

## **Appendix L**

### **Strategic Assessment Findings**

In this appendix, extensive strategic assessment data collected from stakeholders in Maine during 2005 are organized into tables.

Twelve tables are included in this appendix, addressing Employer information, information collected from Individuals with Disabilities, and information about ten key service systems that provide employment services and support to individuals with disabilities

For each service system or area, the table contains columns containing data related to the strengths and weaknesses of the system in terms of how well it supports employment among people with disabilities, opportunities that could build on strengths or shore up weaknesses, and threats that could undermine existing services.

#### **Specific Strategic Assessment Data Table to follow in Appendix L:**

- Employers
- Individuals with Disabilities
- Ten Key Service Systems:
  - Vocational Rehabilitation
  - Workforce Investment Boards (WIBs)
    - Maine Jobs Council (State WIB)
    - Local WIBs and CareerCenters
  - Benefits Planning
  - K-12 Education/School-to-Work Transition Planning
  - Postsecondary Education
  - Developmental Disabilities Service System
  - Mental Health Service System
  - Social Security
  - MaineCare (Medicaid)
  - Transportation

SYSTEM/FOCUS: Employers			
STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>Both Employers and placement workers who help workers with disabilities to find jobs report that an ongoing and close business relationship, wherever possible a partnership, creates the greatest chances for success.</li> <li>At the state level, Maine currently has regulations on the books that direct all branches of state government to affirmatively hire people with disabilities and to provide supported employment services when needed.<sup>1</sup></li> <li>The employment of persons with disabilities in Maine is generally better than elsewhere in the United States. In fact, a well documented downward trend among adults with disabilities in the U.S. did not occur in Maine (CEO application, note #7).</li> <li>Larger employers (like Walmart or Sunday River) like the tax credits and will take advantage of it.</li> <li>Targeted Jobs Tax Credit still available – still not as good as using VR-funded On-the Job Training (OJT).</li> <li>Agencies that offer employers “Temp to hire” services, where there is little to no risk for the employer in giving the person with a disability a chance to see how they do with a job.</li> </ul>	<ul style="list-style-type: none"> <li>Many young people in Maine lack "job readiness" skills such as timeliness, reliability, neatness, ability to follow directions, work ethic and so forth (O'Hara Report).</li> <li>Transportation is a huge issue. You have to be very creative. Particular problem with after hours, weekends.</li> <li>Most Maine employers are small businesses, which usually have very little experience with people with disabilities, and many small business owners feel that people with disabilities can't do the work. (O'Hara report).</li> <li>“Only internet” rule [of taking job applications, used now by many employers] is a limitation. When placing ads only on the internet you miss these folks because they don't have money for computers. Use/advertise in free, local publications.</li> <li>Social Services/Placement agencies <u>don't have a clue</u> about business and how business works.</li> <li>Frustrated with in-fighting of social services agencies. Competing for \$.</li> <li>Problem finding people “ready to work” – who know to call in if they're sick, are ready to work hard, who feel responsible.</li> <li>Schools aren't doing enough life skills preparation for graduates.</li> <li>One owner said the welfare system is so attractive that people prefer staying on welfare to working.</li> <li>Young people are just looking for the best pay at the moment, and leave at the drop of a hat – they are interested “in a job, not a future.”</li> <li>Referring to program brochures, one woman said “It seems like so many letters and abbreviations.”</li> <li>The Career Center has not been much help in finding people (the best thing was a sign in front of the business saying “now hiring”).</li> <li>Tax incentives for employers. Some employers are intimidated by the paperwork involved.</li> </ul>	<ul style="list-style-type: none"> <li>One key theme emerging from the CHOICES CEO employer work is the value of transitional employment arrangements which help employers identify and try out employees. This is also a way to build the employee's "ready to work" skills<sup>2</sup>.</li> <li>Employers in Maine face future workforce shortages, and thus are very interested in learning more about new sources of reliable workers such as workers with disabilities.</li> <li>"Both employers and workers are concerned with reducing risks...Strategies to reduce these risks can increase the rate of hiring and retaining workers with disabilities." (O'Hara Report)</li> <li>Employers represent an untapped resource. They are not the problem. Many employers are open to hiring people with disabilities, as long as they are not approached with the expectation that they will fill the role of a social service program.</li> <li>Use trade associations to market resources of, also employment services for, people with disabilities. Educate through trade associations.</li> <li>Create a work history (e.g. seasonal jobs in summer tourism an excellent way to do this) – Some job coaches, with large caseloads don't count temp work as “real” work experience.</li> <li>Resources clearing house on accommodations would be a good idea.</li> <li>One suggestion was to put information into the sales tax forms mailed out by the state to describe programs for small businesses.</li> <li>Targeted Jobs Tax Credit still available – still not as good as using VR-funded On-the Job Training (OJT).</li> <li>ASPIRE model is an excellent one that could be adapted to serve persons with disabilities. It provides <ul style="list-style-type: none"> <li>o Dress</li> <li>o Subsidy for salary</li> <li>o Training</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>"Nothing matters as much as changing employer attitudes....So long as over half of employers think that people with disabilities can't perform at work, high unemployment levels among people with disabilities will persist." (O'Hara Report)</li> <li>As in many areas of social services, the proliferation of programs, laws, initials and agencies can confuse business people. (O'Hara Report)</li> <li>We need to remove the liability for someone to job shadow for four hours to see if they can do the job.</li> <li>Maine employers, who are predominantly small employers, want and need workers who can wear multiple hats. This might be a harder role for persons with disabilities, particularly those with little work experience.</li> <li>Employers are afraid of the Americans with Disabilities Act (ADA). Some have misperceptions that no disciplinary action can be taken against an employee with a disability. Employers need education and good information about the ADA, what it does and its limits</li> <li>Health insurance is a challenge for small businesses. Government could pay the health insurance for a person with a disability who is hired</li> <li>“The combined forces of globalization, demographics, technology innovation, market competition, and management restructuring present a set of intense challenges for Maine employers.”<sup>3</sup></li> </ul>

<sup>1</sup> CHOICES CEO Strategic Plan Leadership Group; Strategic Planning Meeting, October 3, 2005.

<sup>2</sup> O'Hara, Frank, Employer Practices and Attitudes Regarding Employing People with Disabilities, CHOICES Project, November 2005.

<sup>3</sup> Maine Department of Labor, Labor Market Information Services, Trends and Implications for the Maine Workforce, March 2005.

SYSTEM/FOCUS: Employers			
STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
	<ul style="list-style-type: none"> <li>• Mental illness is a real challenge. Often they don't disclose it or let anyone know.</li> <li>• Need more information on accommodations.</li> </ul>	<ul style="list-style-type: none"> <li>○ Child care</li> <li>○ Transportation</li> <li>• Companies could use help in providing sensitivity training to their workers in anticipating and dealing with such misunderstandings. One idea was to mandate such training, in the same way that sexual harassment training is now a given. (O'Hara Report)</li> <li>• New legislation introduced for 2006 is LR 2828, An Act to Create Employment Opportunities for People with Disabilities. Among other things it will address tax incentives for employers who provide jobs to individuals with disabilities, and also the State of Maine becoming the model regarding employment of people with disabilities.</li> <li>• The Job Accommodation Network is a "free consulting service designed to increase the employability of people with disabilities", sponsored by the USDOL, Office of Disability Employment Policy. Information available to help employers develop workplace accommodations via web-site (<a href="http://www.jan.wvu.edu">www.jan.wvu.edu</a>) or over the phone.</li> </ul>	

**Please note:** Much of the data included in this strategic assessment findings matrix came from surveys or focus groups conducted in 2005 by the CHOICES CEO project. Where this is the case, no specific citation is given, in part to protect the identity of individuals who participated in these activities and who were promised that individual answers would not be identifiable. When a data item or a quote came from a specific report, web site, or other reference, a specific citation is included.

**SYSTEM/FOCUS: Specific Input from Persons with Disabilities**

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• Club House (Waterville): “not only provided training but also allowed for job sharing”.</li> <li>• Vocational Rehabilitation Services [big thumbs up, lots of citations]: “Voc Rehab in Maine is much better and more integrated with other services than the Voc Rehab I experienced in Massachusetts”; “I feel that the only agency held accountable is VR and the RSA. They helped me in my own situation and constantly work to support my work efforts”; “Voc Rehab is the best”; “Voc Rehab: my caseworker is wonderful. She is my best resource!”</li> <li>• Career Centers (mentioned frequently): although one said “There are pockets of good service in the Career Centers. These are, by far, the exception and maybe only work well for persons with visible disabilities”.</li> <li>• Maine Job Service</li> <li>• Maine Medical ACE Program</li> <li>• MMC Benefits Specialist and Department of Vocational Service (several mentions)</li> <li>• Goodwill</li> <li>• Job coaches</li> <li>• Allies Inc., Newport, ME</li> <li>• OHI work services: “OHI work services helped me get a job and keep one”.</li> <li>• Bureau of Rehabilitation Services: “because they have a corner on the market. Everything you need to access, you can do it as their client”.</li> <li>• IRIS Network</li> <li>• Div. for Blind &amp; Visually Impaired. Also, the employment specialists that we subcontract with, like Goodwill, CRS, ESM, Allies, etc.”.</li> <li>• KVMH Skowhegan</li> <li>• Community Rehab Services</li> <li>• Ticket to Work program</li> <li>• BDL Allies</li> <li>• MaineCare</li> <li>• Maine Vocational Associates</li> <li>• Disability Rights Center</li> <li>• Carol Leonard [specified by name several times].</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding of cross-effects: “No one I have spoken to in Voc Rehab OR Career Center has any idea of the impact of employment on benefits - so one can plan a secure transition without total failure”; “MMC disability specialists were selling going to work and had no information on the effects going to work had on state funded services... [Need] financial information about what happens to HUD Sec. 8 money, food stamps, SSI SSDI when preparing to work.”</li> <li>• “Temp agencies. Job fairs.”</li> <li>• Interface with educated workers: “If you are educated, Voc Rehab fails miserably” . “I have had difficulty in obtaining a training program that will prepare me for a job with future potential...They seem to want to train at a "bare bones" level. I understand their financial constraints. However, there seems to be a lack of imagination...Merely earning a "so-called" living does not address the need to be in a stimulating environment, along with challenges. “They tend to be uncreative and mostly interested in a quick fix to move you out”.</li> <li>• Capacity of services: “I think the services are all there, including training, but I don't think there are enough of them to serve the numbers of people needed.”; “Need more well-trained job coaches. Need more assistance with whether to go to school or not and help with forms--it's an intimidating process at an intimidating time in your life”; “More places that offer job coaches.” ; “We need job coaching in the State of Maine a lot more”. “There's not enough staffing or service to provide the disabled people with jobs.”.</li> <li>• First jobs: “Once you begin to get ready to work, that first step has to be one of success. This first-step phase is weak in the system, yet it is crucial for the success of the patient.”</li> <li>• Incomplete information: “Too many people do not know about all the programs available to help them.”; “I'm not really sure about the services, where they are or who to go to”; “Maine needs to let people know what services are available. There</li> </ul>	<ul style="list-style-type: none"> <li>• Employer and coworker education: Educate people toward acceptance in the workplace and in the community; “Services of awareness of Maine employers to the barriers of hiring people with disabilities”; “Set up an informational meeting with surrounding employers about vocational services.” “Education on disabilities for the general population”. “Educate employers that disabled and injured can become productive, successful employees if given chance”. “Acceptance within community and understanding of the inherent worth of people with or without disabilities are probably the two largest problems. The abilities of people with disabilities are still often showcased in 'the language of amazement' rather than in a 'this is how it is' fashion.”</li> <li>• More volunteer and start-up jobs: “We need more "volunteer" options as the first "out in public" job to get our confidence back. I felt tremendous pressure to get well, get working, yet I needed more help with the small beginning jobs”; “Need more work places for after school. Not just volunteering, but a pay check to make disabled people feel like it's their earnings”</li> <li>• Follow-through: “You really need a checklist and follow-up and follow through--not just on the part of the patient, but on the part of the professionals. If there were more concrete directives, people wouldn't "wallow" in the unknown for so long.”; “A case-manager type position may help. Someone who knows the individual client and helps in regards to follow-thru.”; “Long-term job developers that stay with you.”</li> <li>• Job prep: “Have more mock interviews for people with disabilities. Have a sign-up sheet on a monthly basis.” “More job counseling” application process”; “Some counseling and tutors for job training.”; “Job training centers--many persons with DA do not know what is involved in finding and keeping jobs (Dev. Delayed).”</li> <li>• Concrete and frank talk: “If a client fails or feels unable to do a job, why and what can be done.”; “More candid and explicit talk about any</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of transportation is a BIG issue [cited throughout]: “Aroostook is a big county-- transportation to work or to get to school to get enough education is a big problem.”. “No money. No job. No ride.” “A HUGE issue is transportation. RTP will only transport if going to a program (which her child does when not working). This woman paid \$36/day for a cab to take her child to and from work. There is no bus service in my town” ; “Lack of adequate public transportation, even in Maine's metropolitan areas where you might think this should be available. A huge example is in Augusta.” “In the case of transportation, it isn't that it doesn't work well, it simply doesn't exist unless one has money to provide it for one's self.”</li> <li>• Severe lag in time between application and result [mentioned several times]:“At one point during the job hunt, there was a severe lag in time between contact with the job coach and the applicant”; “The wait is so long, up to a year, once you apply. It gets very discouraging”; “Huge waiting time for VR applicants to receive services (11 months for non-blind clients and 2 months for blind clients).”; “Only thing of my concern is such a long waiting list.” ; “Reducing the length of time to find a job. Waiting over a year was very stressful.” “Your waiting list for services is too long. I had to purchase one hearing aid at \$750.00 out of pocket and then services became available”. “In BRS there is a wait-list to even receive services. That list is presently 10-12 months long. Most people just never get the help because of it and other related reasons”. “VR works too slow to respond to the client's needs. Job searching needs to be more streamlined.”; “After high school she waited over a year for a case manager”; “One year waiting time for Maine VR clients of all disabilities except for blind between application and provision of services at this time (blind applicants wait only 60 days before being served)”</li> <li>• Costs of seeking employment: transportation, clothing costs. [cited many times]. “Buying</li> </ul>

**SYSTEM/FOCUS: Specific Input from Persons with Disabilities**

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
	<p>is very little known about service for people.”</p> <ul style="list-style-type: none"> <li>• “No signing job coaches in southern Maine.”</li> <li>• Not enough supported employment: “Not enough Supported Employment funding or long-term support funding for MR/MH folks”.</li> <li>• School support with transition: “Also not enough staff at schools who just work as transition counselors”.</li> <li>• Link between job training and jobs: “Don't do job training unless there is a job after 6 weeks of training”.</li> <li>• Driver pay: “Western Maine drivers are not receiving increases in pay to match increased gas price. This is going to add to lack of drivers - drivers will not stay”</li> <li>• Job coach funding: “Jobs, and funding for job coaches are not available”</li> <li>• PASS program: “The Pass Program because they make you pay it all back, and are very confusing and difficult to work with, one commission says one thing and the other another... paperwork gets lost and all in all very chaotic program. There are much better programs than this one.”; “lack of skilled PASS (SS work incentive) plan writers to assist persons with disabilities write plans to obtain extra funding for job developers, job coaches on their own”.</li> <li>• Incomplete education: “Some students when they are ready to graduate can't read or write. This makes filling out job apps very difficult.” Lack of follow-through: “V.R. helped me in high school and then they dropped me - no support.”; “lack of support during employment”</li> <li>• Lack of variety: “I think jobs need more variety.”</li> <li>• “The antique computer systems at Career Center.”</li> <li>• ABLE: “ABLE supervisors are unprofessional, demoralize clients and put unreasonable pressure and seek unreasonable goals for the clients. They undermine clients' efforts and lack interpersonal skill that other agencies demonstrate.”</li> <li>• Frequent turnover of case managers: “frequent turnover of case managers – my daughter finds it hard to get used to someone, then they leave... this is very difficult.”</li> </ul>	<p>problems that may arise while in employment”</p> <ul style="list-style-type: none"> <li>• Better interface with college needs: “Change formula--I can't live on campus because of being a single mom!” “If you're living off-campus, vocational rehabilitation puts "O" in for the room and board section of the formula.” “Student loans should not be considered income!” ; “Paid for or better availability of educational services”</li> <li>• More education: “Educate people. Don't automatically assume they can't be educated. Don't avoid sending people to school. Take time and help them get a degree.”. “Explore alternative ways of training with the cost-effective means... Advanced training or education to keep one in a competitive environment”; “More education. College courses. This will allow for paying jobs.”</li> <li>• Advocacy: “Advocacy with legislature to make changes in MaineCare regulations.”</li> <li>• Legal services: “Paid for or better availability of legal services.”</li> <li>• “More places like Pathway - social learning center - more Life Center”</li> <li>• “More public transportation grants to get clients in rural places to and from work.”</li> <li>• Seminars for mental health disabled: “Develop job/work seminars or workshops geared on information for those with mental health disabilities around employment issues and training availabilities”</li> <li>• “Lessen the number of clients per counselor. Visit homes to understand living conditions and obstacles. Education to understand financial dilemmas of poverty and the stress of poverty-- both long-term and short-term. Sincere "follow-up." Enthusiasm, hopefulness and faith in the person they are helping. If the client is still motivated, the counselor should stay involved to get through the difficulty.” Education on hygiene, etiquette, other life skills: “Educating client to read, learn computer skills. Hygiene and etiquette, manner, patience. Dressing positive. Nail care, hair care. Driving ed. Read a bus schedule.” Education on how to use available facilities: “Use community centers for their tutors, computers.</li> </ul>	<p>clothes appropriate for work. Affordable childcare”. “Transportation miles, gas, expenses are outweighing the paycheck”. “Communication is often expensive too; the expectation that telephone, internet and even support with mailings is available doesn't take costs into account.”</p> <ul style="list-style-type: none"> <li>• Many overwhelmed by paperwork, income guidelines, hoops to jump through. Example: “A financial and time burden photocopying pay stubs and filling out forms regularly for HUD, DHS, SSA, and SSA overpaying, requesting hundreds of dollars back, refunding the money because they had misinformed me, and so on, and loads of paperwork and photocopying to go with that as well.”</li> <li>• “Stigma, transportation, having access to insurance to pay for supported employment services.”</li> <li>• “People don't even try to get a job because they're scared of losing medical coverage, take \$1 out of our soc. sec. check for every \$1 we make working! if we make more than our check, give \$1 back for every \$2 we make working!”)</li> </ul>

**SYSTEM/FOCUS: Specific Input from Persons with Disabilities**

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
	<ul style="list-style-type: none"> <li>• Lack of adequate funding: “Lack of funding; DVR Education Loans and computers; monies for books, etc.... Impedes state's ability to enhance services as well as expedite services.”</li> <li>• Accountability: “I don't feel as though employment agencies are held accountable enough.”</li> <li>• “difficulty of establishing support group for workers with disabilities... no newsletter, etc”</li> <li>• “SSI/SSDI benefits counseling is also ineffective. People are told that the counselors don't know how to help them, maybe the individual would be better off not working or trying to work. Benefits counselors don't seem to have any answers... There seems to be such a lack of understanding, on all sides, about what it takes and what it means to employ people with disabilities. Oftentimes, people don't want to sit home collecting SSI, but there are no programs out there to help them. And, the ones that do exist are set up for failure.”</li> <li>• Survey and other bias: “because of the nature of the survey tool, whether written or on the web, there is significant bias because many who are affected by a lack of opportunity will not take part in it or not understand how to answer it. The employment of people with disabilities is a historical problem and our society, in recent years, has created a dependency mentality and many people with disabilities don't want to, or don't see the need to work. This will become a larger problem when benefits become scarce because charity will have to take more of 'the burden'. When charity is the manner in which benefits or services are rendered, the 'pity factor' is often used as a fund raising tool. This hurts employment options directly since no boss or business owner hires a person with pity in mind, they want to pay someone to get a job done.”</li> </ul>	<p>Field trips to visit them. And learn what is in the community, Use library USM, at no fee SMVTC computers, open hospital library to the public, city library, how to use them... Use Paths, use Reiche, etc. they have equipment.”</p> <ul style="list-style-type: none"> <li>• “Get the word out: newspapers; flyers; mail; DHS to let clients know; job career centers; public television; posters with removable info sheets in public and government and employment agencies; schools; colleges; free informational meetings; meetings and info at apartment complexes known to have handicapped/disabled tenants. Have info in waiting rooms of city/town housing authority, doctors' offices and hospitals.”</li> <li>• “Expand financing for the Maine Career Services VR to increase workers and shorten the waiting period. • Do not fund MMC if they don't have services to match their marketing. • SSA needs encouragement to get on their game.”</li> <li>• Integration: “A comprehensive approach between State Services/Technical Services and community colleges/universities and Career Centers-- specifically orientated for people with disabilities... Train support personnel in all areas--state, federal and institutional programs and services; particularly where conflicts may exist, i.e. back to work programs vs. working student loans vs. DVR.” “Re-train the individuals who are supposed to be out there helping.”</li> <li>• PR: “One immediate improvement might be educational opportunities for our press, statewide and locally, so that people with disabilities are treated as 'normal' and productive.”</li> </ul>	

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SYSTEM/FOCUS: Vocational Rehabilitation			
STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• 80+ VR counselors, paraprofessionals, supervisors and managers serve 11,000 people each year. 62% meet Comprehensive System of Personnel Development (CSPD) standards for training and education in rehabilitation counseling.<sup>4</sup></li> <li>• Satisfaction survey results for clients from the Division of Blind and Visually Impaired showed consistently high level of consumer satisfaction.<sup>5</sup></li> <li>• Many studies have shown VR programs to be cost-effective. For example, a Massachusetts study estimated that for every \$1 spent on the VR program, \$5 would be returned to the government in the form of increased taxes and reduced public assistance payments.<sup>6</sup></li> <li>• A national longitudinal study of VR consumers<sup>7</sup> found: <ul style="list-style-type: none"> <li>○ 69% of VR consumers achieved employment as a result of VR services and 75% of those were working at jobs in the competitive labor market.</li> <li>○ Three years after job placement, 76% continued to be employed and received increases in salary and benefits.</li> <li>○ Consumers earned an average of \$7.33/hour; this rate increased to \$9.62/hour after three years (the minimum wage at the time of the study was \$5.15/hour).</li> <li>○ Among individuals who completed VR services, 44% no longer needed public assistance.</li> </ul> </li> <li>• VR was cited several times as being a system strength in the CHOICES CEO consumer survey: <ul style="list-style-type: none"> <li>○ Vocational Rehabilitation Services [big thumbs up, lots of citations]: “Voc Rehab in Maine is</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Demand for services has increased dramatically in recent years, particularly in regards to services for people with mental illness and for youth in transition. Unlike the Medicaid program, federal funding for VR program is capped and Maine, like many other state VR programs, has had to resort to a waiting list for services. Federal rules require that when a state has a waiting list, only individuals with the most significant disabilities can receive services.<sup>8</sup></li> <li>• There are currently over 2,000 Category 1 clients on the waiting list. The wait for VR services is 12 months.<sup>9</sup></li> <li>• Staffing issues, particularly turnover among VR counselors, is a major concern. Turnover increased from 9% in 2004 to 13% in 2005. Of the 9 counselors who left in 2004, 6 left to accept positions that offered higher salaries. There are eight current vacancies, including 6 VR counselor positions, 1 supervisor, and 1 paraprofessional. The remaining VR counselors have large caseloads, averaging over 110 clients.<sup>10</sup></li> <li>• The number of VR case closures due to competitive employment dropped from 1,114 in 2000 to 827 in 2003<sup>11</sup></li> <li>• Have not yet been able to design and implement a Comprehensive Needs Assessment within the BRS system. Current Rehabilitation Act requires this assessment every three years, and done in conjunction with the State Rehabilitation Council (SRC). The three service bureaus within BRS, and the three respective SRCs, has complicated efforts</li> </ul>	<ul style="list-style-type: none"> <li>○ Technical assistance available to Maine BRS through Maine MIG and NCHSD. Work began on this in 2005, and includes help with understanding best practices in other states, designing and testing new payment systems (e.g., milestone payments), policy development and analysis, and developing outreach materials.</li> <li>○ Expand VR funding through SSA reimbursement and ticket outcome payment systems. Maine BRS implemented a SSA/VR claims tracking system called “Tracker” in 2004, in part to increase SSA reimbursement.<sup>12</sup></li> <li>○ AbleME project – looking to improve capacity of Career Centers to serve people with disabilities. May help reduce referrals to VR and increase employment services for people with less severe disabilities.<sup>13</sup></li> <li>○ DOL / DHHS data use agreement allowing Maine MIG to access UI wage data – potential model for further data sharing to get a more complete picture of service utilization among VR clients.</li> <li>○ Maine BRS participation in MDOL-wide “Bend the Curve” internal review, a multi-year initiative that looks at how services are delivered and how to do it better. Bend the Curve examines how DOL, and BRS, adds value to the client/customer. In areas that are not adding value, changes are evaluated.</li> <li>○ Maine will participate in a regional survey of VR consumer satisfaction with several New England states in 2006. Will allow both in-state</li> </ul>	<ul style="list-style-type: none"> <li>○ Federal funding issues. Generally, funding for VR through the federal Rehabilitation Service Administration has not increased in recent years, despite increased demand.<sup>15</sup></li> <li>○ Closing of regional offices of the federal Rehabilitation Service Administration (RSA) on 9/30/05, which had provided technical assistance to state VR programs.</li> <li>○ Uncertain status of future federal funding. Several legislative attempts have been made in 2005 to convert Rehabilitation Act funding for VR programs to a block grant. Advocates argue that such a move would allow VR funds to be diverted.<sup>16</sup></li> <li>○ State of Maine revenues and budget uncertainties.</li> </ul>

<sup>4</sup> Maine DVR State Plan for 2006

<sup>5</sup> Input and Recommendations from State Rehabilitation Council of DVBI, 200? State Plan

<sup>6</sup> Uvin, Johan; Karaaslani, Devrim; and Gene White. June, 2004. *Evaluation of Massachusetts' Public Vocational Rehabilitation Program*. Commonwealth Corporation.

<sup>7</sup> Hayward, Becky and Holly Schmidt-Davis. May, 2003. *Longitudinal Study of the Vocational Rehabilitation Services Program. Final Report 2: VR Services and Outcomes*. Submitted to US Department of Education, Rehabilitation Services Administration. RTI International. <http://www.ed.gov/policy/speced/leg/rehab/eval-studies.html#vr>

<sup>8</sup> Peter Baird, NCHSD. Technical Assistance Memo. July 26, 2005.

<sup>9</sup> Maine DVR State Plan for 2006.

<sup>10</sup> Maine DVR State Plan for 2006.

<sup>11</sup> RSA 911 Data File – from [www.statedata.info](http://www.statedata.info)

<sup>12</sup> Maine DVR State Plan for 2006.

<sup>13</sup> [http://www.doleta.gov/disability/onepageme\\_wigonepage.cfm](http://www.doleta.gov/disability/onepageme_wigonepage.cfm)

**SYSTEM/FOCUS: Vocational Rehabilitation**

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<p>much better and more integrated with other services than the Voc Rehab I experienced in Massachusetts”; “I feel that the only agency held accountable is VR and the RSA. They helped me in my own situation and constantly work to support my work efforts”; “Voc Rehab is the best”; “Voc Rehab: my caseworker is wonderful. She is my best resource!”</p> <ul style="list-style-type: none"> <li>○ Bureau of Rehabilitation Services: “because they have a corner on the market. Everything you need to access, you can do it as their client”.</li> </ul>	<p>to design and implement a Comprehensive Needs Assessment</p>	<p>analysis and cross-state comparisons.</p> <ul style="list-style-type: none"> <li>○ Proposed amendments to the Ticket to Work and Self-Sufficiency Program<sup>14</sup> <ul style="list-style-type: none"> <li>● Payment to an EN under a Ticket to Work payment system and to VR under the cost reimbursement payment system with respect to the same beneficiary</li> <li>● Receiving services from VR (cost reimbursement payment system) considered “using a ticket”, which provides protection from the start of a continuing disability review</li> <li>● Increase the total potential payment under the outcome-milestone payment system to 90 percent of the total for ENs (previously 85%)</li> <li>● A three-phased payment system that parallels the steps beneficiaries take toward self-sufficiency</li> <li>● Increase the overall percentage of the payment calculation base which is allocated for Ticket payments from 40% to 67%</li> <li>● Beneficiary may be eligible for more than one ticket in a period of entitlement for SSDI and SSI benefits</li> <li>● Allow beneficiaries with an Medically Improved (MIE) designation to be eligible for a ticket without first requiring a continuing disability review</li> </ul> </li> <li>○ New legislation introduced for 2006 is LD 1910, An Act to Create Employment Opportunities for People with Disabilities. Among other things it will address greater flexibility in accessing supportive employment and day habilitation services</li> </ul>	

**Please note:** Much of the data included in this strategic assessment findings matrix came from surveys or focus groups conducted in 2005 by the CHOICES CEO project. Where this is the case, no specific citation is given, in part to protect the identity of individuals who participated in these activities and who were promised that individual answers would not be identifiable. When a data item or a quote came from a specific report, web site, or other reference, a specific citation is included.

<sup>14</sup> Federal Register: September 30, 2005 Volume 70, Number 189. Proposed Rules Page 57222-57237 From the Federal Register Online via GPO Access [wais.access.gpo.gov]

DOCID:fr30se05-57

<sup>15</sup> Peter Baird, NCHSD. Technical Assistance Memo. July 26, 2005

<sup>16</sup> National Rehabilitation Association. April 13, 2005. Legislative Network Alert: Senate WIA bill. Downloaded from <http://www.nationalrehab.org/website/govt/200321.html>

**SYSTEM/FOCUS: Workforce Investment Boards (both State and Local) and Career Centers**

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>Increased participation in state WIB.</li> <li>Creation of a Policy Committee to bring issues from state WIB subcommittees forward and to look at big picture for strategic planning of the state WIB.</li> <li>Local WIB are recruiting key businesses and developing plans that use industry cluster-based approaches to workforce development.</li> <li>State WIB Sub Committee on Disability and Employment actions – support a public forum on disability and employment – identifying reliable Maine disability data – prioritizing areas of system improvements for focus in workforce development of people with disabilities.</li> </ul> <p>Source: Maine’s Workforce Investment Act Annual Report 7/1/04-6/30/05.</p> <ul style="list-style-type: none"> <li>With the background of the ETA’s new Strategic Vision for the Delivery of Youth Services under WIA, historical data on services to youth since the implementation of WIA in 1998 and the opportunity to modify WIA plans, Maine’s four Youth Councils, with the support and guidance of the Local Boards are working to change and enhance their local youth programs. Of special note is an emphasis on fostering closer connections between young people and the workplace through strategic use of each youth’s Individual Service Strategy to plan educational remediation and work experience, on the job training and apprenticeship opportunities in partnership with employers.<sup>17</sup></li> <li>MeDOL will implement Program Navigator Strategies statewide and will implement activities such as staff training, benefits counseling, improving access, and outreach to consumers and employers, to enhance Career Center services to better meet the employment needs of all people – regardless of ability.<sup>18</sup></li> <li>AbleME will implement activities to improve integration of Career Center programs to provide seamless service delivery to customers with</li> </ul>	<ul style="list-style-type: none"> <li>State WIB has different stakeholders such as business, education, labor, etc. but does not have stakeholders such as DHHS.</li> <li>Local WIBs work on workforce issues but there is no particular focus on employment of people with disabilities .</li> <li>Most of the service inefficiencies identified at the local and regional level are attributable to lack of alignment or collaboration among agencies because of competing or differing priorities.<sup>20</sup></li> <li>Career Center assumption regarding the skills and abilities of customers with disabilities; outdated assistive technology; and physical, programmatic and communication barriers<sup>21</sup> -             <ul style="list-style-type: none"> <li>Career Center staff often assume that people with disabilities should be referred to VR as the best and only resource. While the BRS is one provider of employment services, not all customers who have disabilities need, require or want VR service.</li> <li>38% of staff feel comfortable serving someone who might have a disability</li> <li>Some of the Career Centers are located in older buildings in rural areas and have some physical barriers including: incomplete snow and ice removal, inadequate lighting for people with low vision and visual impairments, cramped space limiting wheelchair mobility, and poor sight lines for signage.</li> <li>Assistive technology currently available is out of date, broken, or under utilized.</li> <li>ASL interpreters, CART, C-print, oral interpreters, and assistive listening devices are not available in all Career Centers.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>State WIB subcommittees (i.e. Commission on Disability and Employment) can bring issues to Policy Committee and up to state WIB (Maine Jobs Council) to potentially reach the legislature (subcommittee could also do this on their own, but going this route allows for greater support and collaboration for action).</li> <li>Local WIB (Coastal Counties) pilot to engage employers to navigate services and supports.</li> <li>Local WIB (Tri-County) is developing a work readiness certification program.</li> <li>Local WIB (Western) is working on an employee retention program for employers.</li> <li>Local WIB (Aroostook/ Washington Counties) received a grant to develop training for the healthcare sector. This local WIB has also incorporated Career Center youth programs into elementary school curriculum.</li> <li>Development of a MOU for Career Center partners.</li> </ul> <p>Source: Maine’s Workforce Investment Act Annual Report 7/1/04-6/30/05.</p> <ul style="list-style-type: none"> <li>Sub Committee on Disability and Employment is working on membership and increasing participation.</li> <li>Creating a seamless delivery system through Career Centers<sup>22</sup>.             <ul style="list-style-type: none"> <li>Create a common intake system so that Career Center customers will fill out only one information/ application form for all participating programs;</li> <li>Create comprehensive Information Centers containing labor market information (LMI), human resource information, self-directed assessments, and other prevocational modules relating to all participating programs; and,</li> <li>Create a single point of contact for employers to prepare job orders, pursue job development, and develop employer-based training.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Slow population growth and aging workforce</li> <li>Changing composition of business and industry</li> <li>Occupational shifts and new skill requirements</li> <li>Regional disparities - urban and rural</li> </ul> <p>Source: Maine’s Workforce Investment Act Annual Report 7/1/04-6/30/05</p> <ul style="list-style-type: none"> <li>Finding funding and grants to support activities and pilot projects.</li> </ul>

<sup>17</sup> Maine’s Workforce Investment Act Strategic Plan – Modification 7/1/2005 – 6/30/2007, pg. 24

<sup>18</sup> AbleME project statement of work

SYSTEM/FOCUS: Workforce Investment Boards (both State and Local) and Career Centers			
STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<p>disabilities who are accessing the workforce investment system.<sup>19</sup></p>		<ul style="list-style-type: none"> <li>Engage area Chambers of Commerce and Economic Development Agencies to provide clarity on the Board's mission and goals for the region. In addition, the Board will use regular quarterly meetings or set up other meetings to invite area groups to engage in an exchange of ideas on aligning efforts. This type of exchange will allow the workforce and economic development organizations in the region to recognize potentially competing priorities, eliminate barriers to collaboration and establish better alignment on regional economic issues.<sup>23</sup></li> <li>BRS will fund two statewide Benefits Specialists to better link community-based Employment Networks and the Career Centers as well as provide benefits counseling to people with disabilities who are considering returning to or entering the workforce. MeDOL is supporting a survey of architectural access for all CareerCenters. The Ticket to Work coordinator is supported by BRS and provides information and training, capacity building and systems development to meet the employment needs of people with disabilities who access the Career Centers.<sup>24</sup></li> </ul>	

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<sup>19</sup> AbleME project statement of work

<sup>20</sup> Local Workforce Investment Area 4 – Strategic Plan Modification 7/1/2005 – 6/30/2007, pg. 11

<sup>21</sup> AbleME project statement of work

<sup>22</sup> Maine Workforce Investment Act Planning Guidelines 7/1/2000 – 6/30/2005, pg. 9

<sup>23</sup> Local Workforce Investment Area 4 – Strategic Plan Modification 7/1/2005 – 6/30/2007, pg. 11

<sup>24</sup> AbleME project statement of work

SYSTEM/FOCUS: <b>Benefits Planning</b>			
STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• Benefits Counseling services significantly increase the earnings of clients. A Vermont study found that benefits counseling recipients' average earnings increased by more than \$225 per quarter, relative to a matched comparison group.<sup>25</sup></li> <li>• Maine's complement of Benefits Specialists are experienced and knowledgeable. Of the six active Benefits Specialists from Alpha One and Maine Medical Center, five have been providing services for three or more years. All have attended extensive training sessions on federal and state public assistance programs.<sup>26</sup></li> <li>• Maine Medical Center and Alpha One conduct client satisfaction surveys. Both report receiving consistently high satisfaction scores.<sup>27</sup> MMC Benefits Specialists were also cited by several CHOICES CEO consumer survey respondents as a system strength.</li> <li>• VR funding contribution (\$100K per year) is highest of any state in the country.<sup>28</sup></li> <li>• Benefits Specialists have helped educate employers about the benefits of providing accommodations on recruitment, and other workforce actions related to workers with disabilities. And they have educated providers (VR counselors, and other programs serving people with disabilities) about the Benefits Counseling services.<sup>29</sup></li> </ul>	<ul style="list-style-type: none"> <li>• There are insufficient numbers of Benefits Specialists to serve the 60,000+ Social Security beneficiaries in Maine. Northern and western Maine, in particular, are underserved relative to other parts of the State.<sup>30</sup></li> <li>• Two separate organizations – Maine Medical Center and AlphaOne – provide Benefits Counseling services. Different sources of funding and organizational differences lead to a lack of coordination in the following areas: <ul style="list-style-type: none"> <li>○ Data collection</li> <li>○ Geographic service coverage</li> <li>○ Providing free service versus fee-for-service</li> <li>○ Access to training opportunities for Benefits Specialists<sup>31</sup></li> </ul> </li> <li>• Existing staff resources are too scarce to conduct needed outreach in several areas: <ul style="list-style-type: none"> <li>○ In some areas in Maine, key provider organizations do not know Benefits Counseling services are available– particularly mental health caseworkers.</li> <li>○ Turnover among VR counselors and DHHS eligibility caseworkers also leads to need for more outreach.</li> <li>○ No outreach to people with disabilities who are not connected to the service system.<sup>32</sup></li> <li>○ Lack of available data and information about: <ul style="list-style-type: none"> <li>○ Flow of consumers into the system</li> <li>○ Pre-Benefits Counseling supports</li> <li>○ Example – booklet “Working While Disabled”</li> <li>○ Employment outcome data (e.g. increased wages, going off SSA benefits)<sup>33</sup></li> </ul> </li> </ul> </li> <li>• No system elements to prevent bad info/service “bootleggers.” Possible system elements to address these concerns include: <ul style="list-style-type: none"> <li>○ Oversight</li> <li>○ Credentials</li> <li>○ Training<sup>34</sup></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• CHOICES CEO project convened a series of meetings with Benefits Counseling funders (CHOICES CEO and VR) and providers (Alpha One and Maine Medical Center) in 2005, and has met 6 times to date. The group developed a vision statement: “Maine’s Benefit Specialist system will be valued, integrated into employment related service systems, accessible to all individuals with disabilities who want to work, and financially sustainable through multiple state and federal funding sources.” The group has started work on the following issues: <ul style="list-style-type: none"> <li>○ Coordinating data collection efforts – CHOICES CEO project receives quarterly reports on number of clients served, etc.</li> <li>○ Identifying best practices in other states for funding, providing, and managing benefits counseling services, and determining whether and how these services could be adapted for use in Maine</li> <li>○ Developing plan for outcome data collection</li> </ul> </li> <li>• CHOICES CEO project also provides each Benefits Counseling program: <ul style="list-style-type: none"> <li>○ funding (10% of project budget)</li> <li>○ allows access to additional technical assistance opportunities through NCHSD, which has agencies and staff with long-term and advanced expertise related to benefit counseling programs.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Decreased funding has negatively impacted Benefits Counseling capacity in Maine. The Benefits Planning and Outreach grant from SSA has not been increased since 2000 (effectively reducing funding in real terms). And the other major source of funding for early Benefits Counseling positions in Maine, a Work Incentive Grant from the U.S. Department of Labor, ended in 2003. Additional funding is needed to maintain current staffing levels.<sup>35</sup></li> <li>• VR is the primary source of referrals to both Benefits Counseling programs. There may be many people not connected to state VR who would be more likely to pursue and achieve self-sufficiency, but who are afraid to jeopardize their benefits and do not know that Benefits Counseling services are available.<sup>36</sup></li> <li>• Some individuals on the VR wait list do receive Benefits Counseling. But the year-long wait list means that clients are not able to move their vocational plan forward until VR picks them up.<sup>37</sup></li> </ul>

<sup>25</sup> Tremblay, Tim; Smith, James; Xie, Haiyi and Robert Drake. December, 2003. *The Impact of Specialized Benefits Counseling Services on Social Security Administration Disability Beneficiaries in Vermont*. [http://www.dad.state.vt.us/dvr/vocrehab/vwii/s5\\_reports.htm](http://www.dad.state.vt.us/dvr/vocrehab/vwii/s5_reports.htm)

<sup>26</sup> Muskie School interviews with Benefits Counseling staff and managers, Spring 2005.

<sup>27</sup> Muskie School interviews with Benefits Counseling staff and managers, Spring 2005.

<sup>28</sup> Benefits Counseling Meeting, September 28, 2005

<sup>29</sup> Benefits Counseling Meeting, September 28, 2005

SYSTEM/FOCUS: K-12 Education/School-to-Work, including Transition Planning			
STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• Maine Parent Federation: connection with parents and disseminate information to a number of people</li> <li>• More kids want to go to college – Students in special education were significantly more likely to have two-year college aspirations (26% compared with 16% for students with regular education) and full-time work aspirations (26% versus 10%).<sup>38</sup></li> <li>• Better information and outreach by colleges</li> <li>• SNOW charts and dreams process</li> <li>• Portfolios</li> <li>• Referrals throughout the system</li> <li>• More job clubs within the school system</li> <li>• Job training sites that lead to jobs</li> <li>• More student centered transition plans</li> <li>• Best practices: Transition Outcomes project and Maine Transition Network technical assistance</li> <li>• Community service part of learning process (locally driven) <ul style="list-style-type: none"> <li>• Career preparation</li> <li>• Work experience</li> <li>• Involving youth with disabilities in different community settings</li> </ul> </li> <li>• Job clubs – funded by VR in some parts of the state..</li> <li>• In schools, what’s working can vary by school (and by teacher) - there are individual “heroes” or</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up and tracking on outcomes from referrals not done.</li> <li>• Post secondary education transition <ul style="list-style-type: none"> <li>• Laws are different</li> <li>• No one is taking prime responsibility to help with this transition</li> <li>• Special education teachers do not know this transition process</li> </ul> </li> <li>• Job development support not available</li> <li>• Long term support not available</li> <li>• Prevents even initial plans because of rules stating that long term supports need to be in place before VR can open a case with a client who will become a client under DHHS. If the client is found to need long term supports, VR will not open a case for that person unless long term supports are guaranteed under DHHS.</li> <li>• No community alternative workshops</li> <li>• Day habilitation won’t support employment</li> <li>• Collaboration between schools and outside agencies inconsistent – depends on the person.</li> <li>• Vocational evaluations are no longer done – not paid for.</li> <li>• Parent involvement: transition planning – think schools will do this and depend too much on them.</li> <li>• COT miss youth with disabilities that don’t meet</li> </ul>	<ul style="list-style-type: none"> <li>• Develop quarterly meetings with VR, DHHS representatives and local case managers to share info and set procedures that are consistent (i.e. different forms and policies across agencies).</li> <li>• Training for special education teachers on adult service system.</li> <li>• Children’s Cabinet has adopted Youth in Transition as a priority area (annual retreat, 9/05.)</li> <li>• Statewide Transition mapping currently underway</li> <li>• Clarify roles and responsibilities of special education teachers, case managers, VR counselors, etc.</li> <li>• Team approach – school case manager with VR counselor and DHHS representative working together helps ensure that all work collaboratively and can back each other up.</li> <li>• Increase ties to business community (e.g. Chamber of Commerce could provide certificate programs in customer service skills for kids, or coordinate service learning or volunteer opportunities.) (local)</li> <li>• Free standing day habilitation (FSD) may be the only federal funding source available other than State grant money and it is contrary to regulations to pay for work supports with FSD money. A new waiver is needed for greater flexibility to meet different and/or changing levels of need,</li> </ul>	<ul style="list-style-type: none"> <li>• DHHS shift – previous focus on employment – but due to cut funds for long term supports, employment was impossible for many because VR can not open a case without long term supports in place. The DHHS long term support rules are always changing.</li> <li>• Turnover is high among case managers – part of problem with lack of training.</li> <li>• State funding cuts have led to very large case loads among DHHS case managers, VR counselors, and other service providers. Caseload sizes limit the time and attention going to individual clients and adversely impacts services.</li> <li>• There used to be county-level transition coordinators, but money has been cut, so there is no funding to support county-level positions. Now there is one director for a region that covers several counties – can not be as detailed and specific since covering so many school and providers. <ul style="list-style-type: none"> <li>○ Increased difficulty that many students have in accessing their secondary vocational schools because of increased academic requirements.</li> </ul> </li> </ul>

<sup>30</sup> Muskie School interviews with BC staff and managers.

<sup>31</sup> Muskie School interviews with BC staff and managers.

<sup>32</sup> Benefits Counseling Meeting, September 28, 2005

<sup>33</sup> Benefits Counseling Meeting, September 28, 2005

<sup>34</sup> Benefits Counseling Meeting, September 28, 2005

<sup>35</sup> Muskie School interviews with BC staff and managers.

<sup>36</sup> Muskie School interviews with BC staff and managers.

<sup>37</sup> Muskie School interviews with BC staff and managers.

<sup>38</sup> Maine YES! Youth Exiting Schools: Excerpt from the Exit Data Report 2004-05, August 2005, Prepared by Karen Gorris-Hicock and Michael DeSisto

<sup>39</sup> Maine Educational Assessment, <http://www.state.me.us/education/mea/> accessed November 22, 2005.

<sup>40</sup> Maine Educational Assessment, 2004-2005 results, <http://www.state.me.us/education/mea/> accessed November 22, 2005.

<sup>41</sup> Maine Department of Education website, placement data counts for 2004-2005, ages 3-21 (n=37573), [http://www.maine.gov/education/speced/EFS05/public\\_reports.htm](http://www.maine.gov/education/speced/EFS05/public_reports.htm) accessed November 22, 2005.

<sup>42</sup> Maine YES! Youth Exiting Schools: Excerpt from the Exit Data Report 2004-05, August 2005, Prepared by Karen Gorris-Hicock and Michael DeSisto

<sup>43</sup> Task Force to Create Seamless Pre-Kindergarten Through Grade Sixteen Educational Systems, [http://www.maine.gov/education/pk16\\_task\\_force/homepage.htm](http://www.maine.gov/education/pk16_task_force/homepage.htm) accessed November 22, 2005.

<sup>44</sup> National Center for Education Statistics, Maine Profile, years 2000 (science), 2002 (writing), 2005 (math, reading) for grades 4 and 8, <http://nces.ed.gov/nationsreportcard/states/profile.asp> accessed November 22, 2005.

<sup>45</sup> Maine YES! Youth Exiting Schools: Excerpt from the Exit Data Report 2004-05, August 2005, Prepared by Karen Gorris-Hicock and Michael DeSisto

<sup>46</sup> Maine YES! Youth Exiting Schools: Excerpt from the Exit Data Report 2004-05, August 2005, Prepared by Karen Gorris-Hicock and Michael DeSisto

<sup>47</sup> Maine YES! Youth Exiting Schools: Excerpt from the Exit Data Report 2004-05, August 2005, Prepared by Karen Gorris-Hicock and Michael DeSisto

**SYSTEM/FOCUS: K-12 Education/School-to-Work, including Transition Planning**

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<p>“champions” of transition planning</p> <ul style="list-style-type: none"> <li>• Job shadowing and work experience programs (local)</li> <li>• DBVI sponsors group activities outside of schools for visually impaired students – some of these activities focus on employment.</li> <li>• Most students in special education are enrolled in VR (local)</li> <li>• Collaboration between schools and outside agencies getting better with Vocational Rehabilitation               <ul style="list-style-type: none"> <li>○ Career preparation within schools</li> <li>○ Job training sites that lead to jobs</li> </ul> </li> <li>• Hall of Flags – annual event with involvement of youth with disabilities</li> <li>• Business recognition breakfasts and legislative breakfasts done regionally</li> <li>• Youth Leaders – for example, Region V of the COT system has 103 Youth Leaders and 15 Alumni</li> <li>• More than 95% of Maine students with disabilities participating in statewide assessment - <b>All</b> Maine students in grades 4, 8, and 11 are included in the MEA program through one of three avenues: through standard administration, administration with accommodation, and/or alternate assessment. The goal of the MEA program is to create a fair opportunity for all Maine students to have access to and demonstrate achievement of the high standards found in Maine’s <i>Learning Results</i>.<sup>39</sup></li> <li>• Maine Education Assessment: While the group of students with identified disabilities is quite varied in relation to the severity of the impact of the disability on learning, the percent of these students</li> </ul>	<p>certain criteria such as 504<sup>48</sup> (i.e. those with mental health challenges may be missed).</p> <ul style="list-style-type: none"> <li>• Unequal information accessibility – students who are blind or visually impaired may have a tougher time finding information.</li> <li>• In general, students with disabilities have unrealistic expectations about adult services and supports for employment or other community involvement.</li> <li>• Guardian education – many unaware of formal application process to become a legal guardian.</li> <li>• Transition plans are inconsistent. The quality and usefulness of the plan depends on the school system and the teacher. Schools have different forms they use, and some teachers know a lot about transition services where others know very little.</li> <li>• Transition plans are done too late (change in law from age 14 to age 16). If plans were done at a younger age (age 14) it would help with course selection, awareness of adult services, experiences in school, etc.</li> <li>• Case managers not adequately trained (case management services are contracted out by DHHS). - Many are not aware of what case management role/job is in transition support for youth and are not familiar with transition from child services to adult services.</li> <li>• Because some case managers are unfamiliar with adult services, some delegate functions that they should be carrying out to VR counselors or others.</li> <li>• Long term support needed - support system ends after high school (peer support, child case manager, etc.) – need to prepare both youth and</li> </ul>	<p>particularly with consumers who require single services such as limited day or vocational support.<sup>51</sup></p> <ul style="list-style-type: none"> <li>• Help with transportation</li> <li>• Case manager position has the potential to be a key to good transition outcomes – if training was better and coordination role improved.</li> <li>• Dept. of Education needs to provide better information and training on best practices.</li> <li>• Maine YES report on student exit data and post school outcomes.</li> <li>• Make occupationally-specific vocational education more accessible – i.e. skills certificate program. Students in occupational-oriented vocational education are less likely to drop out and have more success<sup>52</sup>.</li> <li>• Education of the educators</li> <li>• Education – focus on strengths instead of failures</li> <li>• Early planning and practical experience<sup>53</sup> <ul style="list-style-type: none"> <li>○ broad – academic, employment, transition, communication, social skills, independent living</li> <li>○ student led</li> <li>○ high expectations – everyone can work or generate income</li> </ul> </li> <li>• Funding in place at least 6 months prior to leaving school for employment and other needed supports.</li> <li>• Collaboration with funding sources and professional development services both public and private.</li> <li>• Creative funding requirements (FSD entitlement versus employment).</li> <li>• Business community education as well as community at large.</li> </ul>	

48 §504 of the Rehabilitation Act : “No otherwise qualified individual with a disability in the United States, as defined in section 706(8) of this title, shall, solely by reason of her or his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Service....” —29 U.S.C. § 794(a) (1973).

<sup>49</sup> Maine YES! Youth Exiting Schools: Excerpt from the Exit Data Report 2004-05, August 2005, Prepared by Karen Gorris-Hicock and Michael DeSisto

Maine Department of Education website, exit data counts for 2004-2005, [http://www.maine.gov/education/speced/EFS05/public\\_reports.htm](http://www.maine.gov/education/speced/EFS05/public_reports.htm) accessed November 22, 2005.

<sup>50</sup> Maine YES! Youth Exiting Schools: Phase Two Report, December 2, 2004, Prepared by Karen Gorris-Hicock and Michael DeSisto

<sup>51</sup> Governor’s Workgroup on Mental Retardation Services: Final Report of Workgroup – Working Draft December 2004

<sup>52</sup> James A. Kulik Curricular Tracks and High School Vocational Education. The Quality of Vocational Education, June 1998. <http://www.ed.gov/pubs/VoEd/Chapter3/Part4.html> accessed November 10, 2005

<sup>53</sup> Governor’s Workgroup on Mental Retardation Services: Final Report of Workgroup – Working Draft December 2004

<sup>54</sup> Maine YES! Youth Exiting Schools: Excerpt from the Exit Data Report 2004-05, August 2005, Prepared by Karen Gorris-Hicock and Michael DeSisto

Maine Department of Education website, anticipated services data counts for 2004-2005, [http://www.maine.gov/education/speced/EFS05/public\\_reports.htm](http://www.maine.gov/education/speced/EFS05/public_reports.htm) accessed November 22, 2005.

**SYSTEM/FOCUS: K-12 Education/School-to-Work, including Transition Planning**

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<p>scoring in the lowest performance category is declining at all grades tested. For example, in grade 4 reading, the percent of students identified as needing special education services in the lowest performance category declined from 43% in 2003 to 24% in 2005. In mathematics, the percent of grade 4 special education students in the lowest performance category declined from 54% in 2003 to 31% in 2005.<sup>40</sup></p> <ul style="list-style-type: none"> <li>• Only 4% of special education students receive education in other school settings<sup>41</sup> - Regular class educational placement during the last year of school attendance for 68% of the special education students sampled; 32% were placed in resource rooms; 8% were placed in self-contained classrooms.<sup>42</sup></li> <li>• K-16 task group that will recommend to the Governor a strategy that develops seamless Pre-Kindergarten through Sixteenth grade educational systems in the State of Maine<sup>43</sup></li> <li>• Maine’s state average assessment score is above the national average in all content areas (math, reading, science, and writing). Only science did not allow accommodations for testing.<sup>44</sup></li> <li>• In a Maine survey, the IEP contained statements of needed transition service for all but 7% of the special education students.<sup>45</sup></li> <li>• 80% of students in special education actively participated in transition planning during the IEP meeting, while another 61% participated outside the IEP meeting (8% did not actively participate in transition planning).<sup>46</sup></li> <li>• Students participating in transition planning were 8 times more likely to graduate with a diploma than non-participants.<sup>47</sup></li> </ul>	<p>families.</p> <ul style="list-style-type: none"> <li>• Qualification criteria for MR services from DHHS are too stringent – many who need services are screened out as not eligible.</li> <li>• MR entitlement money for Free Standing Day Habilitation can <u>not</u> be used for employment – Day Habilitation providers are having to turn away employment opportunities for clients because the funding does not allow these activities.</li> <li>• No representation from DHHS on local COT board in some regions.</li> <li>• Transportation is an issue</li> <li>• lack of understanding regarding entitlement to services (public special education) and eligibility for services (adult services) that create a group of young people who qualified for special education who will not qualify for adult services as well as those who will qualify for adult services sometimes are faced with large waiting lists for services.</li> <li>• Compared to special education students (68%), regular education students were significantly more likely to exit school by graduating with a diploma (98%), whereas significantly more special education student exited school by dropping out. Similar results are found with statewide EF-S-05 data.<sup>49</sup></li> <li>• Compared to youth from regular education (83%), youth from special education (61%) were significantly less likely to have a paying job at follow-up.<sup>50</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Productive job opportunities (not “charity” jobs) and job/career exploration.</li> <li>• Build capacity to move system towards change <ul style="list-style-type: none"> <li>• Training</li> <li>• Technical Assistance</li> <li>• Training to parents and families upon disability determination</li> <li>• Maine Learning Results – fund career preparation content</li> </ul> </li> <li>• Survey to parents, families, youth for input on changes that are needed.</li> <li>• Employment supports provided to youth</li> <li>• Pre-apprenticeship program funded</li> <li>• Jobs for Maine Graduates (JMG) expanded and accessible.</li> <li>• Maine Learning Results – fund career preparation content.</li> <li>• Vocational School to clearly align their curriculum to the Maine Learning Results so that many students will not have as much difficulty accessing their secondary vocational schools because of increased academic requirements.</li> <li>• GEAR UP Project working with approximately 500 youth with disabilities in 20 school districts across the state on raising aspirations for higher education. Maine Parent Federation working with their parents.</li> <li>• Maine survey found anticipated services for special education students includes vocational training and job placement (28%) and employment related services (21%). Statewide EF-S-05 data for students age 14 years and older show similar results<sup>54</sup></li> </ul>	

**Please note:** Much of the data included in this strategic assessment findings matrix came from surveys or focus groups conducted in 2005 by the CHOICES CEO project. Where this is the case, no specific citation is given, in part to protect the identity of individuals who participated in these activities and who were promised that individual answers would not be identifiable. When a data item or a quote came from a specific report, web site, or other reference, a specific citation is included.

SYSTEM/FOCUS: Postsecondary Education			
STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• More kids want to go to college - Students in special education were significantly more likely to have two-year college aspirations (26% compared with 16% for students with regular education) and full-time work aspirations (26% versus 10%).<sup>55</sup></li> <li>• Better information and outreach by colleges</li> <li>• Colleges and other postsecondary educational institutions in Maine are better equipped now to integrate and support students with disabilities.</li> <li>• Better transition planning in Maine (see section on K-12 and transition planning). Includes more student centered transition plans, SNOW charts and dreams process, other related strengths.</li> <li>• Among people with disabilities in Maine, the percentage with a Bachelor's degree or more education increased from 13.7% in 2003 to 14.9% in 2004.<sup>56</sup></li> <li>• Committee on Transition/Maine Transition Network<sup>57</sup> <ul style="list-style-type: none"> <li>○ MTN staff – 7 regional, 4 state</li> <li>○ 6 regional MTN offices statewide - interdepartmental, board members</li> </ul> </li> <li>• Maine Parent Federation, which for all transition issues, including postsecondary, helps with better connection with parents, and is also able to disseminate information to a number of people.</li> <li>• The Maine Community College system is a success story. In the last decade its enrollment has doubled, though 1999 Maine enrollment in 2-year public colleges was only one-third the U.S. average.</li> <li>• STRIVE U is a two-year post-secondary education and training program for young adults with developmental disabilities that began as a demonstration in 2004. STRIVE U students live in a cluster of off-campus apartments, attend classes at the University of Southern Maine, and work part-time in Portland area businesses. Designed to offer a college-like transition from family to independence, STRIVE U's comprehensive curriculum is intended to give students the skills necessary to live independently with a minimum of paid support upon completion of the program.</li> </ul>	<ul style="list-style-type: none"> <li>• Census data shows that nearly 1 in 6 young adults with disabilities do not have a high school degree, and are not in school, a rate twice that of their counterparts without disabilities. This is a major public policy concern in Maine.<sup>61</sup></li> <li>• COT miss youth with disabilities that don't meet certain criteria such as 504<sup>62</sup> (i.e. those with emotional disabilities may be missed).</li> <li>• Post secondary education transition</li> <li>• Laws are different</li> <li>• No one is taking prime responsibility to help with this transition.</li> <li>• Special education teachers do not know this transition process.</li> <li>• “[Students with disabilities’] lack of transition preparation has potential consequences for those college students who are unprepared to make financial decisions, learn about legal rights, and self-advocate for their support needs. Students with disabilities who access postsecondary education find the provision of assistance is no longer automatic or standardized under one federal rubric.”<sup>63</sup></li> <li>• Maine's overall rates of supporting its high school graduates to go on to college is very poor:</li> <li>• Only half of Maine high school graduates go on to college, as compared with 64% nationally</li> <li>• Of Maine adults aged 25-64, only 25% have a 4-year college degree, compared to 35% for New England and 29% for nation as a whole<sup>64</sup></li> <li>• “The Rehabilitation Act and the ADA do not mandate specific accommodations. Individual institutions have considerable discretion to interpret the parameters of the reasonable accommodations required by law. Resources are often inadequate and disconnected.”<sup>65</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Disability Services Providers Alliance (DSPA)<sup>69</sup> Not sure about present status of this group (operated with federal Dept. of Education grant 1997-2001), but there is opportunity to re-vitalize that group, or start a similar effort in key areas or even state wide.</li> <li>• Higher Education Act (HEA) reauthorization -Authorization for programs in the Higher Education Act (HEA) of 1965 must be re-approved or "reauthorized" by Congress every five years. The U.S. Congress is currently in the process of reauthorizing this critical piece of legislation – it was temporarily extended through December 2005. To guide Congress on disability-related HEA reauthorization issues, the National Council on Disability (NCD) published a paper, <i>People with Disabilities and Postsecondary Education</i>, which can be accessed at <a href="http://www.ncd.gov/newsroom/publications/2003/education.htm">http://www.ncd.gov/newsroom/publications/2003/education.htm</a>.</li> <li>• TRIO Grants are authorized under Title V of the Higher Education Act, and provide funds to colleges to help develop capacity to service students with disabilities. These grants are competitive. Both USM and UM have had TRIO grants in the past, and the York County Community College just began a TRIO funded program in 2005.<sup>70</sup></li> <li>• A leader in the development of supported education programs is Boston University, which created the “Choose-Get-Keep” model.<sup>71</sup> There have been several efforts to develop a connection between BU and Maine, and at one point the development of a joint grant application was discussed. Additional efforts with BU's Center for Psychiatric Rehabilitation could be explored.</li> <li>• Maine has recently received a six year, \$18 million dollar State GEAR UP grant that is working with more than 4000 students, grades 7-12, from 20 school districts. Participating students must meet economic guidelines (free and reduced lunch). Approximately 500 participating students have IEPs.</li> <li>• Using different avenues for funding education, such as scholarships and loans, needs to be looked at further as possible alternatives to paying for higher education.</li> <li>• Maine YES Youth Exiting Schools project that is surveying</li> </ul>	<ul style="list-style-type: none"> <li>• Higher education is expensive - money is the top obstacle identified by prospective students<sup>72</sup>.</li> <li>• Higher education is more expensive in Maine, relative to income, than in other states.<sup>73</sup></li> <li>• The National Center for Public Policy and Higher Education found that the 40% of Maine's population with the lowest incomes (including many persons with disabilities) would need to pay 50% of their income for tuition, room and board - after financial aid - to attend a public 4-year college, or 44% to attend Maine's Community Colleges. The center gave the State of Maine a grade of "F" for higher education affordability.<sup>74</sup></li> <li>• TRIO Grants under the Higher Education Act were slated for elimination by the Bush Administration. Congress rejected that proposal, providing level funding for TRIO and related programs (like GEAR-UP) for federal fiscal year 2006.</li> </ul>

<sup>55</sup> Maine YES! Youth Exiting Schools: Excerpt from the Exit Data Report 2004-05, August 2005, Prepared by Karen Gorris-Hicock and Michael DeSisto

<sup>56</sup> 2004 Disability Status Reports: Maine, Rehabilitation Research and Training Center on Disability Demographics and Statistics, Cornell University, available on the web at <http://www.disabilitystatistics.org>, p. 4

<sup>57</sup> Created in 1986, and defined in Maine Statute at <http://janus.state.me.us/legis/statutes/20-A/title20-Asec7803.html>

SYSTEM/FOCUS: Postsecondary Education			
STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• There are many opportunities for scholarships, grants and loans for all students, including students with disabilities, administered by the Finance Authority of Maine<sup>58</sup></li> <li>• ALLTech is a nationally recognized center that provides training, consultations, and technical assistance in the areas of assistive technology, specialized software, Web accessibility, and universal design in education. It has contributed significantly in both Maine and the nation to increased access for students with disabilities at the postsecondary level<sup>59</sup>.</li> <li>• Realize! Maine was launched by Governor John Baldacci and began with a statewide summit on youth migration issues held in June 2004 with over 200 Mainers under age 35. "REALIZE! Maine" is a term that describes the initiative designed to bring young adults together to generate ideas, realize opportunities and achieve solutions for a more vibrant community, a better quality of life and a stronger economy for Maine.<sup>60</sup></li> </ul>	<ul style="list-style-type: none"> <li>• There is no specific supported education program at the post-secondary level in Maine, but some universities in other states have this.<sup>66</sup></li> <li>• Compared to youth from special education (24%), more youth from regular education were attending a 4-year college at follow-up (69%). More youth from special education attended 2-year colleges (31%) compared to youth from regular education (11%).<sup>67</sup></li> <li>• Post-secondary education is an anticipated service for 20% of students in special education<sup>68</sup></li> </ul>	<p>students in regular and special education regarding exiting information.</p> <ul style="list-style-type: none"> <li>• The Maine Compact for Higher Education's <i>College for ME Campaign</i> which seeks to change public perceptions of higher education and behaviors toward going to college. The Campaign's goal: Change the values, expectations and behaviors of Maine citizens regarding higher education and inspire more of them to pursue and complete postsecondary degrees, leading to a stronger economic future for Maine. Need to work with the campaign to make sure they are able to achieve goal for all students, including students with disabilities. More information on the internet at <a href="http://www.collegeforme.com/action_strategies5.html">http://www.collegeforme.com/action_strategies5.html</a></li> </ul>	

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<sup>58</sup> More information on the FAME website on the Internet at <http://www.famemaine.com/html/education/fameprogs.html>

<sup>59</sup> More information on ALLTech available at its website at <http://www.alltech-tsi.org/index.htm>

<sup>60</sup> Realize Maine website, <http://www.realizemaine.org> accessed November 22, 2005

<sup>61</sup> Employer Practice and Attitudes Regarding Employing People with Disabilities (November 2005). Planning Decisions, Inc. Prepared for the CHOICES CEO Project, accessed on the web at [http://choices.muskie.usm.maine.edu/stratplanlib/employer\\_report.doc](http://choices.muskie.usm.maine.edu/stratplanlib/employer_report.doc) on December 2005.

<sup>62</sup> §504 of the Rehabilitation Act : "No otherwise qualified individual with a disability in the United States, as defined in section 706(8) of this title, shall, solely by reason of her or his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Service...." —29 U.S.C. § 794(a) (1973).

<sup>63</sup> National Council on Disability, "People with Disabilities and Postsecondary Education," Position Paper, September 15, 2003, accessed at <http://www.ncd.gov/newsroom/publications/2003/education.htm> on 11/10/2005.

<sup>64</sup> O'Hara, Frank and Pohlmann, Lisa, Access to Education and Good Jobs: The Way Life Should Be in Maine, Maine Center for Economic Policy ([www.mwcep.org](http://www.mwcep.org)), Oct. 2004, p. 10

<sup>65</sup> National Council on Disability, "People with Disabilities and Postsecondary Education," Position Paper, September 15, 2003, accessed at <http://www.ncd.gov/newsroom/publications/2003/education.htm> on 11/10/2005.

<sup>66</sup> One example of such a program is nearby in Boston at Boston University, information available on the Internet at <http://www.bu.edu/disability/services/ses.html>

<sup>67</sup> Maine YES Youth Exiting Schools: Excerpt from the Phase Two Report, December 2, 2004, Prepared by Karen Gorris-Hickock and Michael DeSisto

<sup>68</sup> Maine Department of Education website, anticipated services data counts for 2004-2005, ages 12-21 (n=23466), [http://www.maine.gov/education/speced/EFS05/public\\_reports.htm](http://www.maine.gov/education/speced/EFS05/public_reports.htm) accessed November 22, 2005.

<sup>69</sup> Group created in late 1990's to coordinate resources and support on accommodations and related issues among eight postsecondary schools in southern Maine. Also engaged with recruitment and awareness building in high schools. More information at web site at <http://www.goaccess.org>

<sup>70</sup> More information at <http://www.trioprogams.org/>, or at <http://www.ed.gov/about/offices/list/ope/trio/index.html>

<sup>71</sup> Additional information on BU's program, and specifically on supported education and the Choose-Get-Keep model is available on the Internet at <http://www.bu.edu/cpr/> and at <http://www.bu.edu/cpr/expertise/vocedu.html>

<sup>72</sup> O'Hara, Frank and Pohlmann, Lisa, Access to Education and Good Jobs: The Way Life Should Be in Maine, Maine Center for Economic Policy ([www.mecep.org](http://www.mecep.org)), Oct. 2004, p. 13

<sup>73</sup> O'Hara, Frank and Pohlmann, Lisa, Access to Education and Good Jobs: The Way Life Should Be in Maine, Maine Center for Economic Policy ([www.mecep.org](http://www.mecep.org)), Oct. 2004, p. 2

<sup>74</sup> O'Hara, Frank and Pohlmann, Lisa, Access to Education and Good Jobs: The Way Life Should Be in Maine, Maine Center for Economic Policy ([www.mecep.org](http://www.mecep.org)), Oct. 2004, p. 2 - National Center for Public Policy and Higher Education, *Measuring Up 2004: The State by State Report Card for Higher Education*, at <http://measuringup.highereducation.org/docs/statereports/ME04.pdf>.

**SYSTEM/FOCUS: Developmental Disabilities Service System**

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• Development of an Independence Plus waiver: The MR/Autism program is focusing on efforts to increase opportunities for self-direction as well as the "money follows the person" philosophy in the rate-setting process. This is intended to promote more opportunities for people to use support dollars for employment supports, among other things.</li> <li>• Development of a Family Support Waiver which includes supported employment</li> <li>• Developmental Disabilities Council is active</li> <li>• DHHS has obtained approval through the state's 2005 budget process to redirect state dollars which were used for employment and other supports, but limited by the amount of money budgeted. The moneys were redirected to be used as state matching dollars for a new Medicaid waiver. With approval of the new waiver, the state will receive federal matching funds that will increase the amount of available funding for a new "capitated waiver", as it is being called, which will provide waiver services to a new group of eligible individuals who have not been able to obtain waiver services under the existing comprehensive Home and Community-Based Services Waiver. One of the specific services to be funded under the new waiver program is employment supports.</li> <li>• Councils on Transition are working with youths with disabilities in local areas to assist them in preparing to leave school and obtain employment.</li> <li>• Strive University is unique in the country as a post-secondary program for individuals with DD that integrates them into the University. This program is a model for offering post-secondary educational opportunities for persons with DD that will improve their capacity to obtain "real jobs."</li> <li>• Special grant-funded project in Department of</li> </ul>	<ul style="list-style-type: none"> <li>• Funding for Free Standing Day Habilitation can <u>not</u> be used for employment – Day Habilitation providers are having to turn away employment opportunities for clients because the funding does not allow these activities. Students who have been educated in the school system may not be able to pursue employment goals due to this barrier.</li> <li>• More key stakeholders needed at the table to come up with recommendations about issues of FSD and the principle that the individual and team could choose the setting that best meets a person's needs</li> <li>• A "disconnect" exists between current services and needs of some consumers (due, in part, to restricted funding mechanisms). This forces people into more expensive service options simply because they are available, not necessarily because these options meet a specific consumer's needs.<sup>76</sup></li> <li>• Sheltered workshops are an option for individuals with MR/Autism, who are waiver eligible.</li> <li>• Need for training in self-determination in Maine, regionally and addressing the needs of young adults, families and providers in order to create and sustain the necessary culture and climate change.</li> <li>• Need flexible supports</li> <li>• Need a la carte menu of supports, including long-term support</li> <li>• MR Services' criteria for services are very narrow compared to the number of people who meet the criteria of Developmental Disabilities. Maine's HCBS waiver only covers individuals with IQ below 70 or diagnosis of Autism. Individuals with other types of developmental disabilities according to federal definition (e.g. physical disabilities such as cerebral palsy, head injury, etc. with onset prior to age 22) or others with physical disabilities have very limited supports available under the Medicaid physical disabilities waiver. Those who do not</li> </ul>	<ul style="list-style-type: none"> <li>• Group of various stakeholders attended a conference on self-determination and how to develop this within a state's system. The group currently represents different stakeholders such as Vocational Rehabilitation, education, and DHHS. Issues being looked at include Free Standing Day Habilitation funding and developing trainings about self-determination</li> <li>• A new waiver is needed for greater flexibility to meet different and/or changing levels of need, particularly with consumers who require single services such as limited day or vocational support – Free Standing Day Habilitation (FSD) funding can not pay for work supports<sup>79</sup></li> <li>• How resources are organized and the fact that purchasing services and supports outside of the human services system can cost less (the example of paying a co-worker \$1/hr. more for support vs. a job coach).</li> <li>• Social Security waiver in Florida - Maine should investigate such an option.</li> <li>• Amending the Medicaid state plan related to FSD funding.</li> <li>• Individual budget training</li> <li>• Immersion learning for the state.</li> <li>• Training needs fell into three categories:             <ol style="list-style-type: none"> <li>1. Awareness of self-determination for stakeholders.</li> <li>2. Turn-around-trainer training around budget planning.</li> <li>3. Training of budget planner teams</li> </ol> </li> <li>• Study the feasibility of engaging in alternative, creative service delivery approaches.</li> <li>• Minimize center-based day and vocational services, and seek community-based employment and community inclusion options.</li> <li>• Provide incentives to providers who devise</li> </ul>	<ul style="list-style-type: none"> <li>• Medicaid would not allow "case management" and "brokering" to be duplicative. Traditionally case managers have been the overseers of the "plan" for the individual "client". With self-determination, brokers help the team supporting the individual to identify the ISO's, but are not case managers. The larger system must look at how to address the role of brokers versus case managers. The financial impact is significant in that case management can generate fees, and brokering can only be reimbursed at 100% cost. Case management helps to raise revenue through billable hours, and this model would restrict their involvement. The outcome of a good plan would be more meaningful to the individual, but the team would be responsible to see that it is implemented.</li> <li>• A goal of self-determination will require accessing Medicaid dollars in ways heretofore not accomplished in Maine. On 2/10, Tom Nerney presented to state of Maine policy makers, but there will need to be more conversation with these key people to allow this process to move forward.</li> <li>• Potential for cuts in Medicaid, and resulting cuts in waiver programs.</li> <li>• Perception of many state legislators that Maine has a "Cadillac" Medicaid program for persons with disabilities, so state dollars should be cut (resulting in loss of federal dollars as well).</li> <li>• Base closures will increase competition for jobs.</li> <li>• Large numbers of individuals returning from military service with significant long-term disabilities will increase need for services/supports and further diminish Maine's capacity to provide employment opportunities and supports for individuals with disabilities.</li> </ul>

<sup>75</sup> "The State of the States in Developmental Disabilities 2005" authors: David Braddock et. al. , Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado.

<sup>76</sup> Governor's Workgroup on Mental Retardation Services: Final Report of Workgroup – Working Draft December 2004

<sup>77</sup> Maine Developmental Disability Council Five Year State Plan 10/01/2001 – 9/30/2006

<sup>78</sup> Maine Developmental Disability Council Five Year State Plan 10/01/2001 – 9/30/2006

<sup>79</sup> Governor's Workgroup on Mental Retardation Services: Final Report of Workgroup – Working Draft December 2004

**SYSTEM/FOCUS: Developmental Disabilities Service System**

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<p>Labor has two consultants working with Career Centers across the state to improve their capacity to provide the same level of services for all job seekers, including individuals with disabilities.</p> <ul style="list-style-type: none"> <li>Assistive Technology Act funds available through MaineCite project – support will include funding for assistive technology for employment purposes.</li> <li>Number of individuals with DD in supported employment positions grows each year in Maine. Statistics: 2002: 695; 2004: 775<sup>75</sup></li> <li>Some companies provide equal employment opportunities for equal pay for persons with disabilities.</li> <li>MaineCare coverage continues for persons with disabilities who become employed but have low earnings (up to 250% Federal Poverty Level).</li> <li>In 2004, the DVR Program closed 743 individuals successfully in employment.</li> </ul>	<p>qualify for MR Services have few choices for assistance.</p> <ul style="list-style-type: none"> <li>The current HCBS waiver is full, so people only get onto waiver if they meet the criteria above and are in "adult protective" status. Others cannot get waiver services, including employment supports.</li> <li>DHHS is funding 126 individuals in sheltered workshop "jobs."</li> <li>If a person is a VR client in need of long-term job supports and the person is not on the waiver (therefore does not have access to funding to pay for long-term supports), the process of assisting the person in finding employment is stopped.</li> <li>In 2004, DVR served 10,880 individuals with disabilities, but only closed 743 individuals successfully in employment. The average wait for DVR services in 2004 was 11 months. Caseloads are long, resulting in limited time available to serve individual clients.</li> <li>Community attitudes about persons with disabilities, especially those with mental health disabilities, preclude persons seeking employment or requesting accommodations to be successful.</li> <li>Jobs with lower skill requirements (clerical, janitorial, etc.) are being out-sourced rather than included in budgets/hiring of major employers, including state government. Small employers are not covered by the ADA, so they may not have any requirement to provide employment opportunities for persons with disabilities or to provide accommodations.</li> <li>MR Services directly assists 3,126 people with recreational funding. There is an adaptive recreational organization in the State, but it does not offer services statewide or options for all disabilities.<sup>77</sup></li> <li>There are currently no statewide initiatives regarding transportation offered by MR Services, although MR Services' regional offices have a variety of mechanisms for funding transportation.<sup>78</sup></li> </ul>	<p>creative methods of providing natural residential, vocational and community inclusion supports.</p> <p>Source: Governor's Workgroup on Mental Retardation Services: Final Report of Workgroup – Working Draft December 2004</p> <ul style="list-style-type: none"> <li>"sticker shock" - when a family/individual realizes how much per year is paid for an individual's entire programming, the first reaction is shock and the next is if I could have had input I bet we could have gotten to where we need for less. And that is the outcome needed for a self-determined ISO plan: the individual gets to where he/she wants to get, and often for less money.</li> <li>New Independence Plus waiver</li> <li>New "capitated" waiver</li> <li>More flexibility for individuals to be able to use funding for job supports, with implementation of new rates for services.</li> <li>Business community concern about lack of workforce with aging population in Maine....creates a recognized "need" that persons with disabilities can fill.</li> </ul>	

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SYSTEM/FOCUS: Mental Health Service System			
STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<p>- The new Department of Health and Human Services is now the largest state agency. The merger process is resulting in some clear and strong strategic planning, resulting guidelines for agency managers, staff, providers, and others. For example, DHHS has defined a mission statement, vision statement, and statement of values. Two value statements are:</p> <ul style="list-style-type: none"> <li>• Choice - People have opportunities to make informed choices and get accessible, cost effective, individually tailored supports within their community.</li> <li>• Access - People have access to jobs, education, healthcare, housing, social, spiritual and recreational opportunities</li> </ul> <p>- The DHHS has an Employment Support position statement that strongly supports work: -“The Department...believes that decreased dependency facilitates achievement of more inclusive and full lives in the communities within which people work and live. Self-esteem, morale and overall life satisfaction improve when a person is employed”<sup>80</sup></p> <p>Two other statements:  “BDS adopted a vocational policy that sets the direction for the development of new vocational services and encourages the conversion of segregated employment settings to integrated, competitive settings. BDS is positioning its resources to the extent possible to continue shifting vocational services in this direction.”<sup>85</sup></p> <ul style="list-style-type: none"> <li>• DHHS Adult Mental Health Services funds a Long Term Support Program through its offices in Portland, Augusta and Bangor. This Program pays for long term vocational support needed by qualified to maintain their job tenure. The program served over 350 consumers in FY’05.</li> <li>• The DHHS Adult Mental Health Services’ staff includes one person whose responsibilities include working with stakeholders within and external to the Department to implement the DHHS policy and position statements concerning employment.</li> </ul>	<ul style="list-style-type: none"> <li>• VR Waiting List - many individuals with mental illness are on the waiting list, and many others perhaps do not even bother to apply for services</li> <li>• Need vocational services other than in VR. “Maine relies significantly on the Vocational Rehabilitation Department for mental health consumer employment services. Reliance on VR appears to have led, as is the case in a number of states, to limited participation by mental health consumers and a limited connection between clinical and supported employment services.”<sup>82</sup></li> <li>• Staff (VR and providers) not perceived to be addressing needs of consumers</li> <li>• The vocational workers need to know how to answer our questions. They aren’t well trained. They can’t tell us about how all of our benefits will be impacted or all of the programs that might help us. Sometimes they give you wrong information or partial information, and eventually, it harms you down the road.</li> <li>• DHHS has vocational services that aren’t well publicized – all of the options need to be publicized so we can get good services.</li> <li>• Job development support not available. At least one person said that long term support is not available, though DHHS staff reported that “There is a program providing this service. Consumers have not been denied this service because of unavailable funds.”</li> <li>• Prevents even initial plans because of new rules stating that long term supports need to be in place before VR can open a case with a client who will become a client under DHHS. If the client is found to need long term supports, VR will not open a case for that person unless long term supports are guaranteed under DHHS</li> <li>• No community alternative workshops</li> <li>• Day habilitation won’t support employment</li> </ul> <p><i>Case Management</i></p>	<ul style="list-style-type: none"> <li>• The State Rehabilitation Council provides an opportunity to address MH service needs related to employment, although several individuals who mentioned this specifically stated that the SLC needs more consumer members in order to be effective</li> <li>• The concern expressed by the Court Master for the Consent Decree about individuals who are receiving no vocational services as they wait for VR services is prompting DHHS Officials to look for ways to provide vocational services in ways other than through VR. Both existing vocational service options already in Maine, as well as best vocational practices outside the state, are being examined.</li> <li>• As part of the ongoing development of new service and management structures following the merger of the former DHS and BDS departments, DHHS offices are currently (late 2005) developing performance-based goals and objectives in many areas, and including vocational services and employment outcomes. Specific definitions and measurement will also have to be developed, and those not only need to meet the needs of DHHS consumers, but these should connect where possible to related external agencies, and particularly VR.</li> <li>• Peer services are a practice that often has only partial funding from the State, if at all. Often services must be funded privately before they can be implemented. It is only after implementation that the State sometimes provides reimbursement for these services.</li> <li>• “Maine has convened an Evidence Based Practices (EBP) workgroup which partnered with Dartmouth University’s Psychiatric Research Institute to complete a stakeholder survey on five EBP’s [including] ... supported employment.... The survey demonstrated that evidence-based and promising practices are in use at various sites across that state - and that the provider community is very</li> </ul>	<p>- Stigma is a large issue for people with mental illness diagnoses – some argue stigma is more present with this disability than most others. “The myths and stigma associated with mental illness persist and prevent many persons from getting the care and help they need. The stigma associated with mental illness is often reinforced by outdated or misinformed public policies at the state and community levels... These types of policies make it more difficult for persons with mental illness to be equal participants in their communities”<sup>86</sup>.</p> <p>- There is considerable tension within most mental health services in Maine, between services based on a medical model as contrasted by services that are more "recovery focused", and are more based on relationship. Feeling that most of current system is guided by the medical model -- and it is fragmented, specialized and lots of folks fall between the cracks. It also provides services based in part on funding streams, not client preference. It places a premium on more clinical or professional services.</p> <p>- Continued challenge in trying to manage to provide services, and to undertake system improvements, under the aegis of the mental health consent decree. In 2005, the Maine Department of Health and Human Services unveiled a plan to move the mental health system to a managed care model, as had been mandated by lawmakers. But in August, Maine Court Master rejected the state plan, saying it did not sufficiently gauge the cost of implementation or identify the means of meeting some of the expenses involved.<sup>87</sup></p> <p>- “If funded, Maine’s TSIG application is expected to track employment outcomes. The team sees particular challenges to expanding supported employment services, including the state’s overall economic landscape, current federal and state disincentives and the limited use of Medicaid buy-in.”<sup>88</sup></p>

<sup>80</sup> DHHS Web site, “Employment Supports,” available online at <http://www.maine.gov/dhhs/bds/FactSheets/EmploymentSupports.html>, access 6/29/2005.

<sup>81</sup> <http://www.highhopesclubhouse.org/>, accessed 11/9/2005

<sup>82</sup> National Technical Assistance Center for State Mental Health, Peer Review Visit to the State of Maine July 25-26, 2005, FINAL REPORT, August 30, 2005, p. 22, available on the Internet at <http://www.maine.gov/dhhs/peer.doc>

SYSTEM/FOCUS: Mental Health Service System			
STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>DHHS Adult Mental Health Services now requires that Assertive Community Treatment (ACT) Teams include a certified Employment Specialist as a full time member of the team. The role of the Employment Specialist is to help the Team and the consumers it works with to identify and pursue vocational opportunities to enhance the consumer's recovery process.</li> <li>Maine DHHS and the Center for Community Inclusion at the University of Maine at Orono collaborated to develop The Maine Employment Curriculum (MEC). This Curriculum is designed to build the capacity of community rehabilitation providers to enhance and promote meaningful career options for individuals with disabilities in Maine by ensuring that job coaches and employment specialists have knowledge and skills in best practice employment supports.</li> </ul> <p>- High Hopes clubhouse model has been identified as an excellent peer support program. The "High Hopes" Clubhouse offers "members" a supportive environment in which they can work alongside staff in planning and operating the Clubhouse. This is known as "The Work Ordered Day." Members participate in mutually planned vocational, educational and social activities. Because hopes and dreams include the opportunity to work on a real job, a major component of the Clubhouse is Transitional Employment (TE) opportunities. TE offers each member the chance to go to work on a paid, part-time job and to stay on that job for approximately six months.<sup>81</sup></p>	<ul style="list-style-type: none"> <li>Case managers not adequately trained (case management services are contracted out by DHHS).</li> <li>Many are not aware of what their role/job is in transition support for youth and are not familiar with transition from child services to adult services.</li> <li>Because they are often unfamiliar with adult services, some delegate functions that they should be carrying out to VR counselors or others.</li> <li>Turnover is high among case managers – part of problem with lack of training</li> <li>Case manager position has the potential to be a key to good transition outcomes – if training was better and coordination role improved.</li> </ul> <p><i>Long Term Supports</i></p> <ul style="list-style-type: none"> <li>More long term support needed after high school</li> <li>DHHS shift – a few years ago there was a focus on employment – but then they cut funds for long term supports which made employment impossible for many because VR can not open a case without long term supports in place. The DHHS long term support rules are always changing, though DHHS staff point out that “Adult Mental Health Long Term Support rules have not changed in at least 5 years”</li> </ul> <p>- State funding cuts have led to very large case loads among DHHS case managers. Caseload sizes limit the time and attention going to individual clients and adversely impacts service</p>	<p>interested in participating in further training and implementation.”<sup>83</sup></p> <ul style="list-style-type: none"> <li>“Competitive, community-based supported employment services are measurably associated with positive, recovery-oriented outcomes. The state might consider purchasing supported employment services within the managed care menu to supplement limited funds available through VR”<sup>84</sup>.</li> <li>DHHS was just awarded a grant from CMS entitled “Transforming Maine’s Systems for Persons with Disabilities,” under which DHHS managers will work closely with consumers, advocates, providers, front line staff and other stakeholders to develop and implement a strategic plan for transformation in four goal areas: <ol style="list-style-type: none"> <li><b>1) Improve Access to Long Term Support Services: Develop One-Stop System</b></li> <li><b>2) Increased Choice and Control: Develop/Enhance Self-Directed Service Delivery</b></li> <li><b>3) Transformation of Information Systems</b></li> <li><b>4) Long-Term Supports Coordinated with Affordable and Accessible Housing</b><sup>85</sup></li> </ol> </li> </ul>	

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<sup>83</sup> National Technical Assistance Center for State Mental Health, p. 27

<sup>84</sup> National Technical Assistance Center for State Mental Health, p. 32

<sup>85</sup> Transforming Maine’s Systems for Persons with Disabilities, Project Abstract

<sup>86</sup> Brennan, Michael, and Lambert, David, Community Mental Health Stigma Project, Muskie School, University of Southern Maine, April 4, 2003, p. 2.

<sup>87</sup> Information accessed on Internet at [http://www.nepsy.com/leading/0510\\_ne.Maine.html](http://www.nepsy.com/leading/0510_ne.Maine.html), on 11/10/2005.

<sup>88</sup> National Technical Assistance Center for State Mental Health, Peer Review Visit to the State of Maine July 25-26, 2005, FINAL REPORT, August 30, 2005, p. 22, available on the Internet at <http://www.maine.gov/dhhs/peer.doc>

SYSTEM/FOCUS: Social Security/Ticket to Work			
STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>SSA has several Work Incentives or Employment Supports that allow SSI and DI beneficiaries to keep their benefits while they test their ability to work. For SSDI beneficiaries, the Employment Supports include: Impairment-Related Work Expenses; Trial Work Period; Extended Period of Eligibility; Medicare for Individuals With Disabilities Who Work; and Continued Payment under a Vocational Rehabilitation Program. For SSI beneficiaries, the Employment Supports include: Impairment-Related Work Expenses; Unsuccessful Work Attempts (for initial eligibility only); Earned Income Exclusion; Plan to Achieve Self-Support; Special SSI Payments for Individuals Who Work - section 1619(a); Medicaid While Working - section 1619(b).<sup>89</sup></li> <li>Ticket to Work and Work Incentives Improvement Act (1999) has goals of helping SSA beneficiaries return to work, become self-sufficient, and stop receiving disability payments. And it required SSA to implement and evaluate the Ticket to Work program – a voucher program that SSA beneficiaries can use to request vocational rehabilitation, employment or other support services from public or private providers.<sup>90</sup> In Maine, Tickets were mailed beginning in 2003. To date, 66,245 Tickets have been sent to beneficiaries.<sup>91</sup></li> <li>SSA regional offices in Maine have strong ties to providers in Maine – Benefits Specialists, VR offices, etc.</li> </ul>	<ul style="list-style-type: none"> <li>The disability determination process for SSI and DI encourages work incapacity. The “either/or” decision regarding eligibility results in either a full award of benefits or a denial of benefits. Applicants therefore have a strong incentive to promote their limitations and show an inability to work. It is very difficult for these people to then actively seek employment.<sup>92</sup></li> <li>While the Ticket Act made return to work a central part of SSA’s mission, the original income-support orientation of SSA programs bred a culture that was “anti-work” in that it required front-line workers to be skeptical of applicants’ claims to eligibility for benefits, and accepting of the idea that applicants could not work if they met the medical eligibility criteria. SSA faces many challenges to developing a pro-work culture that supports its return-to-work initiatives.<sup>93</sup></li> <li>The “all or nothing” nature of cash benefits for SSDI beneficiaries makes work financially unattractive. The drop in income that results from earning more than SGA is a considerable disincentive to working.<sup>94</sup> One consumer said: “People don't even try to get a job because they're scared of losing medical coverage, take \$1 out of our soc. sec. check for every \$1 we make working! if we make more than our check, give \$1 back for every \$2 we make working!”</li> <li>Nationally, there are inconsistencies in the disability determination process between initial-level determinations and appeals. A significant number of disability claims are denied initially, but later allowed on appeal.<sup>95</sup></li> <li>SSA Employment Support program rules are</li> </ul>	<ul style="list-style-type: none"> <li>Proposed amendments to the Ticket to Work and Self-Sufficiency Program<sup>101</sup> <ul style="list-style-type: none"> <li>Payment to an EN under a Ticket to Work payment system and to VR under the cost reimbursement payment system with respect to the same beneficiary</li> <li>Increase the overall percentage of the payment calculation base which is allocated for Ticket payments from 40% to 67%</li> <li>Increase the total potential payment under the outcome-milestone payment system to 90 percent of the total for ENs (previously 85%)</li> <li>A three-phased payment system that parallels the steps beneficiaries take toward self-sufficiency</li> <li>Receiving services from VR (cost reimbursement payment system) considered “using a ticket”, which provides protection from the start of a continuing disability review</li> <li>Beneficiary may be eligible for more than one ticket in a period of entitlement for SSDI and SSI benefits</li> <li>Allow beneficiaries with an Medically Improved (MIE) designation to be eligible for a ticket without first requiring a continuing disability review to be conducted</li> </ul> </li> <li>SSA funds Benefits Specialists at Maine Medical Center through a Benefits Planning and Outreach Grant. The primary role of Benefits Specialists is to: “provide work incentives planning and assistance to SSA beneficiaries with</li> </ul>	<ul style="list-style-type: none"> <li>Long-term solvency of the Social Security program is in question.</li> </ul>

<sup>89</sup> Note: These do not represent complete lists of all the employment supports. Social Security Administration. 2005 Red Book. <http://www.socialsecurity.gov/redbook/redbook.htm>

<sup>90</sup> General Accounting Office, March 2005. *Social Security Administration: Better Planning Could Make Ticket Program More Effective*. GAO/HEHS-05-248

<sup>91</sup> Social Security Administration. *Ticket Tracker (updated November 7, 2005)*. [http://www.ssa.gov/work/Ticket/ticket\\_info.html#TicketTracker](http://www.ssa.gov/work/Ticket/ticket_info.html#TicketTracker)

<sup>92</sup> General Accounting Office, April 1996. *SSA Disability Program Redesign Necessary to Encourage Return to Work*. GAO/HEHS-96-62 <http://www.gao.gov/archive/1996/he96062.pdf>

See also Wittenburg, David and Pamela Loprest. 2004(?). *Ability or Inability to Work: Challenges in Moving Towards a More Work-Focused Disability Definition for Social Security Administration (SSA) Disability Programs*. Prepared for SSA’s Ticket to Work and Work Incentives Advisory Panel. [http://www.ssa.gov/work/panel/panel\\_documents/pdf\\_versions/Disability%20Definition-%20Draft2.pdf](http://www.ssa.gov/work/panel/panel_documents/pdf_versions/Disability%20Definition-%20Draft2.pdf)

<sup>93</sup> Stapleton, David. November 2003. *SSA’s Organizational Culture and Its Compatibility with the Mission of Returning People with Disabilities to Work*. Prepared for SSA’s Ticket to Work and Work Incentives Advisory Panel.

[http://www.ssa.gov/work/panel/panel\\_documents/pdf\\_versions/SSA%20Culture%20Final%20112803.pdf](http://www.ssa.gov/work/panel/panel_documents/pdf_versions/SSA%20Culture%20Final%20112803.pdf)

<sup>94</sup> GAO, April 1996. *SSA Disability Program Redesign Necessary to Encourage Return to Work*

<sup>95</sup> General Accounting Office, July 2004. *Social Security Administration: More Effort Needed to Assess Consistency of Disability Decisions*. GAO-04-656. In 2003, 61% of appeals to the Administrative Law Judge (ALJ) were allowed.

SYSTEM/FOCUS: Social Security/Ticket to Work			
STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
	<p>complicated; it is scary and confusing for people with disabilities to try and use them<sup>96</sup>. It is also very hard to understand how SSA programs affect other benefits, like MaineCare and housing assistance.<sup>97</sup> As a result, few beneficiaries utilize the incentives. In December 2004, out of 27,000 disabled SSI recipients in Maine, only 27 had Plans for Achieving Self Support, and 33 used Impairment Related Work Expense provisions.<sup>98</sup></p> <ul style="list-style-type: none"> <li>• One consumer survey respondent noted: “The PASS Program [needs improvement] because they make you pay it all back, and are very confusing and difficult to work with, one commission says one thing and the other another... paperwork gets lost and all in all very chaotic program. There are much better programs than this one.”</li> <li>• SSA has had several challenges in implementing the Ticket Program including: <ul style="list-style-type: none"> <li>○ Difficulty recruiting Employment Networks, probably due to inadequate payment incentives.</li> <li>○ Inadequate payment incentives for ENs.</li> <li>○ Insufficient incentives and safeguards for beneficiaries<sup>99</sup>.</li> </ul> </li> <li>• The Ticket Program has had limited success in increasing beneficiaries’ efforts to return to work. Less than 1% of ticket holders have used them to receive services, and less than .01% have had sufficient earnings to result in discontinuance of disability benefits.<sup>100</sup></li> </ul>	<p>disabilities.”<sup>102</sup></p> <ul style="list-style-type: none"> <li>• Alpha One also has Benefits Specialists that provide similar services to SSA beneficiaries.</li> </ul> <p>(See also: Benefits Counseling System).</p>	

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<sup>96</sup> Legislative Forum, Benefits that Support Employment, October 6, 2005

<sup>97</sup> CHOICES CEO Strategic Plan Leadership Group Meeting, October 3, 2005

<sup>98</sup> Social Security Administration. *SSI Annual Statistical Report, 2004*. [http://www.ssa.gov/policy/docs/statcomps/ssi\\_asr/2004/index.html](http://www.ssa.gov/policy/docs/statcomps/ssi_asr/2004/index.html)

<sup>99</sup> GAO. March 2005. *Social Security Administration: Better Planning Could Make Ticket Program More Effective*.

<sup>100</sup> GAO. March 2005. *Social Security Administration: Better Planning Could Make Ticket Program More Effective*.

<sup>101</sup> Federal Register: September 30, 2005 Volume 70, Number 189. Proposed Rules Page 57222-57237 From the Federal Register Online via GPO Access [wais.access.gpo.gov]

DOCID:fr30se05-57

<sup>102</sup> SSA. *2005 Red Book*.

SYSTEM/FOCUS: <b>MaineCare (Medicaid)</b>			
STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• MaineCare provides health coverage to more than 250,000 low-income Mainers, including 72,000 individuals with disabilities.<sup>103</sup></li> <li>• MaineCare Workers with Disabilities Option allows individuals with disabilities to increase their earnings (total countable income can be up to 250% FPL) and keep their MaineCare benefits. This addresses a key barrier to employment for people with disabilities – fear of losing their health insurance.<sup>104</sup> This option has been in place since 1999, and to date more than 2,500 individuals have enrolled. As of September 30, 2005 there were 722 enrollees.</li> <li>• There is strong support for community--based services in general in the state government.<sup>105</sup> This is exemplified in several MaineCare Home and Community Based Service (HCBS) waivers that serve eligible individuals in need of institutional care including: <ul style="list-style-type: none"> <li>○ Elders and Adults with Disabilities Waiver</li> <li>○ Mental Retardation Waiver</li> <li>○ Physically Disabled Waiver (Consumer-Directed)</li> </ul> </li> <li>• Development of an Independence Plus Waiver and Family Support Waiver which includes supported employment.</li> <li>• MaineCare offers Personal Assistance Services (PAS) to eligible clients that are sufficient to “support an individual in full-time competitive employment.” These services are available in all locations, including the work place.<sup>106</sup></li> </ul>	<ul style="list-style-type: none"> <li>• The Workers with Disabilities Option is underutilized<sup>107</sup>, in part because it includes a cap on unearned income at 100% FPL. This excludes over 17,000 SSDI beneficiaries in Maine from eligibility.<sup>108</sup></li> <li>• There is some inconsistency in information made available to clients from DHHS eligibility caseworkers. Sometimes get a different answer to the same question, even within an office. Caseworkers are overloaded – some with over 750 in caseload.<sup>109</sup></li> <li>• Lots of MR entitlement money can <u>not</u> be used for employment – it goes to Free Standing Day (FSD) Habilitation under the MaineCare MR Waiver. The only option for people with MR who need support is Day Habilitation – and Day Habilitation providers are having to turn away employment opportunities for clients because the funding does not allow these activities. (See also: DD system)<sup>110</sup></li> </ul>	<ul style="list-style-type: none"> <li>• LD 463 proposes to amend the eligibility rules for the Workers with Disabilities Option to “remove any separate limitation on unearned income”<sup>111</sup>.</li> <li>• FSD money – need to change the rules to allow more flexibility in how FSD money is spent, allowing employment-related activities and giving more control to the individual client.<sup>112</sup></li> <li>• MaineCare is run by Maine’s newly merged Department of Health and Human Services. The new DHHS is now the largest state agency. The merger process is resulting in some clear and strong strategic planning, resulting guidelines for agency managers, staff, providers, and others. For example, DHHS has defined a mission statement, vision statement, and statement of values. Two of the five value statements are: <ul style="list-style-type: none"> <li>○ Choice - People have opportunities to make informed choices and get accessible, cost effective, individually tailored supports within their community.</li> <li>○ Access - People have access to jobs, education, healthcare, housing, social, spiritual and recreational opportunities.</li> </ul> </li> <li>• DHHS also has an Employment Support position statement that strongly supports work: -“The Department...believes that decreased dependency facilitates achievement of more inclusive and full lives in the communities within which people work and live. Self-esteem, morale and overall life satisfaction improve when a person is employed”<sup>113</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>• Federal budget legislation threatens cuts to Medicaid program – reducing funds available for MaineCare services.</li> <li>• MaineCare is financed jointly by the state and federal government. Maine’s share of payments is determined based on the Federal Medical Assistance Percentage (FMAP). In FFY 2004, Maine’s FMAP was 68.38%, meaning that for every \$100 in MaineCare payments, Maine paid just under \$32 and the federal government paid the remaining \$68. Maine’s FMAP fell to 64.89% in FFY 2005 and is projected to fall further in FFY 2006, to 62.9% Maine will need to make up for decreased federal funding by increasing general fund spending on the MaineCare program, or cut MaineCare spending.<sup>114</sup></li> <li>• The implementation of Medicare Part D in January 2006 could adversely affect the MaineCare budget. When Medicare begins providing a prescription drug benefit, the federal government will no longer provide matching funds for prescription drugs in the Medicaid Program to dually eligible beneficiaries (those receiving both Medicare and Medicaid). Instead, Maine will need to reimburse the federal government for 90% of what they would have spent on prescription drugs for dually eligible members.<sup>115</sup></li> <li>• The aging of Maine’s population and increasing proportion of elderly adults will put more upward pressure on MaineCare spending. Older MaineCare members tend to be high users of long-term care services, which become very costly over time and will drive up average spending per member.<sup>116</sup></li> <li>• Expense of providing health care and other services and supports through MaineCare is a challenge in a period when the state budget is contracting.<sup>117</sup></li> </ul>

<sup>103</sup> Garfield, Rachel. January 2005. *Understanding MaineCare: A Chartbook About Maine’s Medicaid Program.*

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<sup>104</sup> CHOICES CEO Strategic Plan Leadership Group Meeting, October 3, 2005

<sup>105</sup> CHOICES CEO Strategic Plan Leadership Group Meeting, October 3, 2005

<sup>106</sup> Maine meets CMS PAS Eligibility Criteria for a “fully eligible state” under the Medicaid Infrastructure Grant program. For more information, see: <http://www.cms.hhs.gov/twwiia/paseligcriteria.pdf>

<sup>107</sup> CHOICES CEO Strategic Plan Leadership Group Meeting, October 3, 2005

<sup>108</sup> CHOICES CEO Fiscal Impact Estimate for LD 463. September, 2005.

<sup>109</sup> Benefits Counseling Meeting Minutes, March 17, 2005

<sup>110</sup> Focus Group of local COT board

<sup>111</sup> <http://www.mainelegislature.org/legis/bills/billtexts/LD046301-1.asp>

<sup>112</sup> Focus Group of local COT board

<sup>113</sup> DHHS Web site, “Employment Supports,” available online at <http://www.maine.gov/dhhs/bds/FactSheets/EmploymentSupports.html>, access 6/29/2005.

<sup>114</sup> Saucier, Paul. January 2005. *MaineCare and Its Role in Maine’s Healthcare System.*

<sup>115</sup> Saucier, Paul. January 2005. *MaineCare and Its Role in Maine’s Healthcare System.*

<sup>116</sup> *ibid*

<sup>117</sup> CHOICES CEO Strategic Plan Leadership Group Meeting, October 3, 2005

SYSTEM/FOCUS: <b>Transportation</b>			
STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• Transportation issues in Maine as they affect individuals with disabilities who are living and working in the community have been addressed as part of Maine’s post-Olmstead planning efforts. Maine’s Roadmap for Change: Strategies for Integrated Living<sup>118</sup> contains a section on Transportation Issues and Problems<sup>119</sup>, which include recommended action steps and strategies that should be addressed for Maine.</li> <li>• One outgrowth of the post-Olmstead work is the creation of Maine’s Interagency Transportation Coordinating Committee, that includes representatives from MDOT, DHHS, and DOL. Established 12/20/2004 by Governor’s Executive Order #27 entitled “An Order Increasing The Coordination Of State Government’s Passenger Transportation Sector”<sup>120</sup>.</li> <li>• Maine’s mPower program provides low-interest vehicle loans for people with disabilities, which can be used for getting a vehicle.<sup>121</sup></li> <li>• The Mid-Coast Collaborative for Access to Transportation, which has recently used public forums, a survey of both public and private transportation providers, a consumer survey and focus groups to measure and compare available resources and consumer needs in the Brunswick and Topsham communities. The goal was to insure that the needs and wishes of <i>all</i> citizens are taken into account when transportation systems planning or development occurs in the greater Brunswick-Topsham area.</li> <li>• Several years ago an effort in Maine created the Guide for Resources and Opportunities for Transportation Advocacy (GROTRANS) as part of the “Quality Choices for Maine” initiative to improve community services for people with disabilities. Provides info on Maine advocacy resources and opportunities, national advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• In a survey several years ago, half of the mental health consumers surveyed who were outside of Portland and who sought employment in the previous year (prior to being surveyed) found transportation to be an insurmountable job barrier.<sup>124</sup></li> <li>• Maine is a very rural state with few public transportation services.</li> <li>• People with disabilities overall are twice as likely as those without disabilities to consider inadequate transportation a problem.<sup>125</sup></li> <li>• Transportation is an issue affecting all rural people – “Approximately 40% of the rural population has no public transportation at all, and another 25 per cent has only minimal service.”<sup>126</sup></li> <li>• “In the case of transportation, it isn’t that it doesn’t work well, it simply doesn’t exist unless one has money to provide it for one’s self.”</li> <li>• Various reasons, - rural nature of state, relative lack of jobs, and so forth – workers must rely on cars to get to work. Low income people particularly face troubles with unreliable cars, expense of maintaining older cars, etc. Maine lacks an emergency source of help for workers with disabilities whose jobs are jeopardized when a car breaks down or transportation is otherwise not available. CHOICES project’s earlier SOS fund provided such help on limited basis for MaineCare enrollees, transportation needs was majority of use. VR might be able to provide such help, but now limited only to Category I participants who get through the waiting list onto active rolls.</li> <li>• Ride match and volunteer driver programs have been unable to address safety, liability and confidentiality issues. A recent demonstration project under the post-Olmstead Quality Choices project tried to address this in two rural pilot regions but failed, and no rides were provided.<sup>127</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Maine’s Interagency Transportation Coordinating Committee</li> <li>• The newly authorized New Freedoms program that supplies a small amount of money to Maine to provide transportation options for individuals with disabilities. \$292,030 in FY06 and \$303,262 in FY07. Maine DOT is awaiting both Federal guidance on its use and its inclusion in an actual budget. This program requires a local coordination plan, which will be incorporated into our Biennial Operations Plan Process and also adjusted to respond to the Olmstead Plan and for United We Ride.</li> <li>• Job Trek Model - A 3-year statewide demonstration that ran 1993 - 1996 by Alpha One. Developed an Individualized Transportation Plan with each consumer and also vouchers to subsidize transportation costs.</li> <li>• Federal United We Ride initiative, an interagency Federal national initiative that supports States and their localities in developing coordinated human service delivery systems. In addition to State coordination grants, United We Ride provides State and local agencies a transportation-coordination and planning self-assessment tool, help along the way, technical assistance, and other resources to help their communities succeed.<sup>129</sup></li> <li>• The federal Executive Order on Human Transportation Coordination<sup>130</sup> established the new Interagency Transportation Coordinating Council on Access and Mobility.</li> <li>• On 8/10/2005, SAFETEA-LU law signed, providing \$45.3 billion in guaranteed funding for federal transit programs through FY 2009. Includes several key provisions related to human service transportation coordination as part of the Job Access Reverse Commute Program, Program for Older Adults and People with Disabilities and the</li> </ul>	<ul style="list-style-type: none"> <li>• “Because the ADA merely requires that [existing] ...public transportation ...be made accessible for people with disabilities, where there is no public transportation, it is likely that no transportation exists at all for people with disabilities.”<sup>132</sup></li> <li>• Significant jump in gasoline prices experienced in 2005 made a bad transportation situation even worse. Not only affects people with cars, but affects willingness and even ability for volunteer drivers for current local transportation programs, meals on wheels, and so forth. Multiple comments about impact of fuel prices on drivers and volunteers made during recent MDOT telephone survey of MaineCare enrollees.<sup>133</sup> Similar comments made during several of the focus groups conducted in 2005 by the CHOICES CEO project.</li> <li>• “Transportation miles, gas, expenses are outweighing the paycheck”.</li> </ul>

<sup>118</sup> Available on the Internet at [http://www.mainerealchoices.org/workgroup\\_roadmap.htm](http://www.mainerealchoices.org/workgroup_roadmap.htm)

<sup>119</sup> Transportation Issues and Problems - a report prepared by Maine’s Work Group for Community-Based Living , available on the Internet at [http://www.mainerealchoices.org/workgroup\\_materials/roadmap/Transportation.htm](http://www.mainerealchoices.org/workgroup_materials/roadmap/Transportation.htm)

<sup>120</sup> Maine Executive Order #27, available on the Internet at <http://www.maine.gov/governor/baldacci/news/executive-orders/EO%2027%20FY%200405%20-%20Transit.doc>

<sup>121</sup> More information at <http://www.mpowermaine.org/>

SYSTEM/FOCUS: <b>Transportation</b>			
STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<p>resources, models from Maine and other states, and tools for effective advocacy.<sup>122</sup></p> <ul style="list-style-type: none"> <li>The Independent Transportation Network (ITN) is a very successful national model to address community transportation needs of seniors, which was created and developed in Portland. A similar network could be created at the community level for persons with disabilities.<sup>123</sup></li> </ul>	<ul style="list-style-type: none"> <li>“While persons with disabilities in Maine who qualify for MaineCare are generally offered good access to transportation for MaineCare-covered services, adequate transportation for other purposes, especially in those areas outside of Maine's largest cities, is far too often lacking. Many rural towns and areas receive less-than-daily public transit service, sometime only once-a-week or once-or-twice-a-month.”<sup>128</sup></li> </ul>	<p>New Freedom Initiative.</p> <ul style="list-style-type: none"> <li>Good Wheels to Work is a low interest car loan program offered to TANF participants so as to eliminate transportation as a barrier to employment. The revolving loan fund offers low-interest loans up to \$5,000. As of January 2004, 511 loans had been issued.<sup>131</sup></li> <li>A Report, required by Executive Order #27 by January 31<sup>st</sup> of the Second Regular Session of each Legislative session, made by the interagency committee to the Governor that includes, among other information, the prior years’ efforts and accomplishments at coordination; and recommendations for improving the delivery of service, preventing the need for more expensive service, and investing and planning for the future.<sup>124</sup></li> </ul>	

**Please note:** Much of the data included in this strategic assessment findings matrix came from surveys or focus groups conducted in 2005 by the CHOICES CEO project. Where this is the case, no specific citation is given, in part to protect the identity of individuals who participated in these activities and who were promised that individual answers would not be identifiable. When a data item or a quote came from a specific report, web site, or other reference, a specific citation is included.

<sup>122</sup> Guide for Resources and Opportunities for Transportation Advocacy (GROTRANS), January 2003, available online at [http://www.mainerealchoices.org/commliving\\_trans\\_materials/GROTrans\\_TOC.htm](http://www.mainerealchoices.org/commliving_trans_materials/GROTrans_TOC.htm)

<sup>123</sup> More information on the Internet at <http://www.itninc.org/>

<sup>124</sup> Transportation Issues and Problems - a report prepared by Maine’s Work Group for Community-Based Living , available on the Internet at [http://www.mainerealchoices.org/workgroup\\_materials/roadmap/Transportation.htm](http://www.mainerealchoices.org/workgroup_materials/roadmap/Transportation.htm)

<sup>125</sup> 2004 National Organization on Disability/Harris Survey of Americans with Disabilities, presentation by Humphrey Taylor, June 24, 2004, slide #18

<sup>126</sup> The Current State of Transportation for People with Disabilities in the United States, National Council on Disability, June 13, 2005, p. 151, available on web at [http://www.ncd.gov/newsroom/publications/2005/pdf/current\\_state.pdf](http://www.ncd.gov/newsroom/publications/2005/pdf/current_state.pdf)

<sup>127</sup> Glantz, L. and Richards, M., Access to Community Transportation Services for Individuals with Disabilities, Muskie School, October 2004, pp.13-14

<sup>128</sup> Transportation Issues and Problems - a report prepared by Maine’s Work Group for Community-Based Living, available on the Internet at [http://www.mainerealchoices.org/workgroup\\_materials/roadmap/Transportation.htm](http://www.mainerealchoices.org/workgroup_materials/roadmap/Transportation.htm)

<sup>129</sup> More information on the Internet at <http://www.unitedweride.gov/>

<sup>130</sup> Executive Order 13330 signed by President Bush on February 24, 2004.

<sup>131</sup> More information available on the Internet at [http://www.ginne.org/programs\\_services/good\\_wheels.asp](http://www.ginne.org/programs_services/good_wheels.asp)

<sup>132</sup> The Current State of Transportation for People with Disabilities in the United States, p. 13, available on web at [http://www.ncd.gov/newsroom/publications/2005/pdf/current\\_state.pdf](http://www.ncd.gov/newsroom/publications/2005/pdf/current_state.pdf)

<sup>133</sup> Glantz, L., Maine Department of Transportation Transportation Survey, November 2005.