuable insight into how we could *further engage people with disabilities in the planning process*, especially in regards to making our outreach events accessible and accommodating to all people. Input from these workgroup members helped to shape the agenda and format of the Employment forum for People with Disabilities and the Public Forums.

### **Employment Forum for People with Disabilities**

In August 2008, the strategic planning work group held an *employment forum for people with disabilities* in central Massachusetts. *Fifty-five* people with disabilities and family members from around the state attended. This forum was specifically targeted to people with disabilities to *provide insight into areas for capacity building* around disability and employment. Breakout sessions were organized around the following topical areas: Engaging and Empowering Consumers; transition from school to work; employer engagement; benefits incentives and disincentives; and quality employment supports. As with the strategic planning taskforce, consideration of gender, ethnic/racial, transition-age status and geographic diversity was incorporated into recruitment efforts. The end of the day concluded with a large group discussion on *transportation solutions and other areas* that were missed during the break-out sessions. Major *thematic areas* emerged from this forum were the basis for the development of several of the goals areas in the plan. Participants also provided contact information to grant staff to ensure continued communication about the plan.

### **Consumer Outreach Coordinator**

Based on the strategic planning work group's goal to connect to people with disabilities in an ongoing and transparent manner throughout the planning process, the grant contracted with an individual from our strategic planning work group to take on additional responsibilities as a *Consumer Outreach Coordinator*. This paid position carried with it responsibilities to: disseminate information to people with disabilities about the plan; conduct outreach to groups that we had not connected with previously; market our public forums and provide follow-up phone calls and e-mails; clarify and explain information to targeted people; maintain a database of contacts and to advise us on making meetings and materials accessible for all people. This position was also created to ensure that the plan in its entirety would eventually be distributed to all people who participated in developing it.

### **Public Forums**

The MICEO grant contracted *Consumer Quality Initiatives (CQI)* early in the planning process to facilitate a number of public forums to be held near the end of the planning process to share the plan with members of the public. CQI is a mental health *consumer*

*operated* research, evaluation and quality improvement organization based in Massachusetts. A *primary activity* of CQI is to conduct personal interviews and focus groups with people with disabilities and/or their family members using semi-structured surveys and interview guides, leading to in-depth data-driven reports. In addition to a staff member joining our bi-weekly strategic planning work group, *CQI organized and facilitated five public forums in different geographic locations* in the state in late September and early October. These forums shared information on the emerging themes and strategies being considered for inclusion in the plan. Feedback from participants, which included individuals with disabilities and service providers, was sought to validate themes, goals and strategies and to identify any areas not currently addressed.

## **Employers**

### **Employer Consultant**

In the early strategic planning process, an individual representing Partners Healthcare was brought on to the grant executive team as *a consultant around best practices in engaging employers*. This employer consultant contributed to executive team meetings and provided consultation to grant staff around planning an employment forum. He also provided insight into strategies that would be successful in creating a *business case* for hiring people with disabilities.

### **Employer Round Table**

In June, the strategic planning team hosted a round table discussion of Massachusetts employers in Boston to gather input from them on building capacity between the public and private sector around disability and employment. The EOHHS Assistant Secretary for Disability Policy and Programs facilitated the discussion and Massachusetts Rehabilitation Commissioner concluded the meeting with a commitment to next steps. Employers represented at the meeting included large and small employers from various geographic regions of the state and represented different industries and employment sectors. These sectors included: Healthcare; Staffing; Retail; Manufacturing; and Utilities/Electric.

### **Individual Employer Interviews**

Following the employer roundtable, MI-CEO grant staff *met individually with employers* interested in helping to develop employer engagement strategies for the statewide strategic plan. These conversations helped to inform the development of the goals and strategies listed in the plan.

## **Providers**

### **Employment Provider Forum**

An *employment service provider forum* was held in September 2008 at a central Massachusetts location. Careful attention was paid to inviting *both service provider management and direct service delivery staff members* in order to get multiple perspectives on the challenges that service providers face. *Forty-one service providers* from various community agencies attended and provided feedback on major theme



areas that they considered critical to building capacity within the state around disability and employment. These discussions took place in both small group and large group settings around critical areas of focus.

**Appendix H**

***Consumer Quality Initiatives  
Final Report of Public Forums on the Strategic Plan***

# **Employment Forums Overall Report**

October 22, 2008

**Five public forums conducted between September 27 and October 14, 2008**

***CQI***

**Consumer Quality Initiatives, Inc.**

**Bringing the people's voice to behavioral health research...  
and from research to practice.**

## Table of Contents

Public Forums.....	3
Recruitment.....	3
Analytical Procedures.....	4
Results.....	5
A. Employment Services and Supports.....	5
B. Work Incentives and Benefits Information.....	6
C. Transition-Age Youth with Disabilities.....	6
D. Enhancing Transportation.....	7
E. Empowering People with Disabilities.....	7
F. Business Engagement and Communication Plan.....	8
Discussion.....	9

## **Public Forums**

Consumer Quality Initiatives (CQI)<sup>1</sup> conducted five regional public forums on promoting employment opportunities for people with disabilities in support of the MI-CEO strategic planning process. These forums were held during the last week of September and first two weeks of October in Greater Boston (Somerville), the Southeast (Taunton), the Northeast (Lowell), Central Mass (Shrewsbury) and Western Mass (Springfield).

Approximately 100 people attended the five forums. While the primary audience for these forums was people with disabilities, attendees also included families of people with disabilities, state agency staff, vocational service providers, advocates, and educators.

Each forum was two hours long and had three major components. First, MI-CEO grant team staff delivered a brief PowerPoint presentation on the MI-CEO grant and the strategic planning process. Second, MI-CEO grant team staff presented the six key strategic themes, related goals and potential approaches (which were based on the input from multiple stakeholder groups). After each of the six thematic sections were presented with aid of PowerPoint slides, a CQI staff person<sup>2</sup> facilitated a discussion with participants seeking their feedback on that thematic section based on three questions:

- 1) Do these (themes, goals, approaches) sound right to you?
- 2) Have we missed anything?
- 3) Things that have worked for you or others?

Based on participant feedback provided at the first forum in Somerville, the MI-CEO grant team amended the PowerPoint slides to make the language less technical and provide more description to some of the potential approaches.

## **Recruitment**

The primary recruitment strategy was to outreach to people with disabilities via organizations, agencies and programs that work with people with disabilities. Per request of the MI-CEO Strategic Planning Committee, an emphasis was placed on recruiting people with mental health conditions and people with developmental disabilities.

In the month leading up to the forums, CQI staff emailed invitations to the forums to organizations, agencies and programs that work with people with disabilities and followed up with key contacts by phone. Additionally, information about the forums was sent to individuals with disabilities, including consumers who attended the August 6 Employment Forum in Worcester. Examples of such organizations, agencies and programs, included:

- Statewide and local support and advocacy organizations for people with disabilities, including those with developmental, intellectual, psychiatric and physical disabilities and head injuries,

---

<sup>1</sup> CQI is a consumer run research and evaluation organization based in Massachusetts, [www.cqi-mass.org](http://www.cqi-mass.org).

<sup>2</sup> Chris Busby, Senior Research Associate, all five times.

- Statewide and local support and advocacy organizations for parents and families of people with disabilities, including those with development, intellectual, psychiatric and physical disabilities,
- State agencies that support people with disabilities, including central, area and site offices of DMR, DMH, Commission for the Blind, Commission for Deaf and Hard of Hearing, MRC and Massachusetts Office on Disability,
- Department of Education, Special Education Planning & Policy,
- Vocational service providers and human service agencies that serve people with development, intellectual, psychiatric and physical disabilities,
- Organizations run by people with disabilities, such Independent Living Councils, The Transformation Center, Recovery Learning Communities,
- Mental health clubhouses,
- Local disability commissions,
- Legal and advocacy organizations, such as Disability Law Center, Disability Policy Consortium,
- Career centers, including disability navigators, and
- Veteran centers.

## **Analytical Procedures**

Notes were taken at the forum and typed up. Two to three CQI staff who were present at the forum then met to review the notes and share impressions. The goal of our analysis was to answer the three questions posed in the facilitated discussion at each forum, which were: 1) Do these (themes, goals, approaches) sound right to [participants]? 2) Have we missed anything? 3) Things that have worked for [participants] or others? During these meetings, the three questions were asked and answered for each theme presented: 1) Employment Services and Supports, 2) Work Incentives and Benefits Information, 3) Transition Age Youth with Disabilities, 4) Transportation, 5) Empowering People with Disabilities, and 6) Business Engagement.

Participants often did not respond directly to the three questions, but were more likely to share their personal experience with employment. In addition there were many ideas for potential improvements to employment supports. With regard to the comments on the approaches, CQI categorized the comments into three categories: 1) comments/experiences which demonstrate a need for the potential approaches presented; 2) comments/experiences which demonstrate a need not covered by the presented approaches; and 3) specific suggestions for operationalizing the ideas in the presented approaches.

This analytical process resulted in mini-reports for each forum, which present the information by theme and addresses the three questions above.

CQI then reviewed the five mini-reports to identify common ideas within each theme across forums, as well as common ideas which cross themes. CQI also reviewed additional written comments and suggestions solicited from forum participants and input from people who could not attend the forums. These ideas are presented below. Emphasis was placed on the last two categories (comments demonstrating a need not covered by the stated potential approaches, and attendees' specific suggestions for operationalizing the stated potential approaches). This

emphasis is not meant to minimize support for the existing approaches, which was strong, but to highlight areas which may require further action or development prior to the next step in this process.

## **Results**

### **A. Employment Services and Supports**

#### Support for the Theme, Goal and Approaches

Participants of the forums generally supported the theme, goals and potential approaches, with specific suggestions often falling into one of the stated approaches. While emphasis may have varied among the forums, overall support for the three potential approaches was consistent.

Participants at all the forums generally agreed that the service delivery system could better meet the needs of a broad range of individuals with disabilities who are seeking competitive employment by *offering more person-centered, individualized employment services and supports*. Participants suggested that the current service delivery system is not meeting the needs of professionals and people with higher education (an issue of underemployment as well as unemployment) and the needs of some people with specific disabilities, e.g. people with communication difficulties, people with Aspergers Syndrome.

At several forums participants suggested that there needs to be better coordination and collaboration among state agencies and between state agencies and service providers. The result would improve sharing of information with people with disabilities and support a consistent pro-work message throughout the system. Participants at a couple forums stressed the need for ongoing support that continues into employment.

#### Suggested Additions to Approaches

*Choice* of services and providers was valued by participants as well. Information about options and access to a diversity of providers were viewed as key elements of choice. Participants also wanted approaches that reduced the effect of “channeling”, i.e. eligibility requirements based on disability types. Participants thought this would maximize choice and access.

Some participants stressed the need and benefit of peer involvement in delivery of employment services and supports. Participants at several forums stressed that quality clinical and independent living supports, e.g. reliable personal care attendants, supportive psychiatrists and housing, are essential to employment success. The needs of the whole person must be adequately met to succeed in employment.

### **B. Work Incentives and Benefits Information**

#### Support for the Theme, Goal and Approaches

Forum participants generally supported the theme, goals and potential approaches. At all forums participants confirmed that lack of information about work incentives and benefits

information was a key barrier to promoting employment. People emphasized the importance of both *accurate and accessible information*.

#### Suggested Additions to Approaches

Participants at the forums felt information about incentives and benefits needs to be simplified. Participants noted the benefit of an online system for accessing such information. Participants saw a need for more benefits specialists and experts. They also saw a need for direct staff at all agencies and service providers to have a better working knowledge of incentives and benefits. Participants 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.

### **C. Transition Age Youth with Disabilities**

#### Support for the Theme, Goal and Approaches

Participants generally supported the theme, goals and potential approaches. Participants particularly supported improving transition planning and strengthening the links between schools and adult disability agencies (Approach #1). In additions, Parent participants saw a need for more collaboration between schools and parents, in addition to greater coordination between schools and adult agencies. Participants suggested that planning for transition needs to be done earlier. Some participants reported that income and eligibility criteria were additional barriers to accessing services for their transitioning youth.

#### Suggested Additions to Approaches

However, the discussion at all forums focused on school systems and making schools more accountable, both for disseminating information on transitional services and for connecting people to these services. Parent participants were concerned about what would happen to their child/ren when they transition out of school, and wanted information about what they need to do to prepare for this. These participants thought that schools had the primary responsibility here. This was probably because these families appeared to be unconnected to child/adolescent or transition age disabilities agencies.

Both transition age youth and parents expressed frustration with the vocational supports the young adults were receiving from schools. They wanted more support from the schools for providing young adults with work experience *while in high school*. Young adult participants desired the types of paid employment they saw their peers without disabilities obtaining.

Participants had ideas about innovative approaches schools could take which included: helping youth get into volunteer opportunities while in school to gain experience; running an event at the beginning of the year for agencies to meet with parents, answer questions, and provide information; and providing training with certification for guidance counselors on transitional services and supports for youth with disabilities.

Many participants at several forums noted that one missing approach was mentoring. Mentors can serve multiple functions in their own right, including help with socialization, job



support, pursuing career interests, and education on rights. Mentors would include employed people with disabilities and people without disabilities with experience in a relevant field.

## **D. Enhancing Transportation**

### Support for the Theme, Goal and Approaches

The forum participants agreed that access to transportation is a problem that requires creative solutions. People found the theme and goals to be important, stating that transportation is a major barrier to employment for people with disabilities. Many participants responded positively to online trip planning (Approach 1), though some noted that people may need assistance accessing this.

### Suggested Additions to Approaches

Regional concerns about transportation were heavily discussed in every forum. Current public transportation is local and limited; often it doesn't get people to where the jobs are. Participants spoke of the limited availability of para-transit services.

In addition to the time and regional limitations, participants 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. Participants identified the idea of *quality* in transportation services as an issue. Participants expressed particular concerns about rude treatment from drivers and a lack of understanding among drivers about medical rides.

People agreed with the need for alternative modes of transportation and that solutions must be local. Throughout the forums, people embraced practical solutions, such as developing community support networks and ride shares. People suggested that peers could play a role here. Meetup.com was provided as a concrete example of participant driven on-line coordination. Another 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). Telecommuting was raised as another alternative.

## **E. Empowering People with Disabilities**

### Support for the Theme, Goal and Approaches

Forum participants generally supported the theme and goals, with particularly strong support for potential approaches #1 and #3. Many participants embraced the need for peer support and networking opportunities. Participants also saw a need for positive role models to fight stigma and help empower and motivate other people with disabilities. Many participants suggested developing the advocacy skills of both the community (example: consumer run organizations) and individuals, through education on rights, services, and self-advocacy skills. Participants also saw information and choice as fundamental to empowerment. Some individuals spoke of the importance of peers in decision making roles (#2).

### Suggested Additions to Approaches

Some participants suggested that a missing approach was one supporting the creation and development of jobs for people based on their expertise of having lived with a disability. An

example is the Certified Peer Specialist program funded by DMH. Additionally, some participants felt people with disabilities could play a valuable role in the evaluation of services.

## **F. Business Engagement and Communication Plan**

### Support for the Theme, Goal and Approaches

Participants at a couple of forums agreed with the need to increase the capacity of employment service providers to work effectively with businesses. Participants felt that both employment service providers and people with disabilities need to learn how to better market themselves to employers. Some participants spoke about the need for enhanced marketing techniques, possibly bringing in true business sales people rather than people with human services experience.

Participants provided support for approaches that suggested sharing success stories, sharing information about the benefits of hiring people with disabilities, and recognizing good employers. Many participants felt that employers lacked information about tax incentives and support programs available to them if they hire people with disabilities.

### Suggested Additions to Approaches

However, at most of the forums, people expressed a lack of confidence with the business engagement theme as presented in the PowerPoint slides. People felt that stigma and discrimination were major obstacles to overcome for people with disabilities. People challenged the underlying assumption that businesses 1) truly want to hire people with disabilities, and 2) will be willing and able to accommodate special needs.

A public campaign approach to overcoming this perceived discrimination received strong support. Many participants suggested that a mass market advertisement campaign could positively affect public attitudes about employing people with disabilities. Participants also suggested that people with disabilities could effectively address stigma and discrimination by acting as role models in formal and informal interactions with businesses and state agencies.

Some other proposed approaches to counter this perceived discrimination were to 1) provide information/ education to employers about how to work with people with disabilities; 2) provide a support person to work with both the employer and employee to ensure needs of both parties are met; 3) reduce employer concerns about accommodations by working with potential employees to develop a plan for independently meeting their own needs at work; and 4) encourage employers have a dedicated human resource person for disabilities. Additionally, participants felt that the government could play a more active role in promoting the hiring of people with disabilities, such as by placing provisions in contracts and becoming a model employer.

## **Discussion**

Overall, forum discussions reinforced the importance of the themes, goals and approaches presented. Participants shared experiences and ideas which illustrate the necessity of tackling the

problems represented by the themes in order to improve employment opportunities for people with disabilities in Massachusetts.

Participants' comments and experiences did suggest some potentially necessary additions to the approaches. Some ideas were so prevalent across forums they warrant further discussion.

At almost every forum, people spoke about how specific regional concerns affect the ability of people with disabilities to achieve employment success. These include transportation, availability of local services, the health of regional economy and job market, and local school system policies. It will be important that all potential solutions include opportunities for implementation and input on a regional and local level.

Participants at every forum spoke about the role that stigma and discrimination play in denying people with disabilities employment success. Participants expressed concerns over stigma in nearly all of the themes presented. This perceived discrimination is believed by the participants to exist at all levels of services, in potential employers, and in the greater community. It was clear in discussions that the participants believed that until all parties truly believe in the positive potential of people with disabilities in the work force, the unemployment and underemployment issues in the disability community will not be resolved.

Participants at every forum spoke about the need for more information so that people with disabilities can make informed decisions. From their state agencies, vocational service providers and schools, people are seeking better communication and more collaboration. Information appears in some themes as they were presented, but participants' comments made it clear that accurate and accessible information should be considered when implementing the approaches for every theme. Additionally, participants saw a direct connection between information and choice. Participants wanted to have the ability to make decisions based on an array of service options.

Throughout the forums participants valued the role peers could play in promoting employment opportunities for people with disabilities. Formalizing the role of peers is empowering to individuals and the community, employs people with disabilities, and is cost effective. People with disabilities could play important roles in implementing potential approaches for each theme, including delivery of services, training various stakeholder groups and evaluation of services.

Lastly, participant comments suggest that many people with disabilities and their families have a degree of mistrust and frustration based on their experiences with state agencies, providers, employers, and schools. Approaches will need to address this breakdown in trust. Intensive personal interaction among stakeholders and meaningful roles for people with disabilities and their families in the implementation of reforms could help address this underlying trust issue.

**Appendix I**

***Partners in Developing and Implementing the MA-DEI***

## **Partners in Developing and Implementing MA-DEI Strategic Plan**

**Abt Associates, Inc.** – Abt Associates, Inc. (Abt) applies scientific research, consulting and technical assistance expertise to a wide range of issues in social, economic, and health policy; international development; and clinical trials and registries. Under the MI-CEO grant, Abt's Center for the Advancement of Rehabilitation and Disability Services informed the team on employer engagement strategies, specifically Abt telecommuting opportunities for people with disabilities, and will continue to work in this area under the MA-DEI.

**Associated Industries of Massachusetts (AIM)** - Associated Industries of Massachusetts is the largest nonprofit, nonpartisan association of Massachusetts employers. AIM's mission is to promote the well being of its members and their employees and the prosperity of the Commonwealth of Massachusetts. Partnerships with major business associations such as AIM provide an opportunity to reach a broad range of businesses and integrate the work of the grant into a larger workforce and economic development framework.

**Boston Center for Independent Living (BCIL)** – The Boston Center for Independent Living is a consumer controlled independent living center that advocates to eliminate discrimination, isolation, and segregation by providing advocacy, information and referral, peer support, skills training, and PCA services to enhance the independence of people with disabilities. Bill Henning, the Executive Director of BCIL provides leadership for the Employment Now Coalition.

**Business Leadership Network (BLN)** – Massachusetts - The Business Leadership Network (BLN) is a national business-led endeavor that recognizes and promotes best practices in hiring, retaining, and marketing to people with disabilities. The MassBLN is an association of Massachusetts companies committed to a diverse marketplace that includes people with disabilities as both customers and employees. The MassBLN envisions that every employer in Massachusetts exemplifies, as a best business practice, the inclusion of people with disabilities in their product, service, employment, and community outreach planning. The MA-DEI will work with the BLN in engage businesses and employers.

**causemedia** – causemedia is a comprehensive advertising agency specializing in social advertising, cause-related marketing, print and interactive design, communications planning, and public relations. In developing marketing campaigns, causemedia focuses on the target audience, ensuring that materials are culturally and linguistically appropriate. causemedia was selected to develop the communication and marketing strategy for the MA-DEI strategic plan.

**Consumer Quality Initiatives (CQI)** – CQI is a mental health, consumer-operated research, evaluation and quality improvement organization based in Massachusetts. CQI assisted the MI-CEO in coordinating focus groups with people with disabilities and their family members using semi-structured surveys and interview guides, which lead to in-depth data-driven reports. CQI utilizes a Community-based Participatory Action

Research framework, with an emphasis on protocols that are designed to impact policy and practice directly. CQI also consults locally and nationally on achieving significant involvement of consumers in the "change" process to promote mental health systems transformation and quality improvement. They will be active partners in evaluating the MA-DEI.

**Center for Workers with Disabilities (CWD)** – The Center for Workers with Disabilities is a technical assistance center for states seeking to develop or enhance employment supports for working persons with disabilities. CWD assisted MI-CEO grant staff in developing employer engagement strategies; they will continue to provide technical assistance in implementing the MA-DEI.

**Community Transportation Association of America (CTAA)** – The Community Transportation Association of America consists of organizations and individuals working to create mobility for all Americans. CTAA staff members provide technical assistance to various states and regions to improve the accessibility of their transit systems. CTAA also holds a national conference each fall to provide training and resources to participants seeking the latest technology and development strategies in increasing transportation options for those with limited mobility. CTAA is particularly concerned with finding transportation solutions for elders, people with disabilities, veterans, and those residing in rural communities. The MA-DEI plans to partner with CTAA in the upcoming years to tap into their technical assistance expertise.

**Disability Law Center (DLC)** – The Disability Law Center (DLC) is a private, non-profit organization responsible for providing protection and advocacy for the rights of Massachusetts residents with disabilities. Its mission is to provide legal advocacy on disability issues that promote the fundamental rights of all people with disabilities to participate fully and equally in the social and economic life of Massachusetts by providing information, referral, technical assistance, and representation regarding legal rights and services for people with disabilities. DLC provided technical assistance in developing the benefits information strategy for the MA-DEI strategic plan as well as providing training and review of documents for targeted populations on benefits available to workers with disabilities. DLC will work with the MA-DEI to advise on development of MassWIINS.

**Disability Policy Consortium, Inc. (DPC)** – Disability Policy Consortium, Inc. is an organization of volunteer disability rights activists who share a common goal of equal opportunity for all individuals with disabilities. The DPC's mission is to promote inclusion, independence, and empowerment by guiding statewide development of policies that ensure that programs and services enable people to participate in the political, economic, and social mainstream of the Commonwealth of Massachusetts. The DPC was instrumental in identifying participants for the regional forums held to inform the strategic planning process, and will continue to inform the work of the MA-DEI in engaging people with disabilities.

**Employment Now Coalition** – Formed in 2006 and supported in part by the MI-CEO grant, the Employment NOW Coalition is a consumer-run, grassroots coalition whose

mission is to increase employment opportunities and awareness for Massachusetts residents with disabilities. The Employment Now Coalition seeks to create a meaningful dialogue on innovative ways to support equal rights and genuine opportunities for people with disabilities in employment, and will be an active partner in the implementation of the MA-DEI. The coalition's current priorities are: (1) Making Massachusetts a Model Employer for People with Disabilities; (2) Improving Transition Services for Youth with Disabilities; (3) Making the CommonHealth Program More Affordable; (4) Reengineering State Government; and (5) The EOHHS Procurement Process.

**Future Management Systems, Inc. (FMS)** – Future Management Systems (FMS) has more than twenty-five years direct experience working with public and private educational systems, non-profit organizations, government agencies and corporations. FMS specializes in leadership and organizational development, strategic planning, high-performance team building, conflict resolution, executive coaching, executive searches, CEO/Executive Leadership Groups, board development, and full service organizational assessments. By enhancing individual and team skills in an interdependent work environment, FMS worked with the MI-CEO Executive Team, the Cross-Secretariat Steering Committee on Employment, the Northeast Partnership for Health Systems Development, and the grant team to clarify goals and objectives, specify roles and responsibilities, and organize and develop infrastructures to create the MA-DEI. FMS will continue to work with MA-DEI senior leadership to ensure integration of the work within state government.

**Massachusetts Association of Benefits Specialists (MABS)** – The Massachusetts Association of Benefits Specialists (MABS) was formed in 2001 by three organizations in Massachusetts funded under the Social Security Administration: Project Impact, BenePlan and the Disability Law Center. Together these groups provide efficient, high quality planning and legal assistance to disabled and blind social security recipients attempting to return to or enter the work force. MABS has supported cooperative training and resource development which has allowed the three participating organizations to stretch limited resources and provide services to a significant number of individuals. MABS was instrumental in development of the MassWIINS strategy for the MA-DEI and will continue to work on its implementation.

**Mathematica Policy Research, Inc. (Mathematica)** – Mathematica strives to achieve the highest standards of quality, objectivity, and excellence in information collection and analysis. The Research Division's studies range from design, implementation, and evaluation of large-scale, multiyear demonstrations of new policy initiatives to quick-turnaround assessments of ongoing or proposed programs. Mathematica has partnered with the grant team to develop datasets and an issue brief examining employment outcomes of Medicaid Buy-In Participants.

**Medicaid Infrastructure Grants Research Assistance to States (MIG-RATS)** – MIG-RATS is a collaboration among state researchers, Mathematica Policy Research (MPR), and CMS. MIG-RATS provides technical assistance to help states enhance

their capacity to use quantitative data to inform and develop programs and policies to promote disability employment. States work with MIG-RATS to identify research needs, exchange ideas, and create strategies for data application. MIG-RATS will inform database development strategies and dissemination in MA-DEI efforts to improve tracking of outcomes data for EHS Results.

**National Consortium for Health Systems Development (NCHSD)** – The National Consortium for Health Systems Development provides flexible, state-tailored technical assistance and consulting services to states that are developing comprehensive disability and employment service systems. NCHSD facilitates state-to-state information sharing through an extensive network of policy stakeholders including people with disabilities, providers, state agencies, research institutes, advocates, and businesses. NCHSD provided technical assistance to the grant team in several areas including coordination with a national marketing strategy. NCHSD will continue to provide TA to implement the MA-DEI.

**New England Council (NEC)** - The New England Council is “an alliance of businesses, academic and health institutions, and public and private organizations throughout New England formed to promote economic growth and a high quality of life in the New England region. The Council is dedicated to identifying and supporting federal public policies and articulating the voice of its membership regionally and nationally on important issues facing New England. The New England Council is also committed to working with public and private sector leaders across the region and in Washington, D.C., through educational programs and forums for information exchange. NEC provided consultation in development of an employer engagement strategy and will remain a resource in implementing the MA-DEI.

**Northeast Human Resource Associate (NHRA)** - The Northeast Human Resources Association is a human resources association representing the northeast region. It provides services to member organizations to advance and influence the management of human resources and its impact on organizational success. Members receive access to a wide range of resources and professional development opportunities. NHRA provides MA-DEI a unique opportunity to connect with HR professionals, develop professional staff, and disseminate materials related to disability employment.

**Northeast Independent Living Center (NILP)** - The NILP is a consumer controlled independent living center providing advocacy and services to people with all disabilities in the greater Merrimack Valley. NILP has supported consumer involvement in the planning process by conducting outreach to the disability community, providing transportation to meetings and forums, and by providing logistical support to the Employment Now Coalition. NILP will be instrumental in implementing the MA-DEI by continuing to provide outreach services and informing communication strategies.

**Northeast Partnership for Health Systems Development (NEP)** – The Northeast Partnership for Health Systems Development (NEP) is a regional collaborative of Medicaid Infrastructure Grant representatives from New England states. The group



meets quarterly to exchange information about emerging issues in disability employment, focusing on policy development and data reporting. The NEP has served as a sounding board for innovative approaches to employing people with disabilities.

**Partners Healthcare** - Partners Healthcare, the largest integrated health care system in Massachusetts, offers patients a continuum of coordinated high-quality care. The system includes primary care and specialty physicians, community hospitals, the two founding academic medical centers, specialty facilities, community health centers, and other health-related entities. Partners is also one of the largest employers in Massachusetts. HR personnel from Partners have participated in the development of the business engagement strategy through the Employer Roundtable and will provide input on development of products for employers in implementing the MA-DEI.

**Technical Assistance and Continuing Education (TACE) Center for New England**

– The TACE New England Center is charged with responding to the training and technical assistance needs of the ten state Vocational Rehabilitation agencies and their partners in the six New England states. The goals of the TACE Centers are to: 1) contribute to the improved quality of vocational rehabilitation (VR) services; 2) increase effectiveness & efficiency of State VR agencies and their partners in delivering VR services; 3) and improve the quantity and quality of VR employment outcomes for individuals with disabilities. Over the next five years the TACE Center will provide training and technical assistance to the Massachusetts Commission for the Blind and the Massachusetts Rehabilitation Commission. MA-DEI and TACE staff will work collaboratively with both agencies to insure a coordinated approach to both improving the VR system and the integration of VR services with other employment services in the state.

**The Transformation Center** – The Transformation Center, a consumer-run and operated training and technical assistance center, supports peers, providers, and other stakeholders on recovery and empowerment approaches and cultural change. The Transformation Center focuses its training and technical assistance on: 1) statewide education and training, 2) planning and program development, 3) policy development, and 4) statewide and national advocacy. The Transformation Center will work closely with MA-DEI to design and implement trainings and disseminate other resources to develop peer employment supports.

**The Transformation Committee (Transcom)** – **Transcom** is a diverse stake-holder group committed to promoting recovery principles to transform the mental health system and meaningfully engage people with recovery needs in mental health policy and service delivery. Members include representatives from consumer and provider groups, state agencies, and UMass. Transcom’s activities align with DMH’s strategic plan in its focus on consumer direction and recovery. Transcom members meet monthly to provide support, direction and vision to the work of the Transformation Center and other statewide efforts involving mental health transformation. Transcom will work with the MA-DEI to ensure that employment is a priority goal of mental health services in the state.

**Workforce Incentives Planning and Assistance (WIPAs)** –WIPAs work with SSA beneficiaries with disabilities on job placement, benefits planning, and career development. WIPAs Community Work Incentive Coordinators 1) provide work incentives planning and assistance; 2) help beneficiaries and their families determine eligibility for Federal or State work incentives programs; 3) refer beneficiaries with disabilities to appropriate Employment Networks or State VR agencies based on needs and impairment; 4) provide information about potential employer-based or federally subsidized health benefits coverage available to beneficiaries once they enter the workforce; and 5) inform beneficiaries with disabilities of further protection and advocacy services. The WIPAs will work closely with the MA-DEI to inform the launch of MassWIINS.

**Organizations Contributing to the  
Massachusetts Disability Employment Initiative (MA-DEI)**

<b>GROUPS</b>	<b>STRATEGIC PLANNING</b>	<b>IMPLEMENTATION</b>
Abt Associates, Inc.	X	X
Associated Industries of Massachusetts (AIM)		X
Boston Center for Independent Living (BCIL)	X	X
Business Leadership Network (BLN)	X	X
causemedia	X	
Consumer Quality Initiatives (CQI)	X	X
Center for Workers with Disabilities (CWD)	X	X
Community Transportation Association of America (CTAA)		X
Disability Law Center (DLC)	X	X
Disability Policy Consortium, Inc. (DPC)	X	X
Employment Now Coalition	X	X
Future Management Systems, Inc. (FMS)	X	X
Massachusetts Association of Benefits Specialists (MABS)	X	X
Mathematica Policy Research, Inc. (MPR)	X	X
MIG RATS	X	X
National Consortium of Health Systems Development (NCHSD)	X	X
New England Council	X	X
Northeast Human Resource Associate (NHRA)		X
Northeast Independent Living Center (NILP)	X	X
Northeast Partnership for Health Systems Development (NEP)	X	X
Partners Healthcare	X	X
Technical Assistance and Continuing Education (TACE) Center for New England		X
The Transformation Center		X
The Transformation Committee (Transcom)		X
Work Incentives Planning and Assistance (WIPAs)	X	X

**Appendix J**

***MA-DEI Project Workplans  
(See accompanying Excel spreadsheets)***

**Appendix K**

***MA-DEI Budget and Budget Narrative for 2009***

The Massachusetts Disability Employment Initiative  
Budget and Budget Narrative  
2009

<b>Massachusetts Disability Employment Initiative Budget for 2009</b>			
<b>Priority Area Costs Breakdown:</b>	<b>Personnel and Fringe</b>	<b>Contractual</b>	<b>Total</b>
Priority 1: Communicating a Pro-Employment Message to all Stakeholders	\$298,092	\$408,000	\$706,092
Priority 2: Empowering People with Disabilities to Fully Participate in Employment	\$270,993	\$125,000	\$395,993
Priority 3: Effectively Engaging Businesses and Employers	\$487,787	\$204,420	\$692,207
Priority 4: Enhancing Employment Services Delivery System	\$596,184	\$443,999	\$1,040,183
Priority 5: Ensuring Access to Work Incentives and Benefits Information	\$406,489	\$245,000	\$651,489
Priority 6: Strengthening the CommonHealth Working Program and other MassHealth Services that Promote Employment	\$270,993	\$160,000	\$430,993
Priority 7: Increasing Transportation Options	\$135,496	\$75,000	\$210,496
Priority 8: Tracking Employment Outcomes	\$243,891	\$225,000	\$468,891
Sub Totals:	\$2,709,925	\$1,886,419	\$4,596,344
<b>Additional Priority Area Costs:</b>	<b>\$4,596,344 (Including \$197,420 carry forward of direct costs)</b>		
Technical Assistance	\$80,000		
Travel	\$62,358		
Supplies	\$36,600		
Other	\$136,492		
<b>TOTAL DIRECT COSTS</b>	<b>\$4,911,794</b>		
<b>INDIRECT</b>	<b>\$937,365 (Including \$51,330 carry forward of indirect costs)</b>		
<b>TOTAL COSTS</b>	<b>\$5,849,159</b>		

## **Massachusetts Disability Employment Initiative Budget Narrative for 2009**

The budget for the 2009 grant year of the Medicaid Infrastructure and Comprehensive Employment Opportunities grant is \$5,849,159, including carry-over funding of \$248,750, as approved by CMS. This funding will enable the state of Massachusetts to implement a robust strategic plan and improve competitive employment opportunities and outcomes for persons with disabilities.

NOTE: The 2009 budget for the MI-CEO grant, submitted in August 2008 with the continuation application, was developed in advance of finalization of the strategic plan. This budget narrative describes the total FY2009 MI-CEO budget which has been approved by CMS and reflects the current plan for resource distribution by strategic planning priority area. Emphasis has been placed on activities to establish infrastructure improvements designed to help the state to sustain efforts after the grant has ended.

### **Priority 1: Communicating a Pro-Employment Message to all Stakeholders      \$706,092**

In 2008, the grant team engaged a marketing firm to develop a plan for communicating a pro-employment message. In 2009, the firm will implement the communication plan and brand the MA-DEI, publicly disseminate the strategic plan, and develop products for local markets using materials designed under CMS' national campaign strategy to promote people with disabilities in the workplace. The grant team will subcontract with this firm to develop a central repository and process for accessing products and information that pertain to disability employment across agencies and stakeholder organizations. Specific attention will be paid to the major initiatives funded under the grant including promoting the CommonHealth program, coordinating benefits information via MASSWIINS, and marketing activities that target youth with disabilities. The grant team will also sponsor an employment summit to bring together state policy partners, employers, employment service providers, and people with disabilities and their families to discuss implementation of the strategic plan and innovative approaches to improving employment outcomes for people with disabilities.

### **Priority 2: Empowering People with Disabilities to Fully Participate in Employment      \$395,993**

Resources will be allocated to implement outreach and engagement strategies, support advocacy around disability employment, and develop resources and materials to promote employment for adults and youth with disabilities. In response to significant state budget cuts in employment supports for people with mental illness, several strategies will directly engage consumer-led organizations to train peer providers, evaluate employment service initiatives, and provide specialized supports for this population. The grant team, in collaboration with state partners and contractors, will also develop materials across disabilities to promote career development; self-employment options; accommodations and disclosure; transition from school to work or post secondary education programs.

**Priority 3: Effectively Engaging Businesses and Employers****\$692,207**

The grant team will provide program management resources in several areas to support state infrastructure. The grant will continue to offer technical assistance to the state's human resources division to position the state as a model employer. This will involve review and management of the state's current plan and staging and implementation of key strategies for improving hiring practices. The grant may also underwrite a paid position at EOHHS to provide full-time management support to coordinate efforts in working with employers to expand employment opportunities for people with disabilities. In addition, grant staff will be deployed to work across secretariats to ensure that mainstream mechanisms relating to employment include a focus on disability employment. The grant will also contract with consultants specializing in business engagement strategies to strengthen business to business networks to improve hiring of people with disabilities. Training modules, business tools, and other products will be developed to promote youth employment, as well.

**Priority 4: Enhancing Employment Services Delivery System****\$1,040,183**

MI-CEO resources will be used to support four Regional Employment Collaboratives of cross-organizational partnerships to integrate employment service delivery systems. The grant team will provide technical assistance, training, and other professional supports and resources to promote state-of-the-art service delivery and business engagement. The team will also develop materials and resources to enhance the use of state-of-the-art practices and disseminate these resources through an information clearinghouse. In addition, the grant will seek consultation with other collaborative initiatives to develop the model and inform the selection process.

**Priority 5: Ensuring Access to Work Incentives and Benefits Information****\$651,489**

Given the overwhelming demand for accurate benefits information, the MI-CEO grant will be used to underwrite a coordinated effort to integrate dissemination of benefits information. The grant will be used to create, MASSWIINS, an information and training network for benefits planning. MI-CEO funds will support the hire of a project manager to coordinate these efforts within EOHHS and operation of an 800 number and other tools to facilitate global access to accurate and timely benefits planning information. In addition, funds will be used to enhance the capacity of the existing Work Incentive Planning and Assistance (WIPA) programs in the state by continuing to underwrite high quality benefits counseling services.

**Priority 6: Strengthening the CommonHealth Working Program and other MassHealth Services that Promote Employment****\$430,993**

The bulk of resources allocated under this priority will be applied to promote and sustain the CommonHealth Working program (MA Medicaid Buy-in) and other MassHealth services (e.g. PAS; DME) through policy research and analysis. In addition, resources will be allocated to train and educate MassHealth personnel and review and enhance



materials about the CommonHealth program. MI-CEO funds will also support regional and national efforts (e.g. the Northeast Partnership, the MIG-RATS group and Mathematica Policy Research, Inc.) to develop cross-state evaluations and reports of the Medicaid Buy-in Programs.

**Priority 7: Increasing Transportation Options**

**\$210,496**

Funding in this area will support regional coordination of transportation efforts. The grant team will contract with the Community Transportation Association of America (CTAA) to provide technical assistance for enhancing transportation options for adults and youth with disabilities. In addition, MI-CEO funding will be used 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. This effort will allow the state to disseminate information via the clearinghouse and offer 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.

**Priority 8: Tracking Employment Outcomes**

**\$468,891**

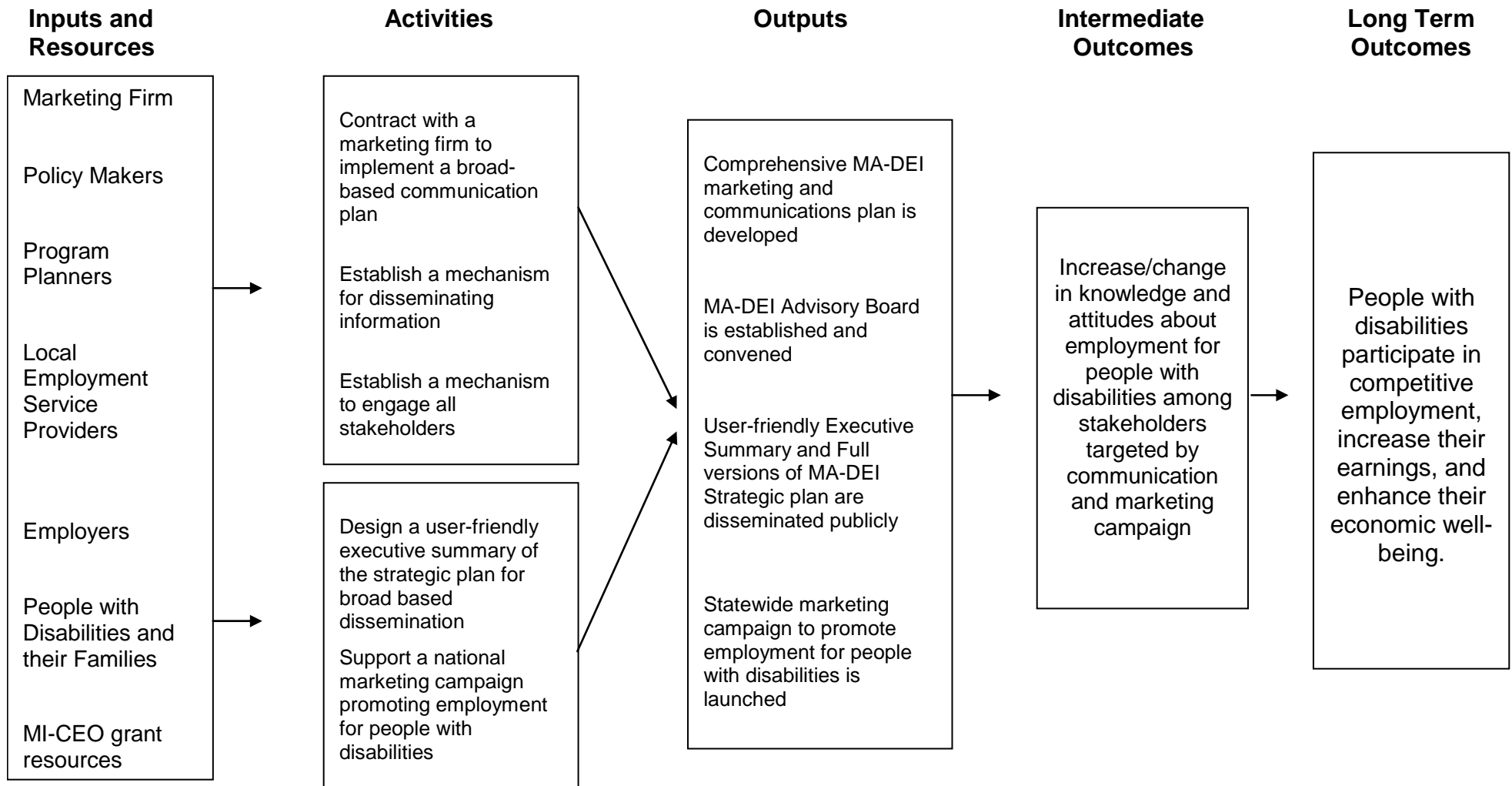
MI-CEO funds will be used to provide technical assistance to state data teams to develop and apply research tools to improve tracking of employment indicators at the state level. Grant research staff will work with the Standard Employment Measures Subcommittee of the Cross-Secretariat Subcommittee on Employment to refine and operationalize employment outcome indicators for *EHSResults*. In addition, team members will 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.

**Appendix L**

***MA-DEI Individual Logic Model by Strategic Priority***

## Priority 1: Communicating a Pro-Employment Message to All Stakeholders

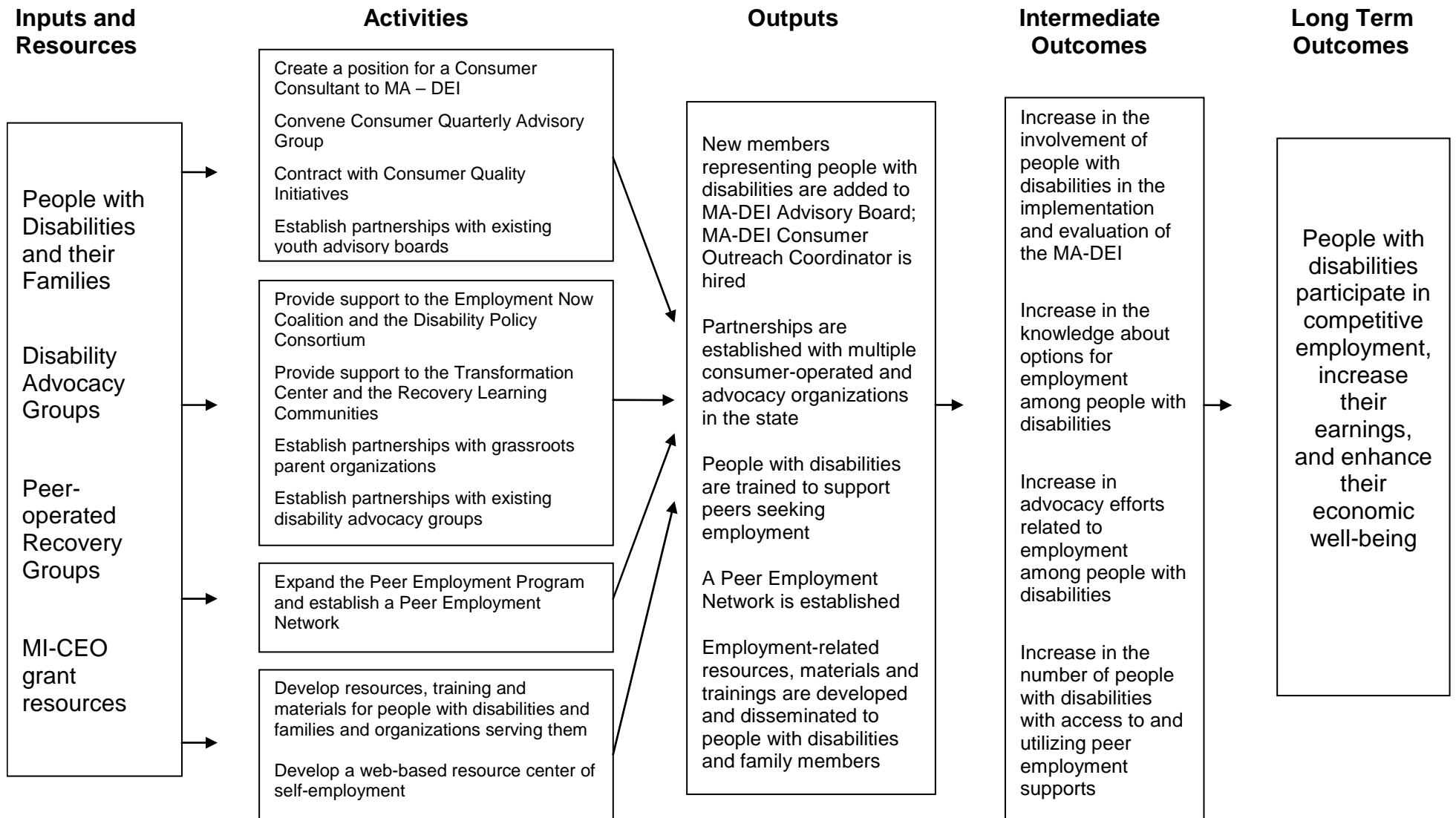
**Goal:** Massachusetts undertakes a broad-based communication, marketing and public awareness campaign to promote employment for people with disabilities.\*



\* This logic model pertains to 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.

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

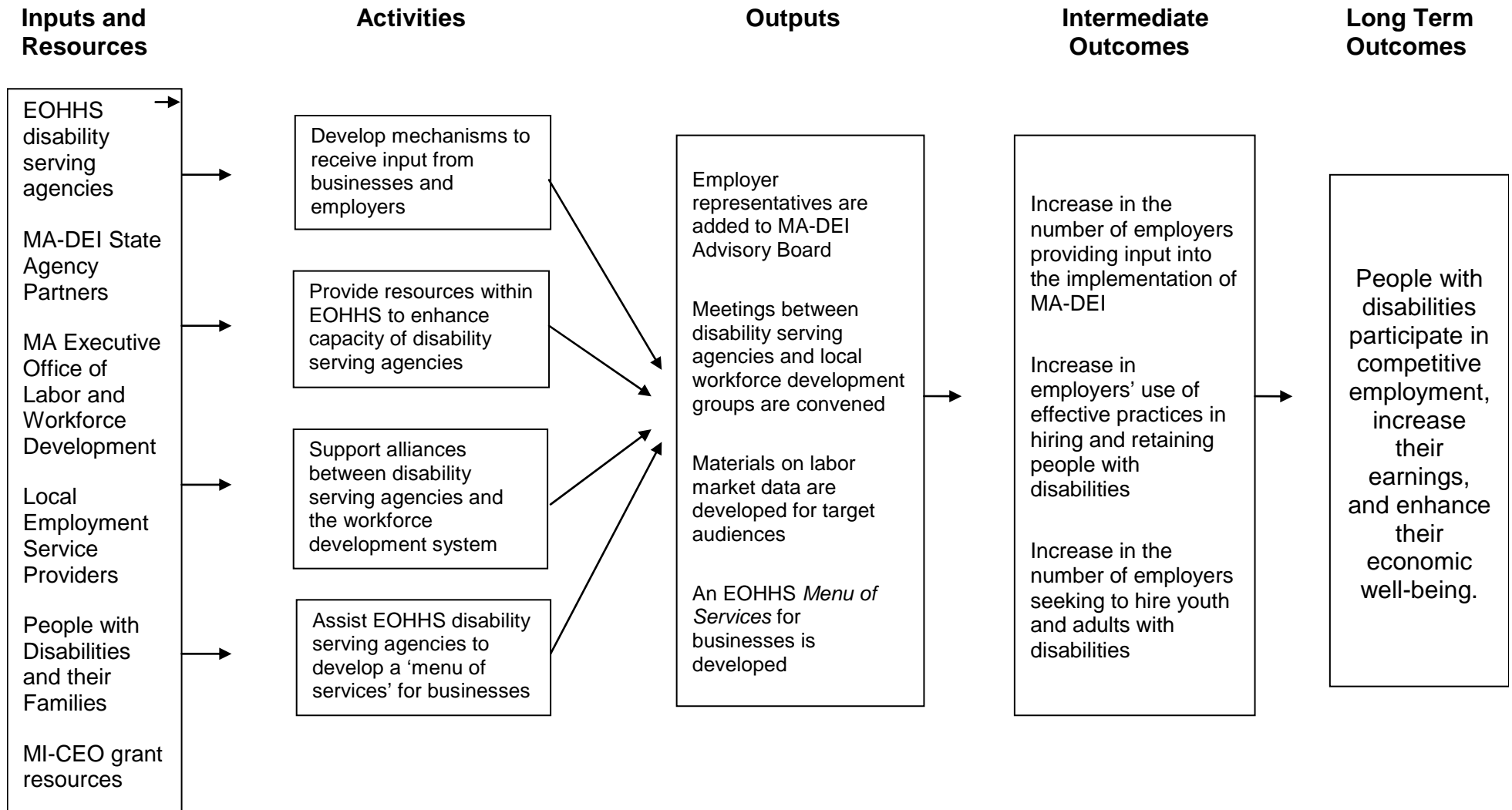
**Goal:** Youth and adults with disabilities have access to information, resources, and peer supports that help them obtain and maintain employment. People with disabilities have a voice in the development and evaluation of employment policies and programs.\*



\* This logic model pertains to: Strategy 2.1 Create opportunities for people with disabilities to be involved in the implementation and evaluation of 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; Strategy 2.3 Provide direct training to people with disabilities to empower them to improve their own and their peers' employment and economic status; and Strategy 2.4 Ensure that individuals with disabilities and family members have access to information and resources that support effective transition to work and/or post-secondary education.

### Priority 3: Effectively Engaging Businesses and Employers

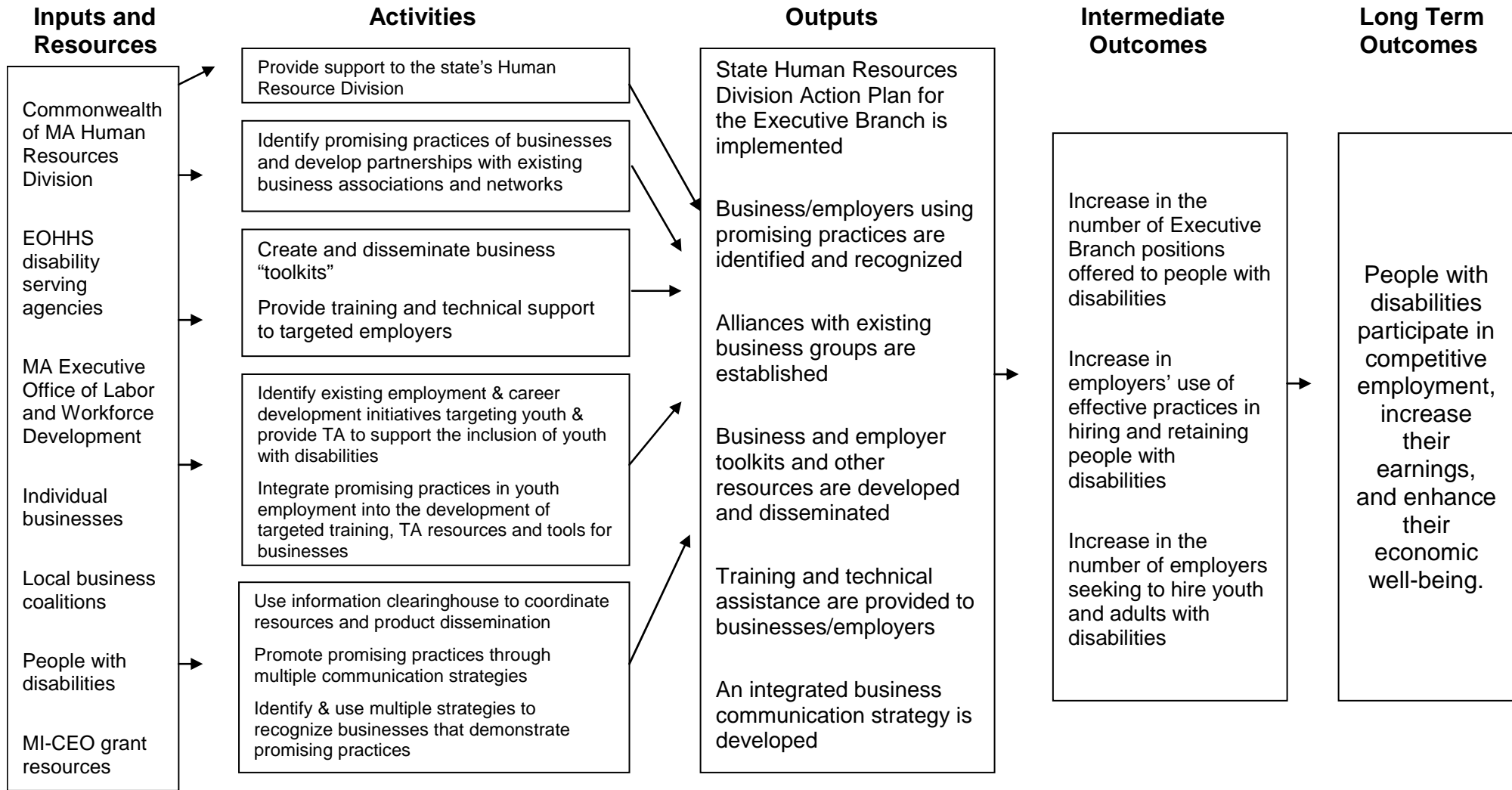
**Goal:** EOHHS agencies serving people with disabilities adopt policies and practices that support effective business partnerships that result in the hiring, retention, and career advancement of people with disabilities in the Commonwealth.\*



\* This logic model pertains to: Strategy 3.1: Enhance the capacity of EOHHS disability serving agencies to support effective business engagement and coordinate these efforts with EOLWD.

### Priority 3: Effectively Engaging Businesses and Employers

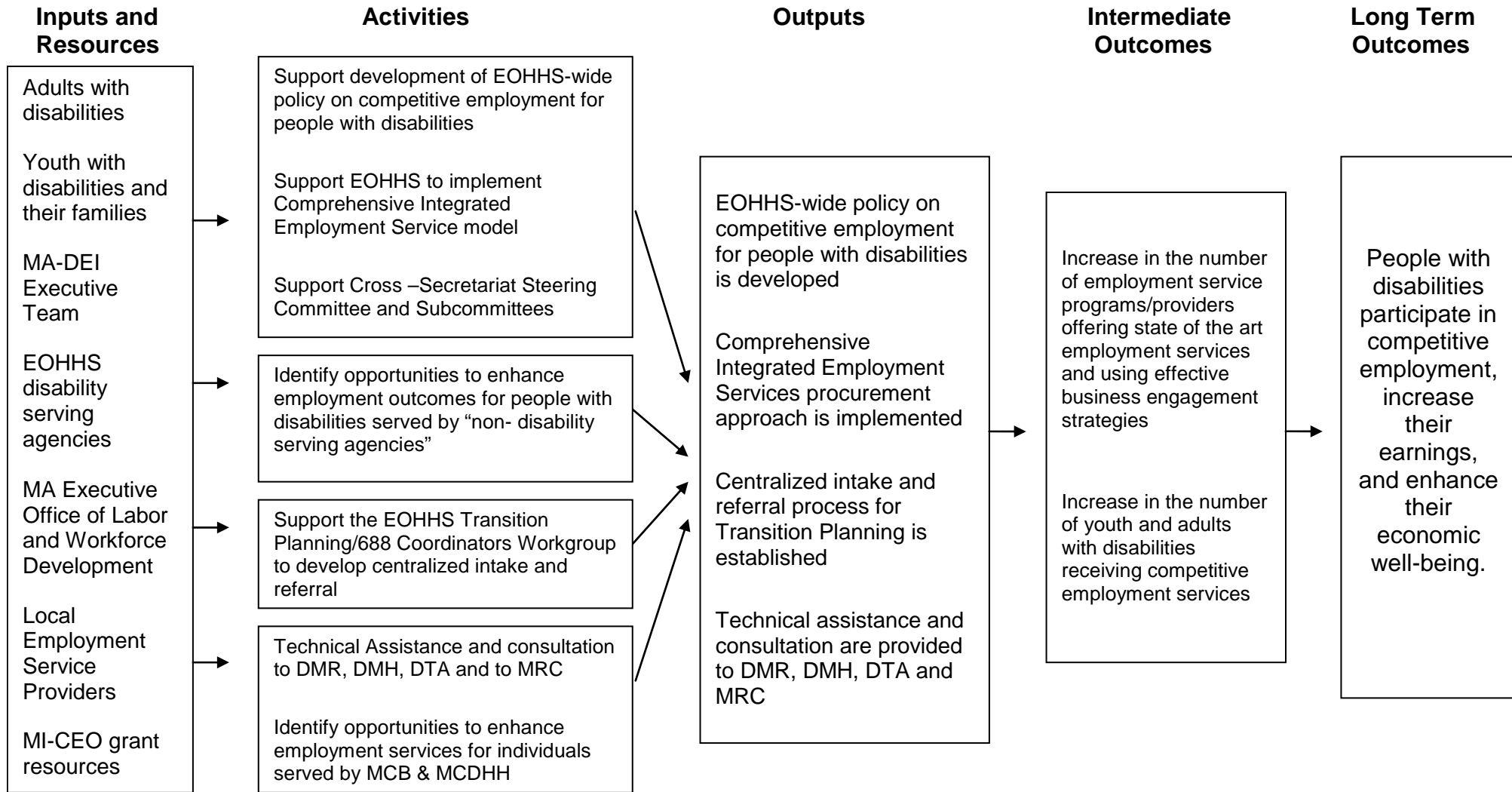
**Goal:** *Businesses in Massachusetts have access to qualified candidates with disabilities and the information, resources and technical assistance they need to hire, train, manage, accommodate, and promote people with disabilities within their work places.\**



\* This logic model pertains to: Strategy 3.2: Assist the Commonwealth of MA in its efforts to become a model employer of people with disabilities; Strategy 3.3: Support the use of promising practices by business through strategic alliances with existing business associations and business-to-business networks; 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; Strategy 3.5: Increase the ability of businesses to offer internships, mentorships and other types of career development opportunities to youth with disabilities; and Strategy 3.6: Develop and implement an integrated communication strategy targeting the business community that promotes employment of people with disabilities.

## Priority 4: Enhancing Employment Services Delivery System

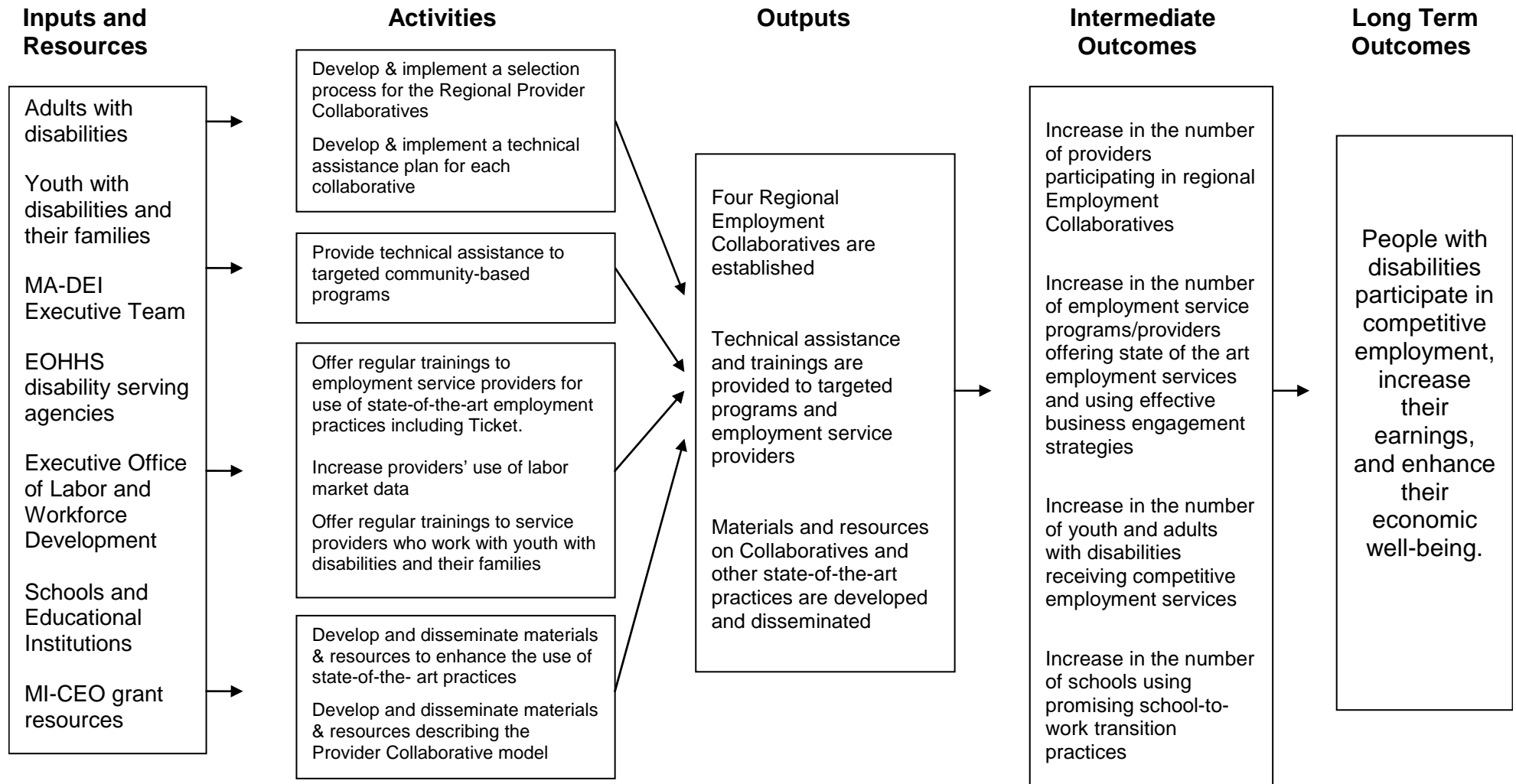
**Goal:** Across and within EOHHS disability serving agencies, employment policies, programs and practices are coordinated and enhanced to best support employment for youth and adults with disabilities.\*



\* This logic model pertains to: Strategy 4.1: Support current efforts across the EOHHS disability serving agencies to coordinate and align disability and employment policies, programs and practices; and 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.

## Priority 4: Enhancing Employment Services Delivery System

**Goal:** 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.\*

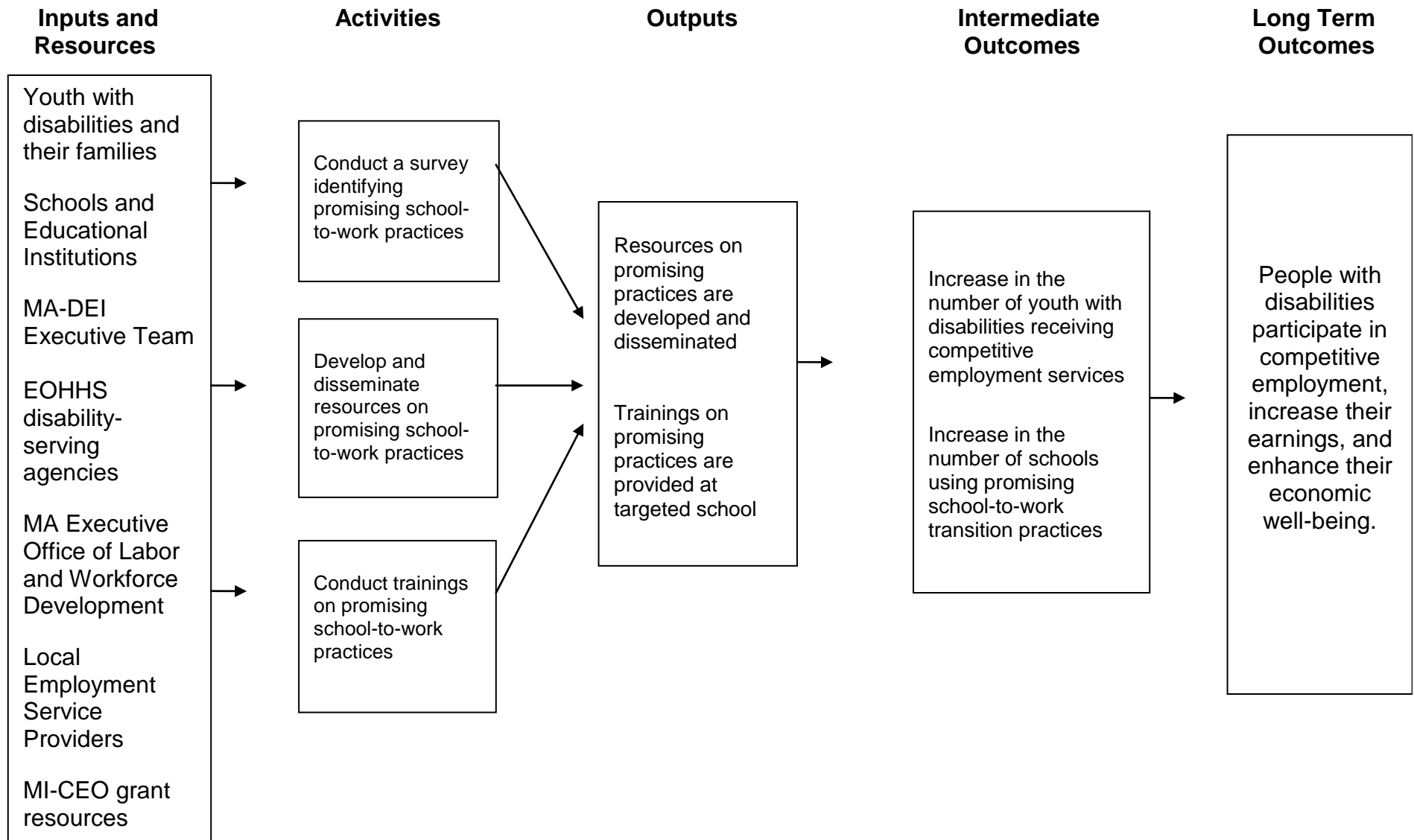


\* This logic model pertains to: Strategy 4.3: Support four Regional Employment Collaboratives that will develop cross-organizational partnerships including workforce development and disability serving agencies, providers, and educational institutions to promote state-of-the-art service delivery and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



## Priority 4: Enhancing Employment Services Delivery System

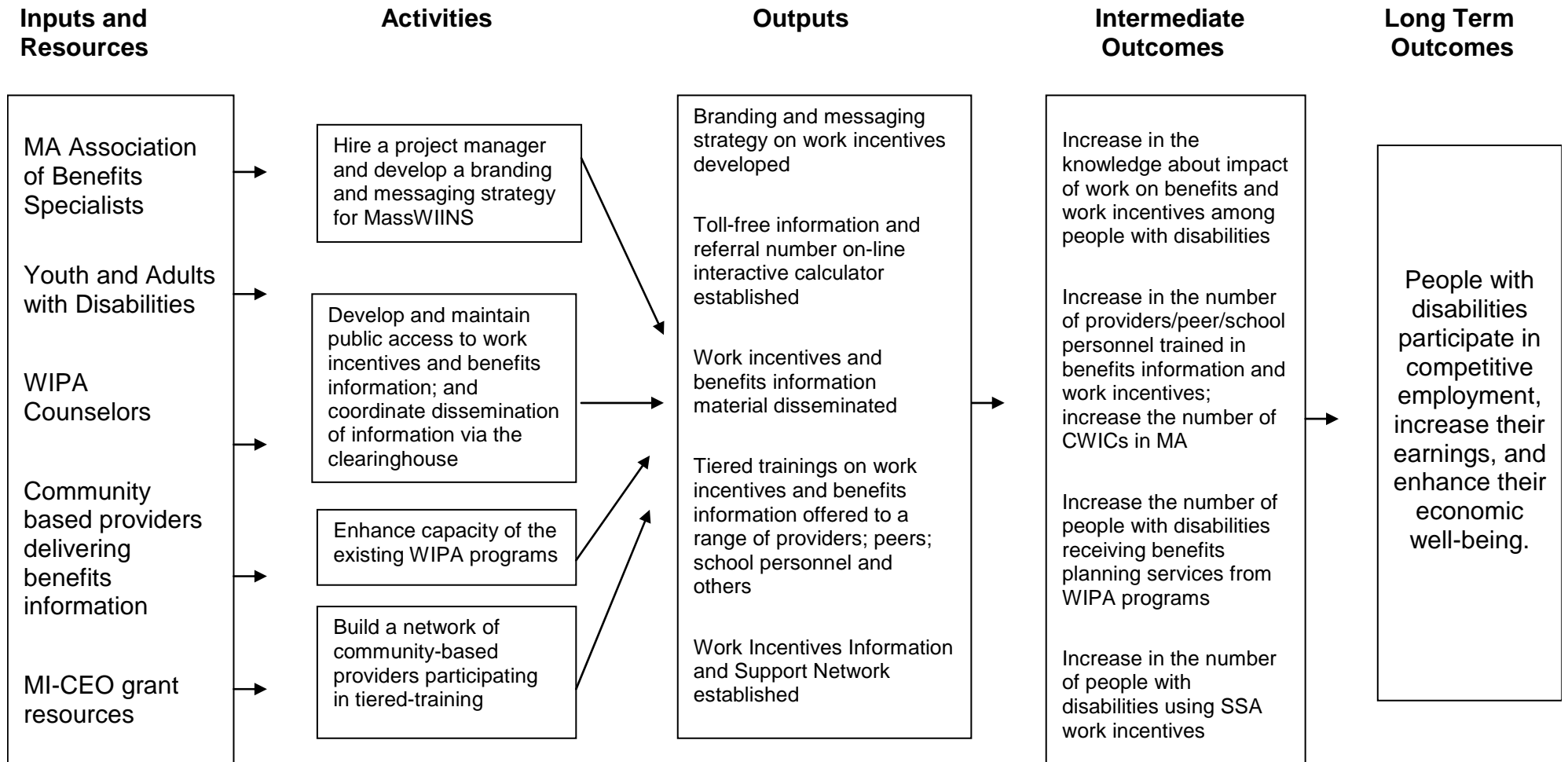
**Goal:** Youth with disabilities are prepared to successfully transition from secondary school to work and/or post-secondary education.\*



\* This logic model pertains to Strategy 4.5: Enhance the capacity of secondary schools to better support youth with disabilities to enter the workforce.

## Priority 5: Ensuring Access to Work Incentives and Benefits Information

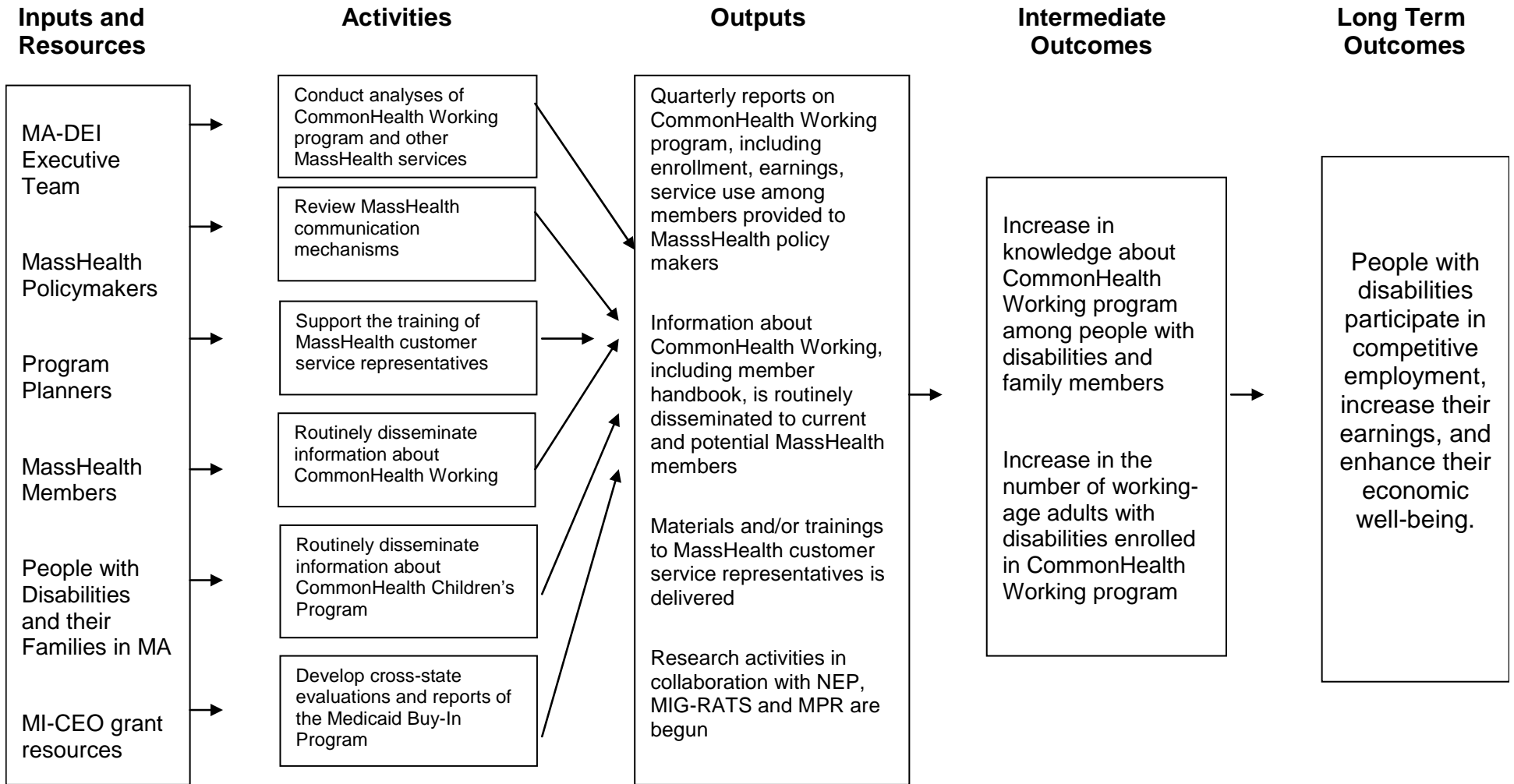
**Goal:** Youth and adults with disabilities across the state have access to complete accurate and timely work incentives and benefits information in order to make fully informed decisions about work and earnings.\*



\* This logic model pertains to 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.

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

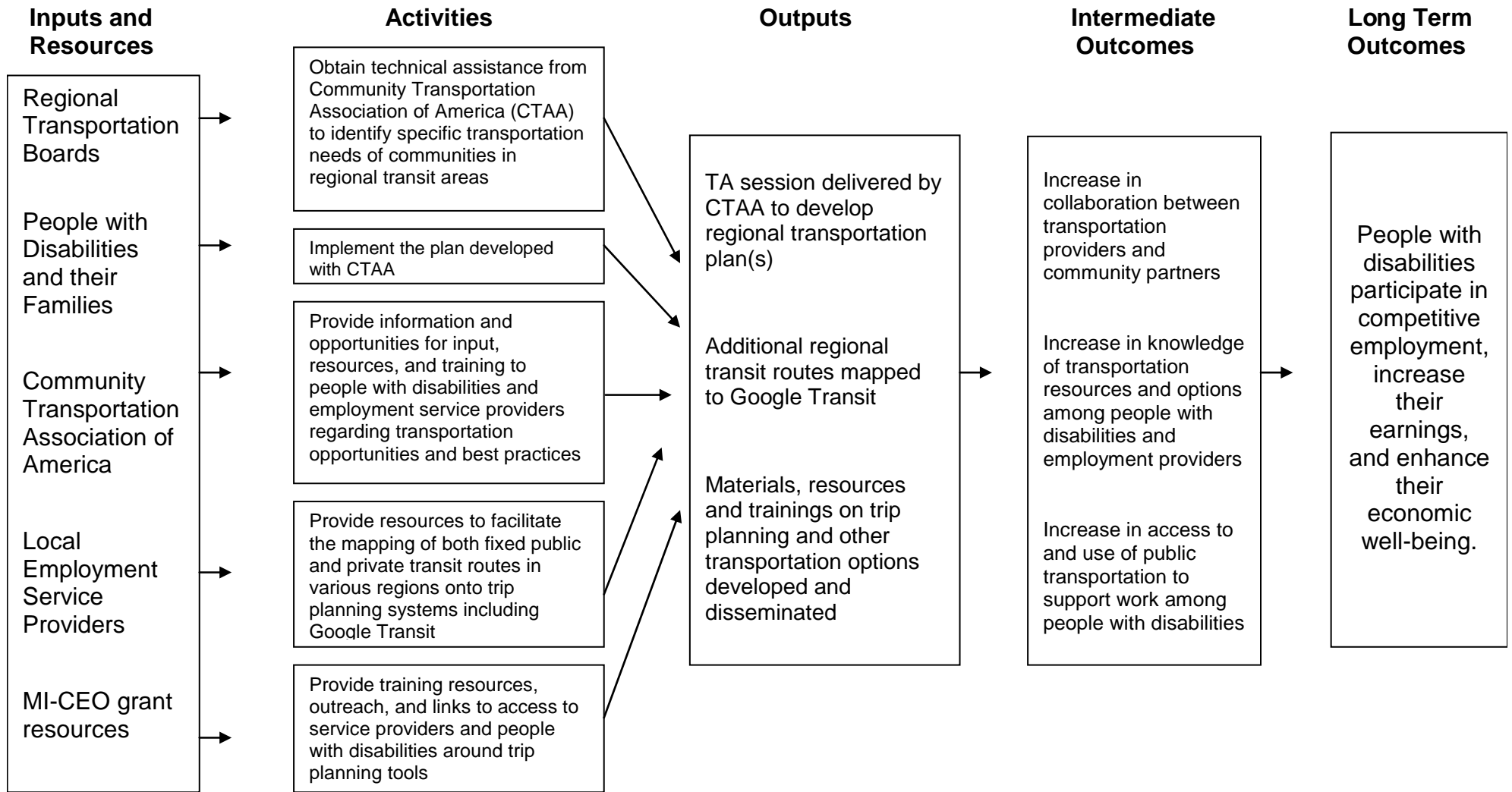
**Goal:** *The MassHealth CommonHealth Working Program continues to function as a key employment support for people with disabilities in the state. Other MassHealth policies, procedures, and services support employment for people with disabilities.\**



\* This logic model pertains to: Strategy 6.1: Work with MassHealth policy makers to ensure that MassHealth policies, procedures and services targeted to people with disabilities support employment; 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; and 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.

## Priority 7: Increasing Transportation Options

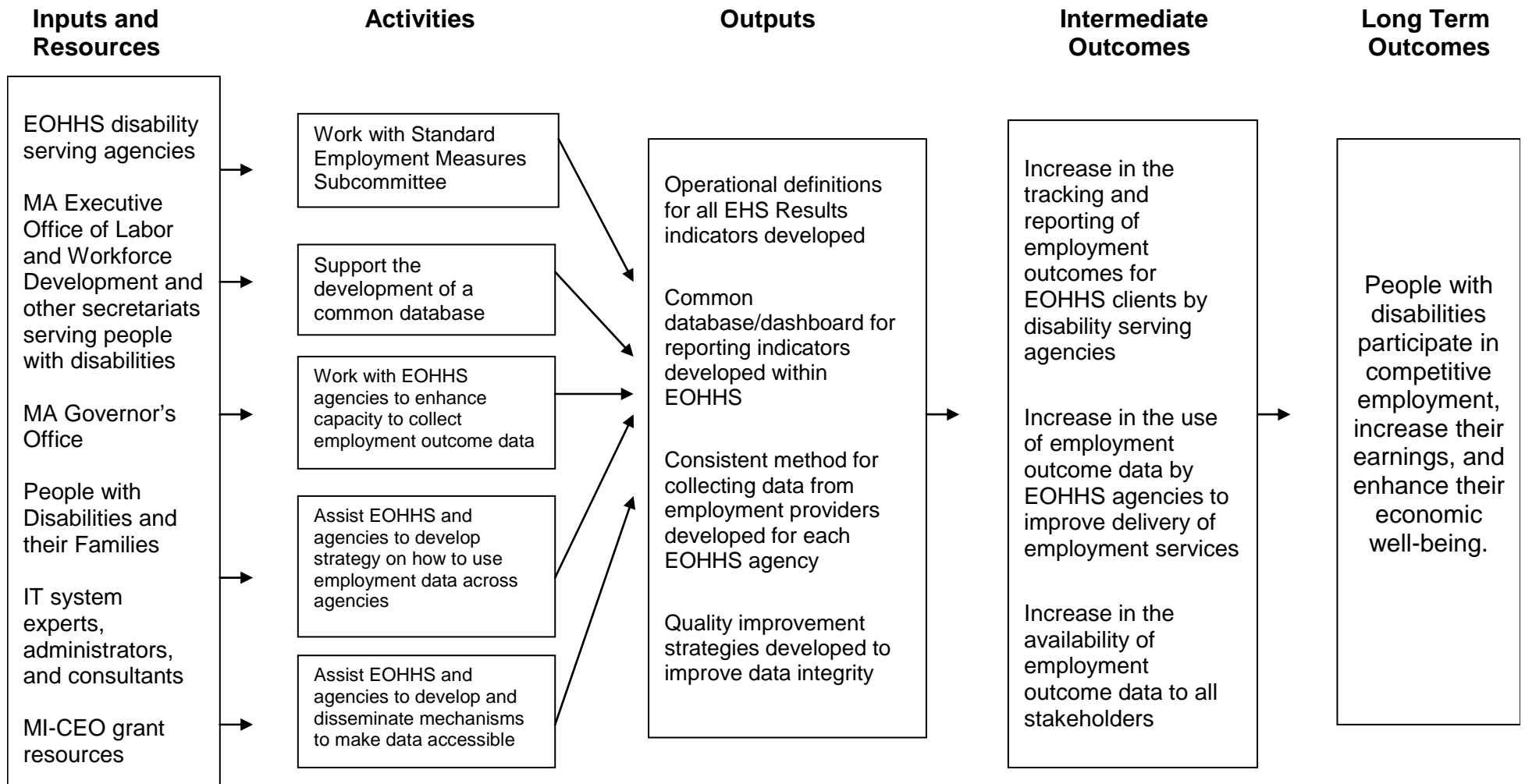
**Goal:** *People with disabilities have greater access to transportation options when going to work.\**



\* This logic model pertains to: Strategy 7.1: Develop mechanisms to increase transportation options for people with disabilities to support participation in employment; and 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.

## 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.\*



\* This logic model pertains to: 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; and 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.