



# 2021 Comprehensive Statewide Needs Assessment

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Massachusetts Rehabilitation Commission:  
Analytics and Quality Assurance Department

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Summer 2021

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## Executive Summary

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As part of an annual review of MRC services, the MRC Analytics and Quality Assurance (AQA) department conducts the Comprehensive Statewide Needs Assessment (CSNA), a sweeping study investigating the needs of individuals with disabilities throughout the Commonwealth of Massachusetts in their pursuit of competitive employment. While being required by the Rehabilitation Services Administration (RSA) to perform this process once every three years, MRC has chosen to conduct this study yearly in order to more effectively assess consumer needs and maintain high quality service effectiveness. In a practice of performing modern quality assurance and data analytic methods, this report presents the findings of the CSNA process in order to advise future policy and decision making within MRC in order to best serve consumers and meet their rehabilitation needs.

The findings included in this report are incorporated into the MRC's section of the Massachusetts Workforce Innovation and Opportunity Act (WIOA) Combined State Plan, as well as in MRC's strategic planning, and quality assurance activities. The findings presented in this report are shared with MRC management, staff, and the public, in a continuous quality improvement process. The CSNA process includes a number of areas in order to canvas a broad range of consumer needs using several relevant tools: A detailed analysis of MRC consumer demographic data, Needs Assessment Survey, Consumer Satisfaction Survey, Consumer Focus Groups, and the Pre-Employment Transition Survey for Youth. This in-depth process also includes discussion and collaboration with MRC Stakeholders, and the State Rehabilitation Council. Provider and counselor surveys were not done this year due to COVID-19, the plan is to conduct these surveys going forward.

The FY21 survey utilized a sampling frame that included all individuals in active service Status (12, 16, 18, 20, 22, and 24) as of November 29, 2020, consistent with past years' Needs Assessment surveys. Using the 11,545 valid mailing addresses obtained from MRCIS, a link to an electronic survey using the online survey platform Qualtrics was distributed, opened, and completed by 2,766 individuals for a response rate of 24.03% (a slight increase from 21.52% in FY2020). The number of survey responses exceeds the amount required to make statistically significant conclusions at a 99% confidence interval.

It is also important to note that the data, including the CSNA survey, for the FY2021 report was collected during the COVID-19 pandemic. We have noted possible differences in our information based on the pandemic.

The main findings of the FY2021 Comprehensive Statewide Needs Assessment can be summarized as follows:

1. The 2021 CSNA report again confirmed that the MRC consumer population is diverse, and that a majority of individuals being served possess the most significant disabilities. Many of these individuals require multiple Vocational Rehabilitation (VR) services and supports in order to prepare for, search for, obtain, and maintain competitive employment in the community. There are still a significant number of consumers who report transportation as a barrier to employment. Respondents to this year's Needs Assessment survey once again were found to more accurately represent the overall consumer population than previous years, with similar proportions of gender, race/ethnicity, and geographic distribution.
2. This year saw a continued increase in the number of youths participating in the Needs Assessment survey. More than 38% of respondents were between the ages of 21-30, with nearly 12% of individuals representing the second largest group being under 20 years old. The average level of education was found to increase when compared to the FY2020 CSNA. This is largely driven by the increase in younger individuals still in, or having recently completed, high school. An increase in referrals from elementary and secondary educational institutions was attributed to this rise in youth response, as well as a rise in the proportion of respondents who rely on family and friends as their source of support.

In terms of Race/Ethnicity, MRC serves a population similar in demographic breakdown to the state population of Massachusetts. Of MRC consumers, 80.2% were Caucasian/White, 17.1% African American/Black, 12.1% Hispanic/Latino, and less than 5% Asian/Pacific Islander and Native American. Regions of the Commonwealth, particularly in the South District which have been seen to have more diverse populations, also had higher levels of minority consumers. Once again, Asian/Pacific Islanders were identified as being slightly underserved by MRC VR in comparison to their proportion in the overall state population. While MRC is serving other minorities in proportion or greater to the proportion of the statewide population, MRC should focus on outreach to these communities to make sure their needs are met and to assist in addressing barriers to employment.

3. 38.2% of MRC consumers were found to be living with either family or friends. Several different groups were found to live with family or friends more frequently, including Males and those with Psych. or Cognitive Disabilities. Non-minority individuals, and those with higher levels of education, were observed owning their own housing most frequently. There were changes to this question in FY2020 which impacted response patterns, however the question was returned to its original format from prior to FY2020 in the FY2021 survey.
4. Email remains the most preferred form of communication amongst MRC consumers, with two-thirds of respondents choosing this as their primary method of communicating with MRC. While some methods

including cell phone calls, face to face communication, and traditional mail fell as preferred methods, text messaging increased in level of preference, now up to 24.1%. This increase in text message preference was driven by the increase in youth participation in the Needs Assessment survey, with nearly half of those preferring this method being under 35 years old.

5. All VR service areas were found to be important to a significant portion of MRC consumers. Job Placement Services (JPS) continues to be recognized as the most important VR service category (88%), followed by Career Counseling (84.9%), Supported Employment (83.2%), Benefits Planning (82.0%), Soft Skills Training (78.6%), Ongoing Supports (74.3%), On the Job Trainings/Job Driven Trainings (73.0%), and Vocational Skills Training (71.0%), and college disability office services or support (66.6%).
6. With the continued increase in the proportion of youth consumers responding to the CSNA, the importance of services related to obtaining a GED or high school diploma has remained elevated from prior to FY2019. As MRC continues to focus on providing services to youth and high school students, working directly with schools throughout the Commonwealth, and improving transition services through programs like Pre-ETS, this is expected to remain higher than historically observed.
7. Consumers with Physical Disabilities were found to be older on average than other individuals, report having higher levels of education, and view education relates services as less important than individuals with both Sensory and Psych. or Cognitive Disabilities. Consumers with Sensory Disabilities reported that career planning services were most important, including Benefits Planning and Supported Employment Services. Consumers with Psych. or Cognitive Disabilities were found to report services related to Education and Training as more important than other VR services, including Vocational Skills Training, Transition Services, and services related to Obtaining a College Degree.
8. Importance of VR services was found to differ by consumer's education level. Those with higher levels of education reported services related to obtaining education, such as a high school diploma or GED or a college degree, as less important than consumers with less than a college education. Consumers with less than a college degree, including some college or an associate's degree, said training services and services related to finding employment as most important.
9. Youth consumers were found to hold importance in distinctly different categories of VR services from older consumers. Youth found all services related to education and training to be most important and transitioning from school to work, as well as services which provide individuals with active work experiences and training such as On the Job Trainings. These training service categories focus on

developing consumer's skills while also providing exposure and work experience to those who may have either limited working background or skill development. This include ongoing supports, which are meant to assist consumers in maintaining employment once it is obtained, allowing them to continue improving their skills in their employment.

10. A total of 82.9% of consumers report being either Always or Sometimes Satisfied with the effectiveness of VR services provided by MRC in meeting their needs (48.8% Always, 34.0% Sometimes). This increased by 9.9% from FY2020, which reversed a declining trend for this question's response pattern. The majority of VR consumers also remain satisfied with services delivered by MRC VR in the MRC Consumer Satisfaction Survey. Satisfaction with the VR service effectiveness is seen being higher in consumers who are further in the process, with those participating in job search and placement as reporting the highest levels of satisfaction. These individuals are in the action stages of their quest to obtain and maintain competitive employment, and are actively seeing results, report higher satisfaction.
11. Many consumers provided open comment on the positive impact MRC VR services have, including the effectiveness of VR staff. Responses outlined helpful and caring staff who are knowledgeable about the area in which they work, who have strong community and employer connections, who work with consumers individually to accommodate each individual's unique needs. Comments also indicated that services related to education are incredibly helpful in allowing for individuals to obtain the education they need to progress in their career. A number of consumers report difficulties with communication with their counselor/caseworker. This has been observed in previous needs assessments and continued throughout the pandemic.
12. A majority of consumers (89.0%) report being either Very or Somewhat Satisfied with the development of their Individualized Plan for Employment (IPE). Younger individuals displayed higher levels of satisfaction with this process. Satisfaction with the development of an individual's IPE was found to be strongly associated with a consumer's view on the effectiveness of VR service effectiveness.
13. Consumers expressed high praise for MRC staff and their effectiveness in the development of each IPE. Consumers reported that staff were knowledgeable and helpful, guiding consumers through the sometimes confusing process. These comments described an individualized process that established unique goals according to each person's needs. More consumers expressed their satisfaction and positive experiences with staff than any other subject. However, several consumers also commented on their lack of personal knowledge about the IPE process. This year there were many comments expressing difficulty utilizing services due to COVID-19.

14. Affordable Housing (62.1%), Assistive Technology (62.1%), Accessible Recreation (61.0%), and Devices (52.2%) were found to be the most important CL services to consumers. Age was found to play a significant role in consumer's view of the importance of CL services. Younger respondents were found reporting Recreation Opportunities, Waiver Programs, and Supported Living Services as more important than older individuals. The perceived level of importance of these services decreased as age increased.
15. 72.9% of consumers reported MRC services as being either Extremely or Somewhat Useful in supporting their ability to maintain independence in the community. Minority consumers reported these services as effective more frequently than Non-Minority individuals, with Asian and Hispanic individuals having the highest levels of satisfaction. Those with a High School education and some College were observed as having higher levels of satisfaction with CL services than others as well.
16. Awareness of Independent Living Centers (ILC) increased among consumers for the second straight year. This continues to reverse a negative trend observed over three years of Needs Assessment analysis. 34.1% of consumers report being aware of their local ILC, with individuals residing in the West district reporting the highest likelihood of working with these ILCs.
17. Reported transportation use by consumers continues to shift under patterns observed in the past five years of Needs Assessments. The effect of the pandemic was found to have a profound effect on consumer's reported transportation use and needs. Levels of public transportation and Uber/Lyft/Ride Share use decrease significantly from previous years increase. Respondents view as transportation as a barrier to finding work also decreased, with pandemic-related restrictions being suspected for reducing the overall need for individuals to use transportation on a daily basis. 33% of respondents to the 2021 survey reported that they view transportation as a barrier to employment. This represents a 3% decrease from 2020. As with 2020, cost is observed to be a differentiating factor in whether transportation poses a barrier to an individual obtaining employment. Open-ended responses show that many respondents need to obtain their driver's license as well as a vehicle. Many individuals point to the high cost of transportation/cost of maintaining a vehicle, using a car or ride share service, or regular public transportation, as their main deterrence from primarily relying on those forms of transportation.
18. Consumers continue to report needing services that are already provided by MRC as services that they think MRC should provide and would assist them in their vocational goals. This follows trends and patterns observed in previous years and suggests that consumers could require more information on the range of services available to them.

19. To assist in determining the statewide need for pre-employment transition services, MRC analyzed statewide data from the Massachusetts Department of Elementary and Secondary Education (DESE (<http://profiles.doe.mass.edu/statereport/selectedpopulations.aspx>)). According to DESE data, there are 172,379 students with disabilities (consisting of 18.7% of all high school students statewide) enrolled in public high schools in Massachusetts as of October 1, 2020, all who may be potentially eligible for VR services and/or who may benefit from Pre-ETS services. Based on this data and the continued high need for Pre-ETS services demonstrated throughout the CSNA as described above, MRC forecasts that once again, during FY2022 that it will need to expend its entire 15% expenditure requirement of VR funds to provide Pre-ETS services as required under WIOA (approximately \$6.3 million) in order to provide the five required Pre-ETS services to students with disabilities (work-based learning experiences, job exploration counseling, counseling on opportunities for enrollment in post-secondary education and other comprehensive training programs, workplace readiness training, and instruction in self-advocacy). MRC forecasts that due to the fact that the entire 15% is required on required Pre-ETS activities, that no funding will remain to provide authorized pre-employment transition services beyond the five required services due to the high need for Pre-ETS services as demonstrated in this year's CSNA findings and the DESE data.
20. A majority of MRC counselors and supervisors (73% Satisfied/Very Satisfied) are satisfied with their ability to assist individuals with disabilities in obtaining, maintaining, and advancing in competitive employment based on their skills, interests, needs, and choices. This satisfaction rate is down slightly from the last report. The majority of MRC counselors are generally satisfied with most services provided to consumers, including internal job placement services, services from Community Rehabilitation Providers, and education and training provided to consumers by schools and colleges. One area of improvement identified by counselors was the need to improve communication with both consumers and providers. Counselors identified areas that would assist them in doing their job better, such as improved support and resources for job placement, more full time job placement specialists, increased information on job leads for consumers, additional on-the-job training and other training resources, continued enhancements to the MRCIS system, more resources for vocational assessment and vocational training for consumers, and training on policies, procedures, and pre-employment transition services, amongst others.
21. There are areas where additional MRC staff training may assist in improving the quality and effectiveness of VR services delivered to consumers. Specific areas include trainings on the MRCIS

system, as well as on VR best practices, policies, and procedures, strategies for maintaining communication with consumers and time management, internal controls, WIOA common measures and requirements, trainings on autism, and on pre-employment transition services and transition services under WIOA, and remote learning and service transition strategies. The newly initiated Learning and Development Department within MRC will lead ongoing staff training efforts, utilizing best practices and data driven decision making to make training related decisions.

22. MRC is increasing its collaboration with other core partners under WIOA to survey and further identify the needs of individuals working with other components of the Workforce system. Some of the identified needs include: interviewing skills, resume development, job specific skills (CVS Pharmacy Technician training, Certified Nursing Assistant (CNA) Program, Advance Auto Parts, Lowes, Home Depot retail training, customer service jobs skills training, food service training, and human service training). MRC will continue to consult with core partners on the identified needs of their consumers as it relates to accessibility and access to employment opportunities, employment training, and provide employer trainings on disability awareness and job accommodations. MRC is reaching out to its core partners in FY2022 as part of its next needs assessment to gather additional data on the needs of individuals in the overall workforce system to complement and further enhance the CSNA process going forward.

## Introduction

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As required under the Rehabilitation Act of 1973 as amended by Title IV of the Workforce Innovation and Opportunity Act (WIOA), the Massachusetts Rehabilitation Commission (MRC) is required to conduct a comprehensive study of consumer needs at least once every three years for submission within a Unified State Plan by the Governor of the Commonwealth of Massachusetts to the U.S. Department of Labor. In an effort to maintain effective programming and decision making tailored to the relevant needs of its consumers, MRC conducts this study on an annual basis. This year marks the 16<sup>th</sup> annual Comprehensive Statewide Needs Assessment (CSNA) of those enrolled in Vocational Rehabilitation (VR) services. This survey includes questions related to VR services, Community Living (CL) needs, and services exclusive to youth and students with disabilities.

There are two main purposes of this study: to provide agency leadership and management with detailed information regarding the needs of consumers served by MRC, and to fulfill the federal requirements set by RSA and the Rehabilitation Act of 1973 as amended by Title IV of WIOA to conduct a comprehensive study of consumer needs at least once every three years. MRC and the Statewide Rehabilitation Council (SRC) have determined that conducting an assessment of consumer's needs every year provides the agency with a more in depth and timely set of results and information, promoting more informed decision making by leadership and management.

Conducted in cooperation with the SRC and the Needs Assessment Committee, the CSNA and associated findings are incorporated into the VR section of the Massachusetts' Workforce Innovation and Opportunity Act (WIOA) Combined State Plan, Strategic Plan, and Quality Assurance activities. MRC continuously works to update and refine the CSNA process and survey in order to gather more relevant and accurate information from consumers each year. This constant revision and adaptation of the study's tools allows MRC to continue staying up to date with best practices and quality assurance methods in an effort to continue providing useful information to the agency relevant to its goals to assist individuals with disabilities throughout the Commonwealth of Massachusetts.

The CSNA allows MRC staff to be provided with data, both short and long term, on consumer needs in order to drive internal progress and promote improvements to VR services and related MRC programs. Additionally, the CSNA seeks to identify the needs of: individuals with the most significant disabilities, those from diverse racial and ethnic backgrounds, groups in the community who may be underserved by MRC, and individuals with disabilities served through the Massachusetts workforce investment system who may benefit from

participating in MRC programming. The CSNA also seeks to collect information on and evaluate community rehabilitation programs and the needs of youth or student consumers of VR services. While a separate survey is distributed to students which is tailored to younger consumers and the services they are eligible to receive, this study includes measures investigating the extent to which students and youth with disabilities participate in VR programming as a whole. Services such as Pre-Employment Transition Services (Pre-ETS), and services related to Transitioning from School to Work, are included in this inquiry of student's use of VR services, and the potential opportunities that could be generated through the utilization of these services with local and state educational agencies and institutions under the Individuals with Disabilities Education Act (IDEA).

MRC will utilize the results of the CSNA in order to assist with the ongoing process of creating new goals and priorities for the agency as a whole. These goals are in turn used to guide program development and resource utilization across programs and special projects, promoting growth and service improvement far into the future. The information obtained from this process also assists in the collection of documentation stating the need for federally funded programs, and various intra-agency cooperation's.

The CSNA process is managed by Graham Porell and William Noone of the MRC Analytics and Quality Assurance Department.

Special thanks to those who help make the Comprehensive Statewide Needs Assessment process possible:

Members of the MRC Analytics and Quality Assurance Department:

Graham Porell, Management Analyst  
John Bobrowski, Research Analyst  
Theodore Marinakis, Management and Trends Analyst  
Scott Leung, Management Analyst  
William Noone, PhD., Director  
Oluwafunke (Lola) Akinlapa, Management Analyst  
Charlene Coombs, Research Analyst

Members of MRC Senior Leadership:

Toni Wolf, Commissioner  
Kate Biebel, Deputy Commissioner  
Joan Phillips, Assistant Commissioner of Vocational Rehabilitation  
Jessica Cimini, Director of Vocational Rehabilitation Operations  
MRC Vocational Rehabilitation Staff and Managers

## *Needs Assessment Survey Methodology*

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The 2021 Comprehensive Statewide Needs Assessment, conducted by MRC's Analytics and Quality Assurance Department (AQA), utilizes an online survey platform in order to distribute surveys and collect response from MRC VR Consumers. Qualtrics, an online based survey tool that is both accessible to individuals with disabilities and user-friendly for participants and researchers alike, is the primary method of distributing the Needs Assessment Survey. The 2021 edition of the Needs Assessment marks the 16<sup>th</sup> consecutive year using this method to conduct this assessment.

The Needs Assessment survey is comprised of 34 questions, including questions related to demographics, living situation, service needs, career interests, and transportation needs. Questions are structured using multiple formats, including yes/no, multiple choice, rating scales, and lists. Participants who choose to complete the survey are given an unlimited period of time to input their responses once they initiate the survey. The survey is available on all electronic platforms, including smartphones, tablets, and computers. Participants are encouraged to complete the electronic survey in order to assist MRC in providing services to better fit the needs of the individuals it serves. For anyone who cannot complete the survey using a computer, phone, or other electronic device, an email and phone number are provided in order to arrange accommodations for the survey to be completed according to said individuals' needs. This includes conducting the survey over the phone and distributing paper survey forms. From the time of original distribution, weekly reminders are scheduled and sent via email to those who have not yet submitted a response.

Questions have been continually added, removed, and edited with input from the SRC, SRC Needs Assessment Committee, and MRC Analytics and Quality Assurance staff members. The Needs Assessment survey is always a work in progress, and questions are adapted to meet changing needs and environmental conditions. Information from previous years' surveys, including feedback from consumers themselves, is used in order to help guide improvements.

In order to collect the email addresses of consumers for survey distribution, MRC conducts a query within its own databases to retrieve contact information for all consumers enrolled in MRC services. Using the MRC Information System (MRCIS), MRC's in-house case management system, contact and demographic information is collected by MRC staff upon each consumer's initial enrollment. This information is retrieved by the MRC Analytics and Quality Assurance staff and compiled into a list for survey distribution. Addresses are then validated and collated for input into the electronic survey platform. This enables the demographic information to be linked to individual responses.

The FY21 survey utilized a sampling frame that included all individuals in active service Status (12, 16, 18, 20, 22, and 24) as of November 29, 2020 consistent with past years' Needs Assessment surveys. Using the 11,545 valid mailing addresses obtained from MRCIS, a link to an electronic survey using the online survey platform Survey Monkey was distributed, opened, and completed by 2,776 individuals for a response rate of 24.03% (a slight increase from 21.52% in FY2020). The number of survey responses exceeds the amount required to make statistically significant conclusions at a 99% confidence interval

### *Additional Collection Methods*

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The CSNA consists of multiple information collection tools designed by the MRC's Analytics and Quality Assurance team. While the largest tool utilized by this report is the Needs Assessment Survey, which is distributed to all active MRC VR consumers with an email address, several other methods are taken advantage of in order to best collect information and discern the needs of consumers in Massachusetts.

In parallel to the Needs Assessment survey, a Consumer Satisfaction Survey (CSS) is distributed to all active MRC consumers whose cases have been closed in either Status 26 (Successful Closure) or Status 28 (Unsuccessful Closure) in a similar process. This survey focuses on the satisfaction of consumers in the VR services themselves, including questions pertaining to consumers' views on effectiveness, efficiency, staff performance, and availability. The CSS provides MRC a more in-depth perspective into the views of consumers' individual experiences during the VR process.

In order to evaluate the needs and experience of providers working with MRC and its consumers, a provider survey is sent to representatives of the different provider agencies MRC cooperates with in providing various services and programs to consumers throughout the commonwealth. In addition to gaining the perspective of those receiving services, this survey was designed with the sole purpose of gathering information on the provider perspective. Input gathered from this survey, when used with other information including participant feedback, has helped guide program and service implementation improvements in the past.

Counselor's feedback is also collected using the Counselor Survey. This survey is used to gain the perspective of those who interact directly with consumers, and who may possess a unique view on the needs of the consumers on their individual caseloads. This information may provide important information consumers are not able to articulate, including identifying improvements that can be made in terms of service delivery and behind the scenes efficiency which are variables consumers are not necessarily privy to.

A youth survey for Pre-Employment Transition Service (Pre-ETS) consumers, students under 22 years of age, is sent to consumers receiving this specific set of services. With a large and steady increase in the proportion of students served by MRC since 2014, this survey has become a particularly important tool in gauging the needs and effectiveness of youth services provided to students across the Commonwealth. This survey is provided in addition to the Needs Assessment survey with is distributed to all consumers with an open case and valid email address, enabling an additional level of analysis specifically focused on youth programming.

In addition to collecting primary source information from consumers in the form of surveys, demographic data is also retrieved on all MRC VR consumers in order to compare survey and agency demographics. The MRCIS Case Management systems serves as the source of this demographic information, which is collected by MRC staff from all perspective VR consumers upon the application and eligibility determination in order to assist in the planning and development of a service plan for each individual based upon their needs and goals. Analysis is conducted in order to verify proportions of survey respondents and compare demographic landscapes to ensure that the information in the Comprehensive Statewide Needs Assessment process maintains similar proportions to the actual population of MRC consumers.

### *Limitations*

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The Needs Assessment Survey, Consumer Satisfaction Survey, Provider Survey, Counselor Survey, and Youth Satisfaction Survey, are conducted electronically, which limits the scope of potential participants to those who have access to internet and email, as well as those who can use technology. While these surveys are offered in multiple formats, including by phone and paper copy, the vast majority (> 99%) of responses are submitted through the electronic collection tool, in this case Qualtrics. Approximately 60% of MRC consumers have indicated having a personal email address upon enrollment in MRC services, which immediately reduces the initial target population by that amount each year. MRC acknowledges that this is a major hurdle in collecting responses from MRC consumers, and has been actively pursuing additional collection tools and solutions in order to include larger proportions of the consumer population in the Comprehensive Statewide Needs Assessment process each year.

Other information that is collected through the MRCIS Case Management system relies on accurate input from MRC staff throughout the Commonwealth. Human error is a possibility in the collection of information, both by MRC staff and from survey respondents. However, the information collected from all sources is validated prior to analysis in order to ensure minimal errors or discrepancies. MRC utilizes both federally required data validations, as well as additional measures put in place independently in order to ensure high quality data

collection on consumers. MRC Analytics and Quality Assurance department continues to develop and test new and current methods to overcome this challenge in order to include larger portions of the consumer population each year. All information collected is to remain whole and in its original form.

## Findings and Results from the FY2021 Needs Assessment

### *Demographics and Respondents*

Demographic information of respondents is extracted directly from the MRCIS case management system, which is then directly linked to the survey responses in Survey Monkey using a unique MRCIS Client ID, and each respondent’s provided email address. By performing this step, the need for asking respondents demographics questions through the Needs Assessment survey is negated. This reduces the survey length while at the same time ensuring the integrity of responses for these demographic questions, allowing for a more accurate understanding of survey respondents composition to the whole MRC consumer population.

The FY21 survey utilized a sampling frame that included all individuals in active service Status (12, 16, 18, 20, 22, and 24) as of November 29, 2020, consistent with past years’ Needs Assessment surveys. Using the 11,545 valid mailing addresses obtained from MRCIS, a link to an electronic survey using the online survey platform Survey Monkey was distributed, opened, and completed by 2,766 individuals for a response rate of 24.03% (a slight increase from 21.52% in FY2020). The number of survey responses exceeds the amount required to make statistically significant conclusions at a 99% confidence interval. A margin of error of approximately 1.62% was calculated, a result of a decreased possible sample population in the number of active consumers with valid email address.

### *Geographic Distribution*

Respondents to the FY2021 Needs Assessment survey are served in all three MRC functional districts: South (38.9%), North (35.4%), and West (25.7%). Responses were from consumers located throughout the Commonwealth.

		Count	Valid Percent
Status	Status 12	56	2.0
	Status 16	240	8.7
	Status 18	1810	65.4
	Status 20	465	16.8
	Status 22	116	4.2
	Status 24	79	2.9
District	South	1076	38.9
	North	978	35.4
	West	712	25.7

**Table 1:** Respondent Distribution by VR Status and Geographic District

### *Vocational Rehabilitation Status*

In terms of Vocational Rehabilitation status, the majority of respondents were recorded in Status 18 (Job Training/Education) (65.4%). This figure represents a continued trend found in in the past three year’s responses to the annual

Needs Assessment survey. Status 18 has continued to be the largest group of consumers represented in responses collected. This was followed by Status 20 (Job Ready/Job Search) consumers representing 16.8% of responses, Status 16 (Physical and Psych. Restoration Services) consumers representing 8.7% of responses, and Status 22 (Job Placement) representing 4.2% of responses.

### Gender

Of the 2,766 total respondents, close to half (47.8%) were female. Previous Needs Assessment's in 2019 and 2020 had a very balanced male to female proportion. However, this year shows a bit of a higher percentage of males (51.8%). This year also had a higher percentage of respondents choose not to self-identify (0.4%) compared to 2020 (0.1%). The ratio among actual MRC VR case numbers indicates more male consumers. The previous two Needs Assessments have seen a decrease in the percentage of female respondents.

### Age

The age of respondents in the 2021 Needs Assessment survey ranged from 16 to 85 years old. The most common age group for respondents was 21-30 years old (38.3%). This was followed by under 20 years old (12%), 31-40 years old (18%), 51-60 years old (13.2%), 41-50 years old (12.6%), 61-70 years old (5.6%), and 71-80 years old (0.7%). There was one person listed in the 81-90 years old age group. Youth, defined as individuals age 14 to 24 years old, was the largest age group represented (37.4%) outside of the general 10-year groupings. 30.7% of respondents also fall into the Transition age range, being between 14 and 22. The average age of survey respondents is 34.04 years old.

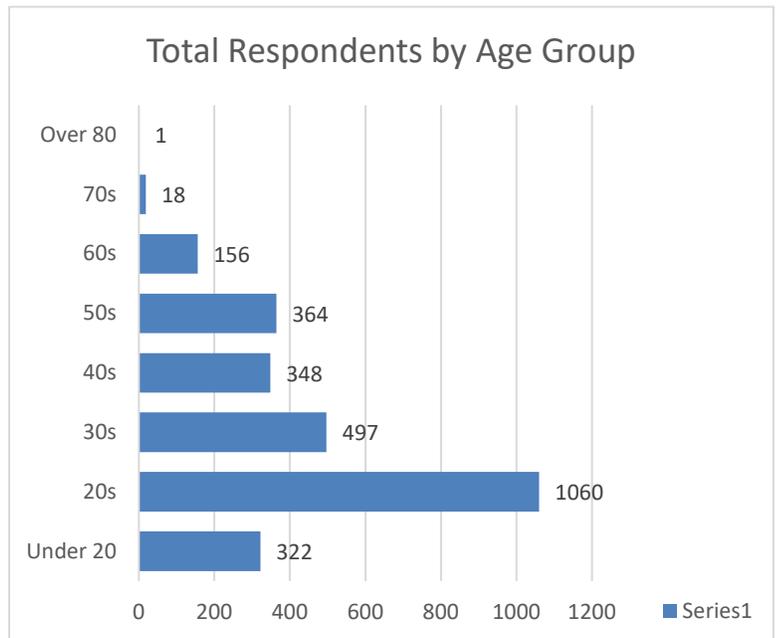


Figure 1: Total Respondent by Age

### Race/Ethnicity

While the Needs Assessment does not inquire about respondent's race/ethnicity, this information is collected in MRCIS when an individual's case is opened with MRC. Of those individuals who responded to the 2021 Needs Assessment Survey, a majority (80.2%) of respondents identified as White/Caucasian (n = 2,216), followed by African-American (n = 473), Hispanic/Latino (n = 335), Asian/Pacific Islander (n = 75), American Indian (n = 23). Of all the respondents, 30 chose not to identify a race/ethnicity. The distribution of race amongst respondents is very consistent with the MRC consumer population as a whole. In fact, this is the most consistent racial and ethnic distribution that has been observed in Needs Assessment analysis as compared to the MRC population as a whole.

		Age Groups							Total
		Under 20	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	
Asian/Pacific Islander	Count	18	25	10	10	8	2	1	75
	% within Asia/Pacific Islander	24.0%	33.3%	13.3%	13.3%	10.7%	2.7%	1.3%	100.0%
	% within Age Groups	3.4%	2.7%	2.2%	2.9%	2.3%	1.4%	0.7%	2.7%
	% of Total	0.7%	0.9%	0.4%	0.4%	0.3%	0.1%	.0%	2.7%
American Indian	Count	3	9	5	2	4	0	0	23
	% within American Indian	13.0%	39.1%	21.7%	8.7%	17.0%	.0%	.0%	100.0%
	% within Age Groups	0.6%	1.0%	1.1%	0.6%	.0%	.0%	.0%	.8%
	% of Total	0.01%	0.03%	0.02%	0.01%	0.01%	.0%	.0%	.0%
African American	Count	72	153	83	64	72	26	2	473
	% within African American	15.2%	32.3%	17.5%	13.5%	15.2%	5.5%	0.4%	100.0%
	% within Age Groups	13.7%	16.5%	18.1%	18.6%	20.3%	18.6%	15.4%	17.1%
	% of Total	2.6%	5.5%	3.0%	2.3%	2.6%	0.9%	0.1%	17.1%
White	Count	446	751	360	269	270	110	10	2216
	% within White	20.1%	33.9%	16.2%	12.1%	12.2%	5.0%	.5%	100.0%
	% within Age Group	84.8%	80.8%	78.6%	78.2%	76.3%	78.6%	76.9%	80.2%
	% of Total	16.1%	27.2%	13.0%	9.7%	9.8%	4.0%	0.4%	80.2%
Hispanic	Count	101	123	44	41	18	7	1	335
	% within Hispanic/Latino	30.1%	36.7%	13.1%	12.2%	5.4%	5.0%	7.7%	100.0%
	% within Age Groups	19.25%	13.2%	9.6%	11.9%	5.1%	5.0%	7.7%	12.1%
	% of Total	3.7%	4.4%	1.6%	1.5%	0.7%	0.3%	.0%	12.1%
Not Identified	Count	0	8	10	7	3	2	0	30
	% within No Race Identified	.0%	26.7%	33.3%	23.3%	10.0%	6.7%	.0%	100.0%
	% within Age Groups	.0%	0.9%	2.2%	2.0%	0.8%	1.4%	.0%	1.1%
	% of Total	.0%	0.3%	0.4%	0.3%	0.1%	0.1%	.0%	1.1%

		Age Groups							Total
		Under 20	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	
Asian/Pacific Islander	Count	18	25	10	10	8	2	1	75
	% within Asia/Pacific Islander	24.0%	33.3%	13.3%	13.3%	10.7%	2.7%	1.3%	100.0%
	% within Age Groups	3.4%	2.7%	2.2%	2.9%	2.3%	1.4%	0.7%	2.7%
	% of Total	0.7%	0.9%	0.4%	0.4%	0.3%	0.1%	.0%	2.7%
American Indian	Count	3	9	5	2	4	0	0	23
	% within American Indian	13.0%	39.1%	21.7%	8.7%	17.0%	.0%	.0%	100.0%
	% within Age Groups	0.6%	1.0%	1.1%	0.6%	.0%	.0%	.0%	.8%
	% of Total	0.01%	0.03%	0.02%	0.01%	0.01%	.0%	.0%	.0%
African American	Count	72	153	83	64	72	26	2	473
	% within African American	15.2%	32.3%	17.5%	13.5%	15.2%	5.5%	0.4%	100.0%
	% within Age Groups	13.7%	16.5%	18.1%	18.6%	20.3%	18.6%	15.4%	17.1%
	% of Total	2.6%	5.5%	3.0%	2.3%	2.6%	0.9%	0.1%	17.1%

**Table 2:** A breakdown of respondents to the 2021 Survey by Race/Ethnicity and Age Group

### *Disability Category*

Respondents represented a wide variety of disability categories. Within the MRCIS Case Management System, each individual's primary disability is identified and categorized by codes established by the Rehabilitation Services Administration (RSA), and are defined within the Policy Directive RSA-PD-19-03, published September of 2019. A full list of these codes published by RSA and the distribution within the MRC consumer population can be found in on page 101. These disability codes can be categorized into three primary categories: Physical Disabilities, Sensory Disabilities, and Psych. or Cognitive Disabilities. Psych. Cognitive Disabilities represented the largest proportion of the respondents with 77.9% of individuals, followed by Physical Disabilities (14.8%), and Sensory Disabilities (7.3%).

*Education Level*

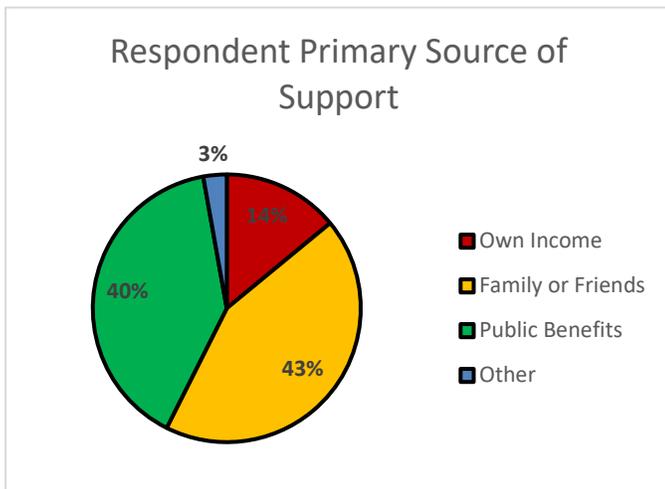
Results of this year’s Needs Assessment exhibited an increase in reported education levels. 73.5% of respondents were found to have at least a High School Education or GED. This is a decrease of 5.1%% from the 2020 Needs Assessment. The percentage of individuals with some college education is (18.0%) and has decreased by 0.8%

	Count	Valid Percent
Less than HS	732	26.5
HS Diploma or GED	871	31.5
Some College	489	18.0
Associates/Vocational Degree	314	11.4
Bachelor's and above	351	12.6

**Table 3:** 2021 Respondents by Education Level

from the previous year. Other categories have remained relatively consistent with previous years’ findings: Associates Degree or Vocational Certificate (11.4%), and Bachelor’s Degree or higher (12.6%).

*Primary Source of Support*



Information provided upon enrolling for MRC services includes indicating their primary source of support, or finances, at the time of their application for services. Analysis of respondent’s cases in the MRCIS Case Management system found those who participated in this year’s Need Assessment obtained support in a manner consistent with prior year’s survey participants. The highest percentage (43.4%) of responding consumers relied primarily on Family and Friends at the time of

analysis. Public Support (39.8%) was the second largest source of support. followed by Personal Income (14.0%), and Other (2.8%).

*Health Insurance Coverage*

98.8% of 2021 survey respondents reported having some sort of Health insurance, either from public or private sources. Over half of all respondents indicate they receive either Medicare (17.0%) or Medicaid (61.8%). This year there was a large increase in the percent of respondents who use Medicaid. An increasing number of respondents are reporting possessing other private insurance options (28.6%), a trend observed in the past two year’s Needs Assessments. This increase in private insurance possession has been attributed to the

implementation of the Patient Protection and Affordable Care Act, which mandates that individual have health insurance, and that health insurance be available on the public exchange. Prior to the mandate established by the Affordable Care Act, Massachusetts had in place its own health care mandate which raised the percentage of those with health care above the national average. This has also increased the rate of insured respondents as a whole. health insurance, and that health insurance be available on the public exchange.

### *Public Benefits Utilization*

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Slightly over half of all 2021 survey respondents (51.2%) indicated that they do not receive any form of public benefits, including SSI, SSDI, or Public Unemployment Insurance at the time of their application to the MRC VR program. This represents the first time since an electronic version of the CSNA has been being administered that the number of individuals receiving Public Benefits at the time of applying for VR services lies in the minority of respondents. This includes approximately 20% of respondents enrolled in Social Security Insurance (SSI), 18% enrolled in Social Security Disability Insurance (SSDI), and nearly 11% receiving other types of support.

### *Primary Referral Source*

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MRC consumers are referred for Vocational Rehabilitation services from a wide variety of sources. The RSA has established 36 categories that uniquely identify various referral sources, found in the policy directive RSA-PD-19-03. These sources of referral are recorded at time of enrollment for MRC services within the MRCIS Case Management System. Self-Referral, Friends and Family (41.0%) and Elementary/Secondary Educational Institutions (26.4%) composed about 67% of respondent referral sources. This has been the case in previous year's Needs Assessments. Other common referral sources included: Other sources (11.5%), Mental Health Providers (6.6%), Service Providers (6.0%), Medical Health Providers (3.1%), and Post-Secondary Education Institutions (2.2%). Similar to the 2020 Needs Assessment, this year showed an increase in the overall number of referrals from elementary or secondary educational institutions. It has risen from 21.1%. to 26.4%. This again reflects the increase in youth/student engagement by MRC, achieved through a higher level of partnership and cooperation with schools throughout the Commonwealth to provide training and transitional services to students and youth with disabilities.

*Enrollment Period*

Consumers were asked to indicate how long they had been receiving services from MRC’s VR program.

Over half of respondents reported being a consumer with MRC for fewer than two years (Less than one year = 24.6%, one to two years = 33.8%). Responses were similar to the previous three Needs Assessment Surveys, with the remaining half indicating they have

been consumers with MRC for greater than two years. 20.2% reported having been enrolled with MRC for two to four years, 8.6% five to nine years, and the remaining 3.6% indicate they have been receiving services from MRC for ten or more years.

	Count	Valid Percent
Less than 1 Year	680	24.6
1 – 2 Years	935	33.8
2 – 4 Years	558	20.2
5 – 9 Years	238	8.6
Greater than 10 Years	99	3.6

**Table 4:** 2021 respondent self-reported enrollment period

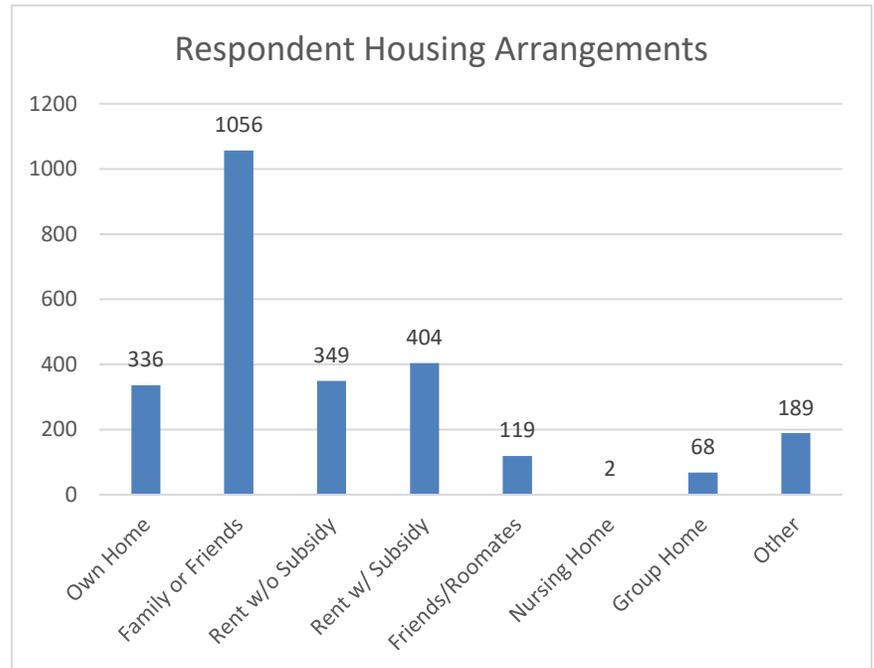
*Consumers Working with MassHire Career Centers/American Job Centers*

Vocational Rehabilitation agencies are a core partner of Career Centers under the Workforce Innovation and Opportunity Act (WIOA). In accordance with WIOA, MRC continues to work in partnership with Career Centers across Massachusetts to increase opportunities for consumers to develop necessary and career-based skills by developing systems and strategies to share and integrate information on shared consumers.

When asked about utilizing the services of One Stop Career Centers or American Job Centers, 26.0% of respondents indicated they were working with said centers. This is a 7% increase of reported utilization of career centers from the previous year. 47.6% of respondents indicated that they are not utilizing services from a One Stop Career Center. 16.3% of respondents indicated that they are not currently utilizing services, but they may have in the past.

### Consumer Housing Arrangements

In order to assess the living situation of individuals responding to the Needs Assessment survey, a question is posed asking respondents to describe the scenario that best fits their circumstances. Questions are also designed to gauge the importance and need of services such as finding affordable and accessible housing. While housing affordability and accessibility have become areas of concern and importance in the Commonwealth in recent years, MRC has increased its effort in understanding and providing relevant services to individuals with disabilities to assist with finding and obtaining stable housing arrangements.



**Figure 3:** Respondent Housing Arrangements

When asked about what type of housing they lived in, 38.2% of respondents indicated that they live with family or friends. This was the most common response. The next most common responses included rent with subsidy (14.6%), rent without subsidy (12.6%), own home (12.1%), other (6.8%), friends/roommates (4.3%), and group home (2.5%). Only 2 total respondents indicated that they were living in a nursing/rest home.

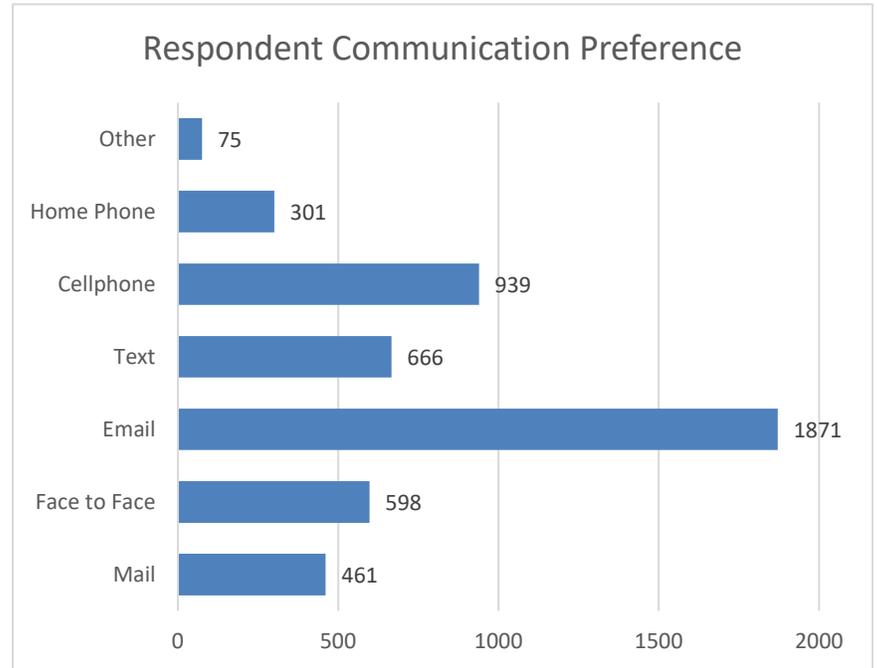
### Consumer Preferred Method of Communication

MRC includes a question in the Needs Assessment survey about consumer’s preferred method of communication in order to evaluate the importance of communication methods used between staff and consumers. Since the introduction of this question, a theme of consumers requesting increased levels of electronic communication methods has emerged. Improving the quality of communication between MRC staff and consumers is an important aspect of improving service delivery and effectively serving individuals with disabilities.

As seen previous Needs Assessments, email communication remains the most popular communication option amongst respondents with over 65% of individuals indicating that email is their preferred method of

communication with MRC (67.6%). The next most common methods of communication included Cell Phone (33.9%), Text Message (24.1%), Mail (16.7%), and Phone (Home/Work) (10.9%). 2.7% of respondents listed Other as their most preferred method of communication.

Text message communication continues to be a more popular method of communication with a 2.5% increase of respondents listing it as a preferred method of communication from 2020. The constant increase of this method as a valid form of communication with consumers is becoming more relevant as the increased use of texting applications, including WhatsApp, Facebook, iMessage, and others are more frequently used by younger generations. This is the fifth year in a row that this increase in text message communication preference has been observed, as well as being voiced by counselors and MRC staff.



**Figure 4:** Respondent Communication Preference

It should be noted that this survey was conducted electronically through email, and that these responses may contain some bias by those who participated, thus this question may contain bias in favor of more electronic communication between MRC and consumers. Future versions and improvements to the MRCIS Case Management system have been suggested to collect this information from all MRC consumers, and not only the individuals who participated in the Needs Assessment Survey every year.

### *Analysis of MRC Consumer Needs*

One of the primary goals of the annual Needs Assessment process is to collect information and analyze the service needs of MRC consumers. This includes asking survey respondents about programs and services currently being provided by MRC, as well as what services that are not currently provided. The importance of these services are rated by consumers (Very Important, Somewhat Important, Not Important, and Not Applicable) in terms of their needs to obtain competitive employment. While questions pertaining to this

subject include WIOA Pre-Employment Transition Services for students with disabilities, a separate survey targeting students age 14 to 22 is distributed (p45-47).

Survey respondents displayed their perceived importance of all core VR services in their responses, continuing a pattern observed previously. While some services were identified as being more important to individuals than others, results suggest that the large majority of MRC consumers require multiple VR services while seeking to obtain or maintaining competitive employment; a pattern that has been observed in prior year's Needs Assessments. Consumers were not required to provide a response pertaining to the importance of each service; therefore, some individuals did not indicate their opinion in each category.

Respondents indicated that the most important VR services were Job Placement Services (88.0%), Career Counseling (84.9%), Supported Employment Services (83.2%), Benefits Planning (82.0%), Soft Skills Training (78.6%), Ongoing Employment Supports on the Job (74.3%), On the Job/Job Driven Trainings (73.0%), Vocational Training (71.0%), and College Disability Office Services or Support (66.6%).

The rest of the services received less than 60% of respondents indicating they view these services as important: Self-Employment Services (52.5%), Transition Services (46.2%), Pre-ETS Services (38.3%), and Completing High School or GED (26.0%). These results are very consistent with patterns observed in multiple previous year's survey responses.

The following analysis of each individual VR Service Category has been organized in order of reported levels of importance:

### 1. Job Placement Services

Job Placement Services are identified as being the most important service category to 2021 Needs Assessment survey respondents, with 88.0% of individuals rating these services as either Somewhat (19.6%) or Very Important (68.5%). 12.0% of individuals who responded to this question rated JPS services as Not Important or Not Applicable.

### 2. Career Counseling

Respondents also identified Career Counseling as a highly important set of services, with 84.9% of

individuals indicating these services are either Somewhat (29.4%) or Very Important (55.5%). 15.1% of individuals who responded to this question rated JPS services as Not Important or Not Applicable.

### 3. Supported Employment

Supported Employment Services were viewed as important by 83.2% of 2021 Needs Assessment survey respondents overall. Individuals rated these services as either Somewhat (24.7%) or Very Important (58.5%). 16.8% of individuals who responded to this question rated JPS services as Not Important or Not Applicable.

#### 4. Benefits Planning

Benefits Planning was viewed as important by 82.0% of 2021 Needs Assessment survey respondents overall. Individuals rated these services as either Somewhat (25.0%) or Very Important (57.0%). 18.0% of individuals who responded to this question rated JPS services as Not Important or Not Applicable.

#### 5. Work Readiness

Work Readiness Training was viewed as important by 78.6% of 2021 Needs Assessment survey respondents overall. Individuals rated these services as either Somewhat (28.3%) or Very Important (50.4%). 21.4% of individuals who responded to this question rated JPS services as Not Important or Not Applicable.

#### 6. Ongoing Supports

Ongoing Supports was viewed as important by 74.3% of 2021 Needs Assessment survey respondents overall. Individuals rated these services as either Somewhat (25.3%) or Very Important (49.0%). 25.7% of individuals who responded to this question rated JPS services as Not Important or Not Applicable.

#### 7. On-the-Job or Job Driven Trainings

On-the-Job or Job Driven Trainings were viewed as important by 73.0% of 2021 Needs Assessment survey respondents overall. Individuals rated these services as either Somewhat (26.6%) or Very Important (46.4%). 27.0% of individuals who responded to this question rated JPS services as Not Important or Not Applicable.

#### 8. Vocational Skills Trainings

Vocational Skills Trainings were viewed as important by 71.0% of 2021 Needs Assessment survey respondents overall. Individuals rated these services as either

Somewhat (20.6%) or Very Important (50.4%). 29.0% of individuals who responded to this question rated JPS services as Not Important or Not Applicable.

#### 9. College Disability Services

Receiving College Disability Support Services were viewed as important by 66.6% of 2021 Needs Assessment survey respondents overall. Individuals rated these services as either Somewhat (14.6%) or Very Important (37.8%). 24.3% of respondents viewed these services as Not Important or Not Applicable.

#### 10. Self-Employment Services

Self-employment Services were viewed as important by 52.5% of 2021 Needs Assessment survey respondents overall. Individuals rated these services as either Somewhat (19.4%) or Very Important (46.0%). 32.2% of individuals who responded to this question rated Self-Employment Services as Not Important or Not Applicable.

#### 11. Transition Services

Services for Transitioning from School to Work were viewed as important by 46.2% of 2021 Needs Assessment survey respondents overall. Individuals rated these services as either Somewhat (11.1%) or Very Important (35.1%). 53.8% of individuals who responded to this question rated JPS services as Not Important or Not Applicable.

#### 12. Pre-Employment Transition Services

Pre-Employment Services were viewed as important by 38.3% of 2021 Needs Assessment survey respondents overall. Individuals rated these services as either Somewhat (12.0%) or Very Important (26.2%). 61.7% of

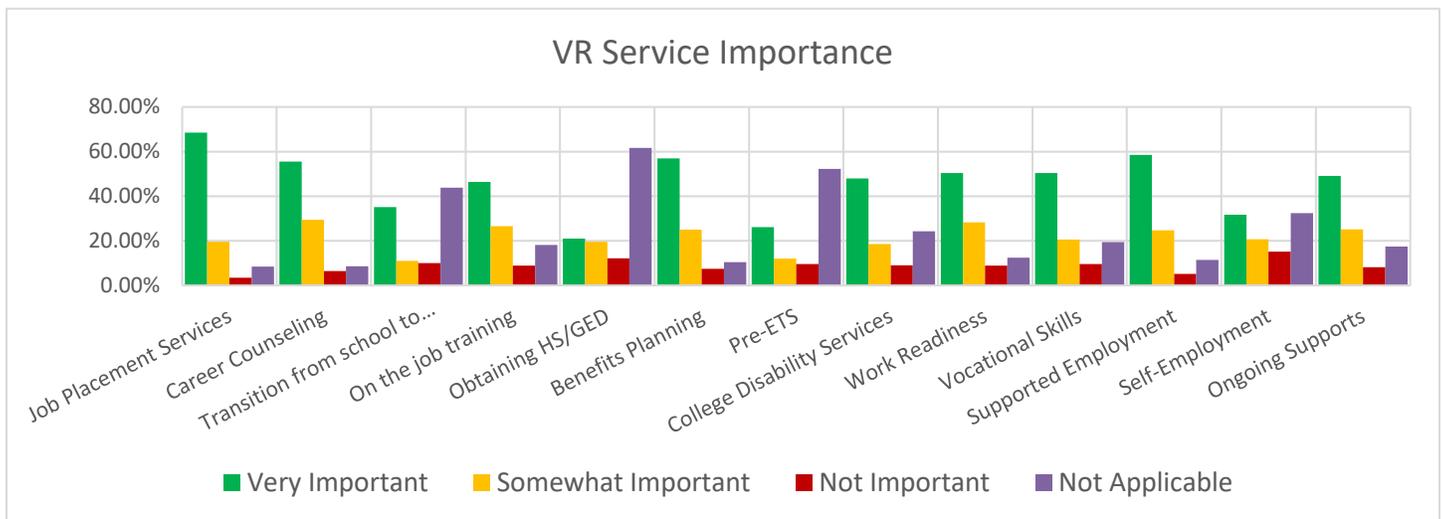
individuals who responded to this question rated JPS services as Not Important or Not Applicable.

13. Obtaining a High School Diploma or GED

Obtaining a GED or High School Diploma was viewed as important by 26.1% of 2021 Needs Assessment survey respondents overall. Individuals rated these services as either Somewhat (5.1%) or Very Important (21.0%). 73.9% of individuals who responded to this question rated JPS services as Not Important or Not Applicable.

	Valid Percent
Job Placement Services	88%
Career Counseling	85%
Supported Employment	83%
Benefits Planning	82%
Work Readiness training	79%
Ongoing Supports	74%
On the job training	73%
Vocational Skills Training	71%
College Disability Services	67%
Self-Employment Services	52%
Transition from School to Work	46%
Pre-Employment Transition Services	38%
Obtaining HS Diploma or GED	26%

**Table 5:** VR Services



**Figure 5:** VR Service Importance

## *Jobs/Occupational Areas of Interest to Consumers*

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In order to assess consumer's interests in specific fields of work, the Needs Assessment Survey asks respondents to select occupations of interest from a list of twenty different choices, all of which are general standard occupational categories proposed by the U.S. Department of Labor (DOL), with the exception of Self-Employment. These occupational areas can be directly linked with Standard Occupational Codes (SOC codes) that enables MRC staff to better investigate employment opportunities in their consumer's geographic location more specific to their interests.

In 2021, MRC's Analytics and Quality Assurance department began developing annual data reports seeking to examine the difference between the types of occupations consumers are seeking versus the types of occupations consumers are becoming successfully employed in. Comparisons are conducted using SOC Codes and Standard Occupational Code group categories of the vocational goals of current actively served consumers (Statuses 12-22) compared to the SOC code and SOC group categories of the jobs consumers are being placed into (Status 22) as well as successfully employed in (90 days or more of employment or Status 26). Analysis was conducted on a statewide, regional, and area office basis for SFY2020.

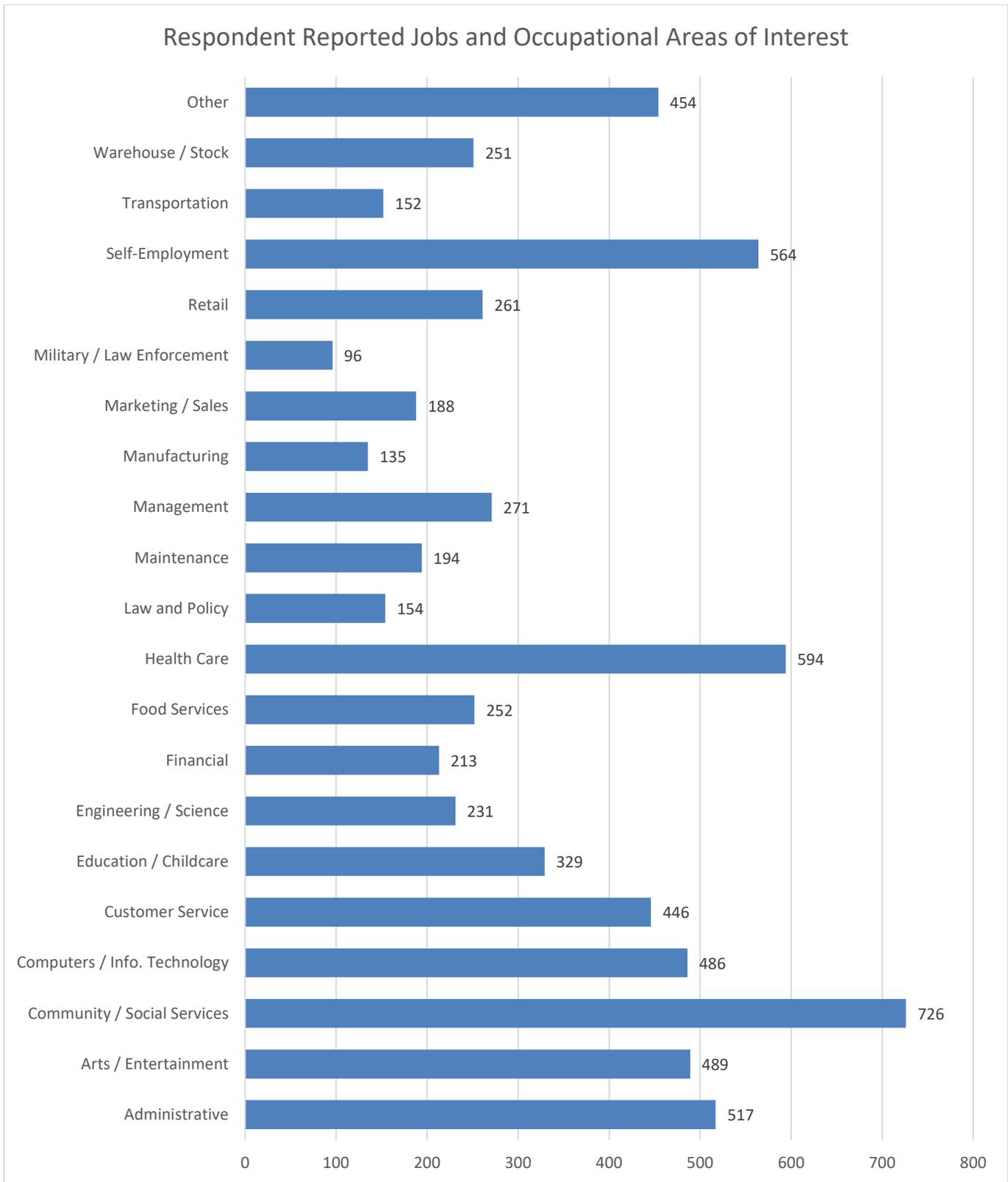
Additionally, this information was compared with labor market information, and information on jobs in demand, to compare jobs consumers are interested in, and being placed into, with the demand for these jobs in Massachusetts based on the most recent data available. These findings are being used to assist MRC counselors and placement staff in better matching consumers' job interests and skills to available job opportunities and occupational areas. In addition, these findings suggest that some consumers may not have the skills to obtain a job in a particular occupational area. These findings can assist MRC counselors in directing consumers to education and skills training services which may assist them in obtaining jobs in some of these areas. Detailed findings have been drafted and shared with MRC senior management and placement staff.

MRC believes that analyzing and looking at labor market information is useful to ensure a quality and effective VR program. MRC's robust account management system is designed for us to hear first from employers regarding their specific labor market needs. MRC has several employer advisory boards strategically located across the Commonwealth through which we receive labor market information.

MRC continues to work to develop ways to continue to increase and expand its use of labor market information to improve services to MRC consumers and employer partners and increase employment of individuals with disabilities in Massachusetts. MRC is also developing strategies to collaborate with other WIOA core partners

to increase usage and sharing of Labor Market information, including sharing Labor Market information with consumers through a dashboard known as Workforce Connect, which is in preliminary development.

When asked about their interest in a variety of the most popular occupational areas nationwide, respondents to the 2021 Needs Assessment Survey reported a high-level interest in careers related to Community and Social Services, followed by Health Care and Self-Employment careers. These three categories have been highly requested by MRC consumers and CSNA respondents in the past.



**Figure 6:** Respondent Reported Jobs and Occupational Areas of Interest

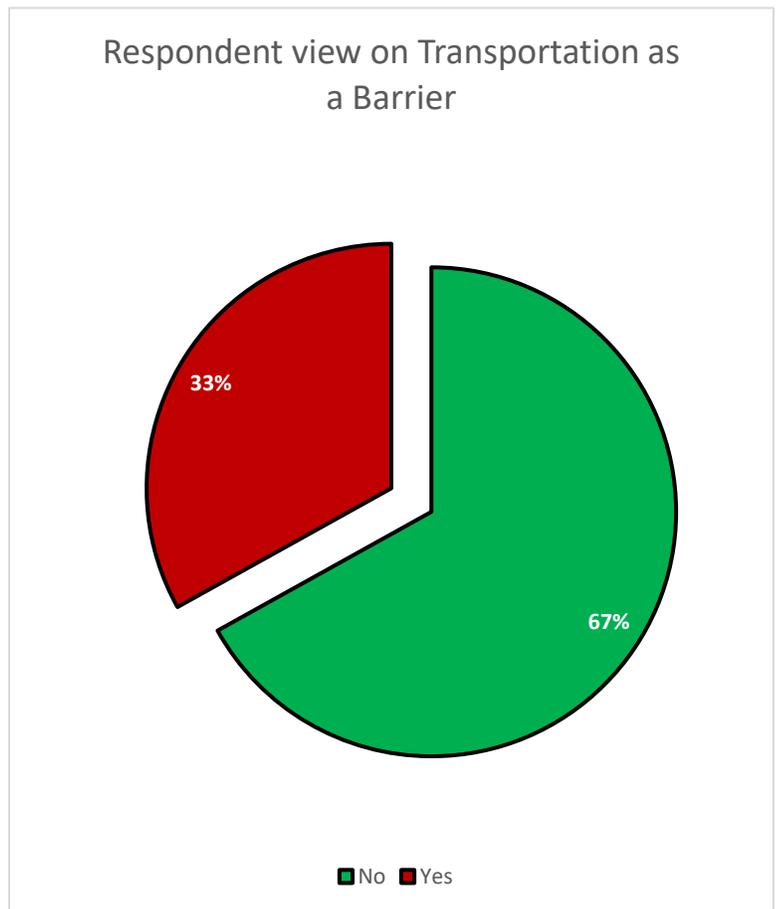
### *Transportation as a Barrier to Employment*

In an effort to better understand the use and needs of transportation discussed in this report, and how they affect individual’s ability to obtain and maintain employment, respondents of the Needs Assessment survey are asked if they view transportation as a barrier to employment. 35.96% of respondents to the 2021 survey reported that they view transportation as a barrier to employment. This represents a 3.14% decrease from 2020.

The open-ended consumer comments give deeper insight into the “yes” responses regarding transportation. Some of the most common themes seen in the open-ended comment include: Needing a driver’s education/license (n = 52), distance to jobs/location (n = 40), cost of transportation/maintaining a vehicle (n = 40) and need a car (n = 36). Other common responses included the need to rely on others for transportation (n = 30), and health conditions/nature of consumer’s disability (n = 32).

There is a clear need for more consumers to be educated and licensed to drive a car. This will make it easier to get to work or expand consumers range when applying for jobs. Many other open-ended comments mentioned that distance to jobs/location was a barrier to transportation. If more consumers had a driver’s license or car then this would be much less of a barrier to them.

Similar to the 2020 Needs Assessment, cost is observed to be a differentiating factor in whether transportation poses a barrier to an individual obtaining employment. Open-ended responses show that many respondents have access to transportation methods but cannot afford the needed upkeep or subscription costs to frequently use them. Many individuals point to the high cost of transportation/cost of maintaining a vehicle, using a car or ride share service, or regular public transportation, as their main deterrence from primarily relying on those forms of transportation.



**Figure 7:** Respondent View on Transportation as a Barrier

### *Needs for Additional Services*

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In addition to asking consumers about the services that they currently are receiving, or services that MRC currently provides, respondents are asked to whether they require any additional services in order to work and be an active member of their community.

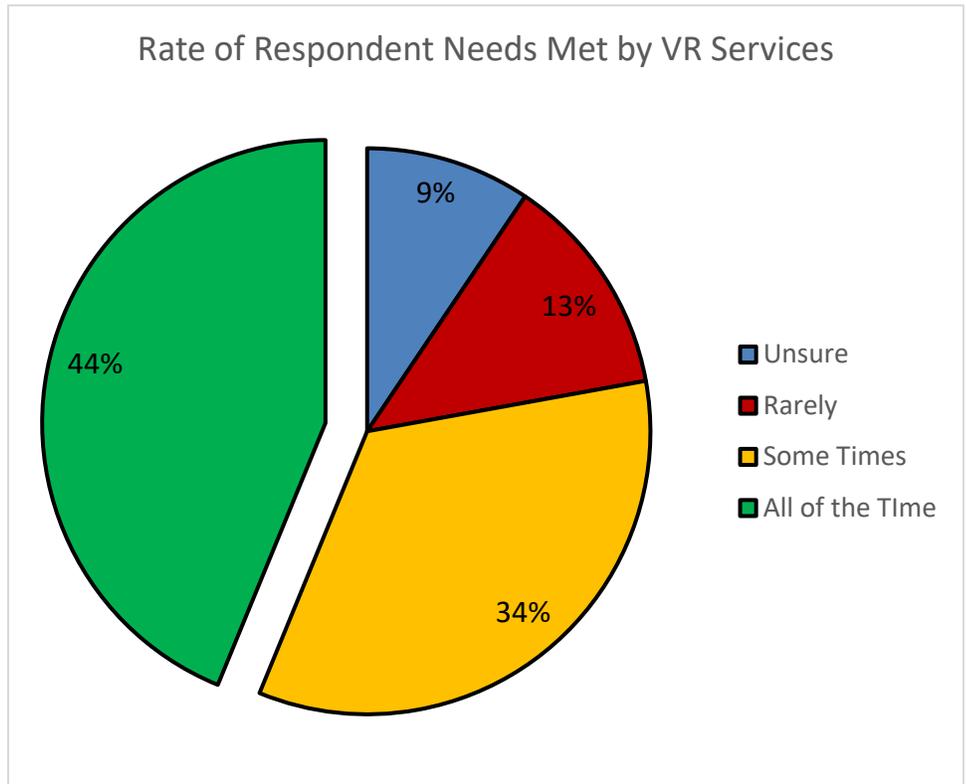
Respondents were allowed to write in open response comments addressing any services and/or supports that were not previously mentioned in the survey. The most common answers found in the open response questions were: Job Training/Education (n = 20), Affordable, Accessible Housing (n = 18), Financial Assistance (n = 18), Job Search Assistance/Networking (n = 17), Driver's Education/License (n = 15), and Transportation Services (n = 14). Some of these services may have been mentioned earlier in the survey, but many respondents listed them anyway.

Previous Needs Assessments have shown a need to improve communication between MRC staff and consumers/perspective consumers. 2021 shows a need for communication, but it was not listed as often as previous years.

### *MRC Vocational Rehabilitation Service Effectiveness*

The Needs Assessment respondents were asked how often MRC has provided them with VR services that assist toward reaching their goals. To measure the perceived effectiveness of MRC service implementation, respondents are asked to rate the VR services they received (Always, Sometimes, Rarely, Unsure/Don't Know).

43.83% of the 2021 Needs Assessment survey respondents rated MRC as 'Always' meeting their VR service needs. This is a 9.08% increase from the previous year 2020. 34.03% of respondents rated MRC as 'Sometimes' meeting their VR service needs. This is a 3.31% decrease from 2020. 12.70% of respondents rated MRC as 'Rarely' meeting their VR service needs. This is a 5.72% decrease from 2020. 9.44% respondents answered 'Unsure/Don't Know' when it comes to meeting their VR service needs. This is a 0.05% decrease from 2020. 'Always' was the most common rating.



**Figure 8:** Rate of Respondent Needs Met by VR Services

It is important to look at the themes of the open-ended comments to see which services are mentioned the most often. The most common themes found in the Needs Assessment open-ended questions included: Pleased with Services (n = 225), Pleased with Counselor (n = 166), COVID Difficulties (n = 109), Positive Communication (n = 102), Education/School Help (n = 89), Financial Assistance (n = 84), Seeking Employment, (n = 67), No Follow Up (n = 64), and Need More Communication (n = 64).

Respondents mentioned being pleased with both services and MRC staff including mostly counselors/caseworkers. This was a common theme in the previous year's Needs Assessment and this year there has been an even higher percentage of positive responses. The next most common theme mentioned was

COVID-19 Difficulties that respondents deal with. Many respondents mention that their communication drastically decreased once the pandemic began.

Despite COVID-19, a fair number of respondents mentioned that they were having positive communications with their counselor/caseworker. Respondents also mentioned that they were seeking employment as well as receiving help with school. This is expected given the difficulties that COVID creates for both the educational system and employment.

Financial Assistance was another topic that came up often. Some respondents were pleased with the financial assistance they received while others were critical that they had either not received assistance or had not heard back. No Follow Up, Need More Support, and Need More Communication were mentioned fairly frequently. Communication between consumers and MRC staff is often a mentioned topic with comments that are both positive and constructive-negative.

- “MRC has been fantastic this time around, I have used MRC while I lived in Norton MA and I really didn't make much progress and I didn't have much success with them. Since I moved and started using MRC in Springfield MA, I have loved it. They helped me find a job, put me in a cybersecurity program, and helped look/find internships and job openings. [MRC Counselor] and [MRC Counselor] have been amazing. They have surpassed every idea and goal I came in with. I am thrilled with all of the help and support. My life has improved dramatically.”
- “Every time I have reached out for assistance, I have been helped with care and everyone has been so nice and helpful.”
- “Since covid19 I can't even get a call back or any support toward my future goal.”
- “Total encouragement each step of the way until I finished my certificate training.”
- “MRC has been very helpful to me and my disability. Working with me my caseworker is very helpful and attentive to my disability. Working with me not judging me by my Disability I suffer from.”
- “My counselor has provided and connected with information, services, and technology resources that have facilitated my efforts to becoming more independent.”
- “MRC has provided services to me often, Weekly and every two weeks. Whether it being via zoom, emails with information, job postings and also phone calls. Also has been very helpful in helping me to narrow down a career that would suite me with my skills and back.”

- “I am so glad I started working with MRC two and a half years ago when I was a junior in high school. They have helped me grow so much! I am currently attending classes at BHCC in hopes of getting into their Registered Nursing Program, then transferring to UMass Boston for my BSN. Mass Rehab has helped me pay for all of my school expenses when I was denied for FASFA. In terms of jobs, Mass Rehab has helped me score two internships so far! One at State Street and one at the Department of Health and Human Services. Overall, it has been a huge blessing in my life that I started working with Mass Rehab and I plan on working with them in the years to come.”
- “[MRC Counselor] has been such a great counselor and he is really good about keeping in touch and letting me know about resources available to help me.”
- “I would like to say thank you to MRC for the service provided; as a dialysis patient the help me create in indeed account show me how to do a cover letter, how to do in interview how to dress for in interview.”
- “My counselor isn’t involved and does not check in with me. I feel very disconnected with MRC, and I don’t feel like I receive all the proper services that are available.”
- “My counselor, [MRC Counselor] has provided me with outstanding and frequent support since the first day and continuing. She checks with me at least every semester to inquire about my well-being, my sobriety, my life and how I am doing at school and at work. I am grateful for her!”
- “I receive calls or emails checking in to make sure things are going good and see if there is anything I need help with.”
- “[MRC Counselor] is amazing, she's gone above and beyond my initial expectations and has helped me with so much more than I ever could've imagined. I believe that if it wasn't for her being there to help me, advise me, and have patience with me, I never would've made it this far. She is an amazing person, and she is proof of how much of an impact on the world a person can make with simple acts of kindness and selflessness. Thank you, Mass Rehab, with your help I'm rebuilding my life!”
- “The MRC has been a very important part of my job search this past year. First, they offered very helpful suggestions for how to improve my resume and cover letter. They worked with me one-on-one as I edited these documents, including showing me how to tailor them for each new job application. Second, the MRC career training was extremely beneficial to my professional development. They provided resources for mock interview questions, interview training/role playing videos, and weekly seminars. I felt the seminars were especially helpful to prepare us for a variety of work-related topics such as setting up career social media

profiles, training in professional attire and etiquette, and interview preps, all of which were loaded with confidence-building and positive self-talk techniques. Lastly, the MRC team was very compassionate on those who struggle with various disabilities. I felt that the MRC staff was very understanding as I worked through various issues and offered helpful suggestions to accommodate my illness. I never felt judged by the staff, but instead, their encouragements and respect fueled my confidence and gave me the courage to do my best work without shame. I am very thankful to the staff at MRC for helping me persevere toward finding a job in the midst of my difficulties. The MRC has been an indispensable service to me as I seek to provide for my family, and I look forward to seeing all they will do in the years to come to help others like myself.”

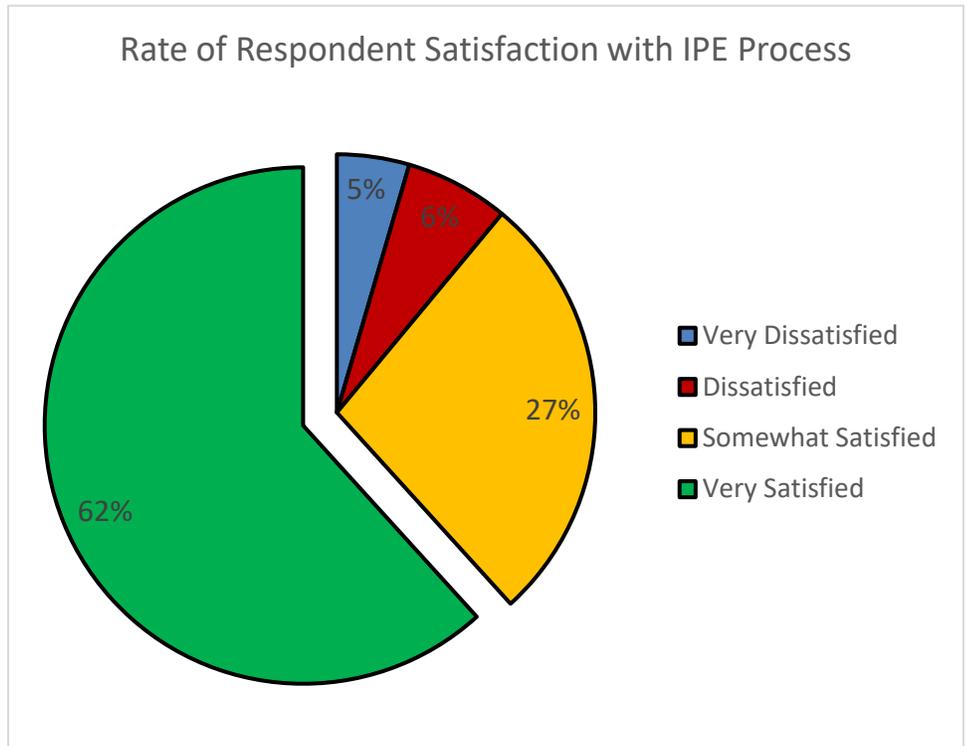
- “MRC helped me determine what I wanted to do/learn and provided the resources to make it happen. They followed up with me to ensure I was on track and to see if I needed any additional help or assistance. MRC continues to assist me in getting back into the workforce.”

### *Satisfaction with the IPE Process*

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After being referred to and determined eligible for MRC services, consumers work with MRC staff to formulate an IPE, or Individual Plan for Employment. Each consumer’s IPE contains a plan for their service path with MRC that includes unique goals and service recommendations that will build each individual’s skills and assist them in finding competitive employment. Respondents were asked to indicate their knowledge and to rate their satisfaction with the process of generating their IPE on a 1 to 4 scale (Very Satisfied, Somewhat Satisfied, Somewhat Dissatisfied, Very Dissatisfied).

In total, 56.1% of individuals reported knowing what an Individualized Plan for Employment is, with 88.97% of all respondents (n = 1,080) are satisfied with the IPE process. This includes 61.70% ‘Very Satisfied’ and 27.27% ‘Somewhat Satisfied’. 11.03% of all respondents (n = 134) are dissatisfied with the IPE process. This includes 4.53% ‘Very Dissatisfied’ and 6.50% ‘Somewhat Dissatisfied’. This year’s Needs Assessment saw an



**Figure 9:** Rate of Respondent Satisfaction with IPE Process

increase in the number of ‘Very Satisfied’ ratings, and a decrease in the number of ‘Very Dissatisfied’ ratings.

New to the CSNA in 2021, several questions were added regarding respondents’ understanding of their IPE, and the reflection of the goals in their IPE to their actual Vocational goals. 72.9% of respondents indicated that their VR counselor had explained the contents of their IPE to them, with a total of 66.5% suggesting that they understood the plan explained in their IPE. Additionally, when asked if the goals in their IPE had reflected their own personal Vocational goals, nearly 70% (69.7%) reported being satisfied with the goals included in their plan.

Respondents were given the chance to answer to question in an open-response format. 60.47% of the comments were positive, 18.43% were neutral, and 21.11% of them were constructive or negative. This year’s Needs Assessment saw a 15.53% increase in the number of Positive ratings from the previous year, and a 13.71% decrease in the number of Constructive/Negative ratings from the previous year.

Respondents were also asked to provide open-ended comments on the IPE process. A majority of respondents had positive things to say about the development of their IPE. The most common themes found in the Needs Assessment open-ended questions included: Satisfied with IPE (n = 116), Pleased with Counselor/Caseworker

(n = 108), Pleased with Services (n = 76), COVID Difficulties (n = 36), Seeking Employment (n = 25), IPE Unclear (n = 25), and Needs More Support (n = 21).

The most common themes in the open-ended comments were respondents being satisfied with their IPE, respondents being pleased with their counselor/caseworker, and respondents being pleased with overall services. COVID difficulties are also mentioned, which is understandable given that a lot of communication was hindered by the pandemic. COVID also increased the unemployment rate, which may explain why many respondents mentioned that they were seeking employment.

Some respondents indicated in their comments that the IPE process was unclear or that they didn't know if they had an IPE or not. This is something that has been observed in past Needs Assessment surveys, including 2020. These comments suggest that individuals may not be fully informed on what an IPE is, and how it relates to their VR services. These comments suggest that the IPE process should be better defined. Respondents also mentioned that they need more support. This may come from a lack of communication or follow up which is expressed in other areas of the Needs Assessment.

- “I was included in making decisions about how to go about getting a job in Biotechnology including going back to school.”
- “I know my counselor was listening to me and respecting my needs.”
- “I was able to discuss my interests with my representative and make a plan that fits for me. It is what I was looking for and I'm very happy with my goals.”
- “My counselor and employment specialist work closely with me and I like them both.”
- “The MRC has been very helpful in helping me with my IPE, especially when [MRC Counselor] had introduced me to Building Pathways, and if I get in that program, it will help my chances of getting an apprenticeship at a Union.”
- “My IPE reflects the ongoing process of attempting to identify a suitable field of employment that best suits me. My rehab counselor has kept informed of my rights and resources of the IPE.”
- “I feel as though I was fully involved and listened to with regards to understanding my type of disability and the career that would best suite me.”
- “My counselor, [MRC Counselor], has been extremely helpful in providing assistance for the past four years. Her advice has been very valuable and greatly appreciated.”
- “My case worker [MRC Counselor] clearly explained the process/questions and as we completed it, she was very knowledgeable and supportive.”

- “My job coach and I have a good relationship. It reflects the objectives of my career path. It is tailored to me.”
- “MRC has been a necessary link so far in life in allowing me to be successful in both gaining and keeping/checking in in terms of employment.”
- “My counselor explained how MRC helps get employment for people with disabilities after graduation.”
- “I was connected to Triangle. But given the current situation of COVID-19, not making much headway.”
- “Things were greatly disrupted due to the ongoing Pandemic this year.”
- “Everything was going excellent with MRC; then the pandemic hit the US. Things went South, as it did with everything, nobody’s fault, it happens. Life is put on hold, oh well.”
- “Haven't been able to utilize any services due to the coronavirus epidemic.”
- “Would like to hear and meet more often from and with MRC.”

### *Single Most Important MRC Service Received*

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In order to understand the needs of consumers, respondents are asked to list the single most important MRC service that they are currently receiving. The most common themes in the open response answers included employment services (n = 268), education services (n = 123), financial aid (n = 87), computer/technology (n = 59), tuition aid (n = 48), and MRC counselor (n = 43).

The single most common theme seen in the open response answers was help with employment services. Most MRC consumers are seeking some form of employment either presently or in the future. The next most listed service is education services. This was mentioned much more than in previous years surveys, most likely because of the impact that COVID-19 had on education. Many consumers noted that they required financial assistance for a multitude of things ranging from college tuition to paying for job training. Many respondents were complimentary of the MRC counseling and guidance that they receive from staff.

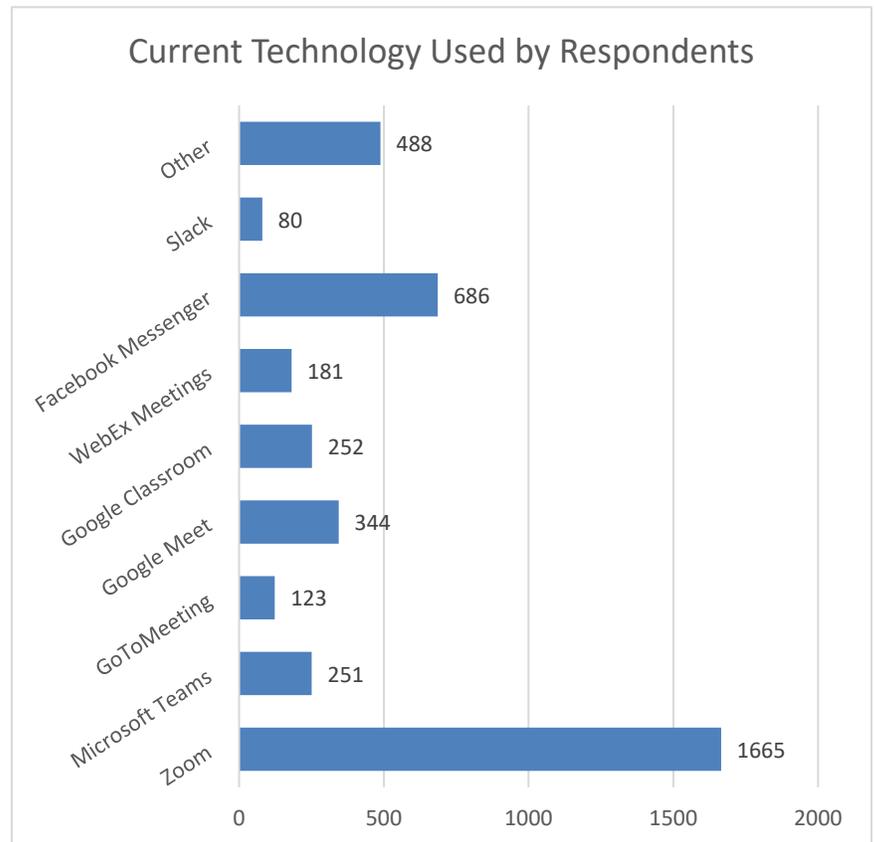
Respondents often mentioned employment and education services as the most important MRC service that they are receiving. This makes sense because these are both important steps in gaining and maintaining employment.

- “Financial assistance with education and the support from someone who knows that I need to work at the best pace for me.”
- “Employment assistance. So far 'our' goals are being worked on and going well, potential training for specific fields, and eventually (soon hopefully, but in proper time). Thank you, MRC.”

- “Education and training to become a more qualified member of the work force.”
- “Financial assistance with education and the support from someone who knows that I need to work at the best pace for me.”
- “Financial support for UMass Addiction Specialists program which I am receiving and have been very appreciative of the financial support, UMass staff, and program format.”
- “Help with tuition. The job driven training was very helpful.”
- “A counselor to give me advice on moving forward in a career.”
- “Computer, counselor, internet payment aid.”
- “Financial support for getting adaptive vehicle modifications to drive independently.”
- “Guidance for continued education and tuition reimbursement.”

### *Technological Barriers to Employment*

While the COVID-19 Pandemic has caused countless positions across the nation, and the globe, to reposition to remote work, a series of questions was added to the 2021 CSNA to gauge respondents’ level of comfort with technology and whether they believed technology training would be helpful to them in the Vocational Rehabilitation journey. More than 50% of respondents (56.9%, n = 1,245) reported that technology did not pose a barrier to them finding employment or receiving MRC VR services in the past year, while approximately 18% suggested it had. The remaining 25% of individuals reported being unsure if technology impacted their ability to receive



**Figure 10:** Current Technology Used by Respondents

services. Even so, over 40% of individuals indicated that some sort of technology training or services would be beneficial to them.

## Consumer Needs Responses: Patterns and Observations

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While some VR service categories had relatively unique frequencies of importance among demographic groups, several patterns emerged during a comprehensive analysis of survey results. The following patterns and observations are discussed in no particular order in terms of frequency or importance, and are framed with relevance to a specific demographic category, not an individual service category.

### *Variations between Race/Ethnicity*

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Since its inception, examination of both demographic and response variations between racial and ethnic groups has been of particular focus. As has been shown in past CSNA reports, race can significantly impact an individual's access to, and experience with, VR services statewide. Several factors have been uncovered which effect individuals experience with VR services, including access to transportation and communication services, severity of an individual's disability and the impact on their personal health, and even ability to access other services from public and private sources.

While examining demographic information, individuals of color were found to be more likely to have health insurance prior to receiving VR services. 72% of individuals of color were found to hold any type of insurance, compared to 57% of Caucasian individuals ( $P(X^2 > 53.049) > 0.001$ ). Additionally, Caucasian consumers were found to be approximately twice as likely to hold private insurance, as well as insurance from the public Health Insurance Marketplace (Exchange). Individuals of color were also found to be less likely to be enrolled in Social Security Disability Insurance ( $P(X^2 > 8.323) = 0.004$ ) while being more likely to be enrolled in Social Security Insurance ( $P(X^2 > 41.027) > 0.001$ ). Individuals of color were also found to be significantly less likely to be receiving monthly Unemployment Insurance ( $P(X^2 > 11.430) = 0.001$ ).

In terms of education, variations observed between this year's CSNA respondents deviated from previous findings regarding attainment rates. Individuals of color were found to be more likely to both have graduated from high school, and have some college experience, than Caucasian consumers. However, Caucasian consumers were observed to have completed their bachelor's or master's degree at nearly twice the rate ( $P(X^2 > 61.212) > 0.001$ ). Additionally, a higher proportion of current consumers of color who participated in the

2021 CSNA process (+4.5%) were enrolled in high school at the time this survey was conducted ( $P(X^2 > 8.391) = 0.004$ ).

Respondents of color were found to report being dissatisfied with a majority of VR service categories more frequently than Caucasian individuals, including less satisfied with Internship Services, Supported Employment, On the Job Trainings (OJT), and Transportation Services as examples.

### *Variations between Disability Categories*

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While there are a wide variety of disability categories, three more broad categories are used to more easily track the impact of services on individuals utilizing the VR program: Physical Disabilities, Mental Disabilities, and Sensory Disabilities. Historically, the majority of individuals utilizing VR services have been diagnosed with Mental Disabilities, and the participants of the 2021 CSNA survey continued this pattern. While not general, patterns of needs between categories has been identified in the past, thus we continue to examine results of the CSNA in terms of individual's primary disability diagnosis.

Within the respondent group, age differences were identified between disability categories. More young individuals are recorded as possessing a Mental Impairment, individuals 40 and up were found to possess a higher rate of Physical Disabilities. More than 40% of respondents with Mental Impairments were younger than 30 years of age at the time the CSNA survey was distributed, while more than 60% of individuals with recorded Physical Disabilities were 40 or older ( $P(X^2 > 303.892) > 0.001$ ). Similarly, respondents with Physical Disabilities were found to possess higher rates of education, with more than 45% of individuals holding at least an Associates Degree ( $P(X^2 > 108.539) > 0.001$ ).

Individuals within different disability categories have been found to have different sources of support and utilization of public benefits. Amongst respondents of the 2021 CSNA survey, those with physical disabilities were found to be significantly more likely to rely on Public Benefits as their primary source of support, while individuals with Mental Impairments relied more on Family or Friends ( $P(X^{21} > 111.152) > 0.001$ ).

Individuals with Physical Disabilities were also found to be enrolled in Medicaid, Medicare, SSI, and SSDI at higher rates than individuals with Mental Impairments or Sensory Disabilities. Respondents with Sensory Disabilities had the highest likelihood of relying on their own incomes, while also possessing their own private insurance and being enrolled in no public supports at the time of their application for VR services.

While the pattern of service importance seen across the whole of respondents is also widely represented when examining across the three major Disability Categories, some VR services are seen as more important to some groups compared with others. While individuals with Physical Disabilities were found to report nearly all VR services as important at higher rates than respondents with Mental Impairments or Sensory Disabilities. However, some of this may be accounted for the fact that individuals with Sensory Disabilities were found to have lower rates of response to questions pertaining to the importance of different VR service categories. Additionally, individuals with Sensory Disabilities reported having their needs met by MRC VR services more than 5% more frequently than individuals with Physical Disabilities or Mental Impairments.

### *Variations between Education Levels*

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In order to understand the needs of specific age groups, and generations of consumers, an analysis of responses by respondent education level is conducted. Historically speaking, many differences have been identified in the needs and levels of satisfaction between different education levels. While it has been made clear that groups of individuals with different levels of education hold different service needs, historically it has been found that they also possess different job interests.

Generally speaking, as age increases, respondent education level was found to increase. Individuals under 20 and between 20 and 30 possess the lowest levels of education, primarily less than high school, a SPED certificate or high school diploma, some college, an Associates Degree, or a Bachelors Degree ( $P(X^2 > 1117.680) > 0.001$ ). Respondents 30 and older hold the highest rates of Associates Degrees, bachelor's degrees, or advanced certificates. Of the 848 individuals under 20 who responded to this CSNA survey, more than 520 were actively enrolled in high school, while over 260 had obtained their SPED certificate or high school diploma.

Several demographic groups were found to have higher rates of education than others: Female respondents were found to have higher levels of education on average, being more than 5% likely to hold an Associates Degree or bachelor's degree, and twice as likely to hold a vocational certificate ( $(P(X^2 > 55.759) > 0.001)$ ), individuals with sensory disabilities were found to be more likely to hold a bachelor's or master's degree ( $P(X^2 > 99.978) > 0.001$ ), and individuals of color were found to hold higher rates of SPED certificates or high school diplomas and lower rates of Associates Degrees or college degrees ( $P(X^2 > 49.264) > 0.001$ ). Additionally, individuals with lower levels of education were found to report their VR needs being met at higher rates than individuals with more education.

### *Variations between Age Groups*

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While several variations between different age groups have been outlined in previous analyses above, age is still subject to a detailed examination due to the large diversity in age served by MRC. It has been documented in previous CSNA processes, and other studies conducted by MRC, that individuals within different age groups possess different needs and interests. Thus, this examination continues to show how these patterns continue to evolve through time, and how MRC can adjust its services to fit the needs of all consumers in the Commonwealth.

Younger individuals are seen holding lower levels of education, as would be expected, with the youngest consumers having the highest rates of some high school, or just having completed their high school diploma or SPED certificate ( $P(X^2 > 1302.669) > 0.001$ ). Younger individuals were also the most likely to rely on their family or friends as their primary source of income, followed by public benefits ( $P(X^2 > 785.849) > 0.001$ ). As the average age of respondents increased, the reliance on public benefits also increased, with more than 65% of individuals between 60 and 70 years of age relying on public benefits as their primary source of support. A similar trend was identified with respondent enrollment in Medicare, Medicaid, SSI, and SSDI programs. Different age groups also had some variation in their occupational interests, with older individuals having higher rates of interest in fields such as Management and Technology. Younger individuals were also found to be more satisfied with education and related services, which is more than likely a result of them being the primary beneficiaries of these services.

While the distribution of respondents by age has historically been relatively evenly spread between races, respondents identifying as Caucasian and Hispanic responded to the CSNA survey were younger on average than Black, Asian, and Native American respondents. These respondents were also found to have the highest rates of being diagnosed with Mental or Psychosocial Disabilities, and lower rates of Physical or Sensory Disabilities.

## Pre-ETS Survey for Students 14 to 22

In addition to distributing the CSNA Survey to all individuals who hold an open VR case with MRC, a survey targeting youth consumers ages 14 to 22 was conducted in early 2021. Being the largest age group served by MRC, the needs of youth consumers participating in Pre-Employment Transition Services (Pre-ETS) are of particular importance and interest to MRC. While the questions in this Youth Needs survey have been included in the primary CSNA survey in the past, the growing number of consumers being served by MRC in the past several years prompted the creation of a survey designed to specifically examine these consumers and their experience with MRC VR Services. This survey includes questions related to Pre-ETS Services provided by MRC, its partners, and Local Educational Agencies (LEAs) under the Individuals with Disabilities Education Act (IDEA). Of the 2,687 surveys sent to youth with a recorded email in MRCIS, 400 responses were recorded between April 21 and May 21, 2021.

Respondents were asked to rate the importance of 7 separate Pre-ETS services on a five-point scale (from Very Important to No Opinion). These 7 services fall into the five required categories of Pre-ETS services (Work-Based Learning Experiences, Job Exploration Counseling, Counseling on Opportunities for Enrollment in Post-Secondary Education and Other Comprehensive Training Programs, Workplace Readiness Training, and Instruction in Self-Advocacy).

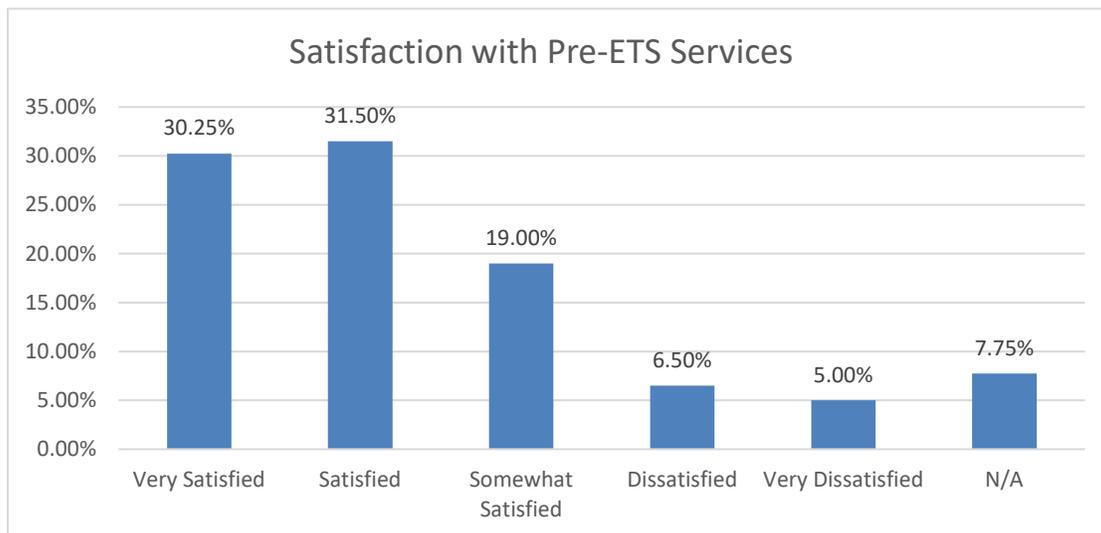
A majority of youth respondents indicated five of the seven services listed as Very Important, with Internships/Work Experiences being rated Very Important by 56% of respondents. While most services were rated as Very Important by greater than 50% of respondents, two categories were rated as Very Important by fewer than 50% of respondents: Mentorship Opportunities (47.0%) and College/Career Counseling (40.5%). While less than 50% of respondents rated these services as Very Important, fewer than 25% of all respondents rated these service categories as only Somewhat or Not Important.

**Table 6:** Pre-ETS Service Needs

	Pre-ETS Service Needs				
	Very Important	Important	Somewhat Important	Not Important	No Opinion
Internships/Work Experience	56.0%	28.8%	8.3%	2.0%	5.0%
Assistance with College Edu.	54.0%	22.3%	10.0%	6.8%	7.0%
Work Readiness Training/Soft Skills	53.8%	27.3%	10.0%	3.8%	5.3%
Assistance Transitioning from School to Work	58.5%	21.3%	10.8%	2.0%	7.5%
Learning about Education, Training, Careers	53.5%	27.3%	11.5%	2.0%	5.8%
College/Career Counseling	40.5%	25.5%	15.5%	8.8%	9.8%
Mentorship/Job Shadow/Peer Counseling	47.0%	30.0%	14.5%	3.8%	4.8%

Of the 400 youth ages 14 to 22 who provided responses to the survey, 62% of them indicated that they were receiving 1 or more of the 7 Pre-ETS services they were asked to denote a level of importance for. This rate is nearly 6% lower than what was recorded in the previous years’ survey, constituting a third continuous year of decline in the proportion of respondents who are actively receiving Pre-ETS services at the time that this survey is conducted.

In addition to being asked how important each respondent viewed each service category, those who completed this survey were asked to rate their level of satisfaction with the services that they have received from MRCs Pre-ETS programs. On a five-point scale (Very Satisfied, Satisfied, Somewhat Satisfied, Dissatisfied, Very Dissatisfied), individuals were asked to indicate one level of satisfaction for the services they have received. Over 60% of respondents indicated that they were either Very Satisfied or Satisfied, 81% when including those who reported being Somewhat Satisfied. This is approximately a 1% lower level of satisfaction with Pre-ETS services that was recorded amongst survey respondents to last years’ survey. In previous years, results of the survey have displayed that the level of satisfaction have remained relatively stable, holding at close to 90% of respondents reporting being satisfied. With a small proportion of respondents not answering this question (8%), this decrease will be closely monitored both in the results of future versions of this survey and through other studies conducted by the Analytics and Quality Assurance Department.



**Figure 11:** Satisfaction with Pre-ETS Services

Consumers of transition age were also asked to provide additional comments about the Pre-ETS services they have received from MRC and if they have any recommendations for MRC in terms of how it can improve Pre-ETS and other services for youths and students with disabilities. Overall, many of the comments were positive and reflected many of the themes in the overall Needs Assessment Survey. As with the comments in the main survey, it is very clear that MRC and its staff have a significant impact on young consumers' lives. A number of young consumers expressed their appreciation and gratitude for the assistance the MRC and its staff have provided as they work towards achieving their goals of transitioning into school and/or employment. Additionally, some constructive recommendations were made on how MRC and its partners can improve services to youths and students with disabilities.

Below is a selection of Consumer comments on Pre-Employment Transition Services:

- “The Pre-ETS classes have been very helpful.”
- “I have received financial assistance and assistive technology for college.”
- “MRC arranged for my son to have a tutor to help him to obtain a driver’s permit. The tutor he was assigned, was wonderful!!! He passed the exam and received his learner’s permit!! Next, MRC arranged for my son to attend driving school, and the school MRC is contracted with, was amazing. He passed the school’s 100 questions and passed the driving class!!! This is a huge accomplishment for our son and the funny thing is, I wasn’t even nervous about him driving!! Thank you, MRC!!!”
- “MRC has connected me with Viability and they are helping me find a job.”
- “I received help transitioning from high school to college and since being in college I have received help with tuition, books, and lots of support from my MRC worker which has helped me immensely.”
- “They are very helpful with getting me ready for college and helping me with getting my dreams started.”
- “We have had a couple of meetings to get a feel for what my daughter may be interested in trying and also to help with resume writing. The people have been great and super helpful.”
- “MRC has been a great help with preparing me for college and I have had a successful freshman year.”
- “MRC has helped pay for my college tuition which was super helpful. I really appreciate everything you have done for me.”
- “The counseling I have received has helped me deal with my college ups and downs.”
- “The interview section was very helpful and gave me confidence when going on a real interview.”

- “The programs they have suggested me definitely give me the training and opportunities that I need in order to get ready for my career.”

## Pre-ETS Fiscal Forecasting

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**Massachusetts: 176,741 students with disabilities enrolled in high school**

**Minimum 15% spending requirement for FY2021 award is \$6,300,000**

**Identify** the number of students with disabilities to which you are **currently** providing Pre-Employment Transition Services, and determine the average cost per student to provide Pre-ETS this year.

- MRC provided Pre-ETS services to 3,418 students during FY2021. This number is from the VR Youth Fact Sheet and is calculated from MRCIS.
- MRC spent \$6,377,063 on Pre-Employment Transition Services on the FFY2020 award (through 3-31-2021). This number is from our WIOA spending tracking report from our accounting department
- The average cost for MRC to provide required activities under Pre-ETS per student in FY2021 using the FFY2020 award was \$1,866 (\$6,377,063 divided by 3,418)
- MRC spent \$0 on Pre-Employment Transition Coordination Activities (this will be tracked going forward with a modification to our SSTA Time in Attendance System.
- Total reserve expenditures on the FFY 2020 award (as of 3-31-2021) was \$6,377,063

**Project** the number of students with disabilities you think you will be able to provide Pre-Employment Transition Services to this year, based on all the ways you will be providing or arranging for Pre-ETS.

- MRC projects it will be able to provide Pre-Employment Transition Services to 4,250 students with disabilities (both eligible and potentially eligible) in FY2022 using the FFY2021 award. The increase is expected due to increased activities with both eligible and potentially eligible as a result of resumption of full in-person schooling in Massachusetts
- MRC projects it will spend \$6,300,000 of reserve funding on required Pre-ETS activities and Pre-ETS coordination activities during FY2022 using the FFY2021 award. The average cost per student is projected for FY 2022 to be \$1,482 per student.

**Subtract** the total Pre-ETS expenditures from the VR agency's 15% reserve amount and the remainder is what you have to spend on authorized activities.

- \$6,300,000 (FY21 minimum reserve) minus \$6,300,000 in projected required Pre-ETS and Pre-ETS coordination activities = Equals \$0. Therefore MRC projects it will not have any remaining reserve resources

to provide authorized Pre-ETS activities as all reserve funds will be required to provide required Pre-ETS and Pre-ETS coordination activities. Based on the large number of students with disabilities in Massachusetts and the high need for Pre-ETS services as demonstrated in our Comprehensive Statewide Needs Assessment, MRC project that all reserve funds will be needed for required and coordination Pre-ETS activities and that no funds will remain for authorized activities for the foreseeable future.

## Counselor Satisfaction Survey

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MRC's Analytics and Quality Assurance Department, as part of the CSNA process and its Strategic Planning and Quality Assurance activities, conducts a Counselor Satisfaction Survey on an annual basis. The goal is to evaluate counselor satisfaction and obtain input from MRC's VR counseling staff on their experiences and how MRC can best address the needs of its consumers and individuals with disabilities. The findings are used in conjunction with the Needs Assessment Survey, Consumer Satisfaction Survey, and Provider Satisfaction Survey, and other components as part of the CSNA process. The findings from this survey are also shared with MRC staff and management and other stakeholders as part of its quality assurance, strategic planning, and WIOA Combined State Planning processes. Direct input from counselors is an important and critical aspect of the CSNA and these other processes. This report contains the most recent Counselor Satisfaction Survey results.

While the Counselors Satisfaction Survey is typically conducted on an annual basis in conjunction with the CSNA, it was not administered this year due to difficulties imposed in polling counselors imposed by COVID-19 and associated restrictions. For future CSNA processes, the Counselor Satisfaction Survey will continue to be refined in order to better understand the job of MRC VR counselors, how they view their duties, and to evaluate any of their potential suggestions or recommendations to help improve the effectiveness of their work. Information included in this report consists of information and analysis of responses to the 2020 Counselor Satisfaction Survey. 42% of MRC counselors and unit supervisors responded to the FY2020 Counselor Satisfaction Survey, which is consistent with past year's response rates. FY2020 findings of the survey are summarized as follows:

1. The vast majority of MRC counselors are satisfied with their ability to assist individuals with disabilities in obtaining, maintaining, and advancing in competitive employment based on their skills, interests, needs, and choices. Overall, 95.2% of responding counselors indicated they were at Somewhat Satisfied, Satisfied, or Very Satisfied with the services provided by their office. This is consistent with 2019 (96.7%). 72.5% of

responding counselors were Satisfied or Very Satisfied with services provided by their office, a slight decrease from 2019.

2. The majority of MRC counselors are generally satisfied with most services provided to consumers. This includes most case management and counseling services, skills training, post-secondary education, job placement and job support services, and other services delivered to consumers. In all service-related question areas, 98% or more of respondents were at least somewhat satisfied, consistent with previous year's results. As with previous years, higher levels of satisfaction were found in certain areas and with specific services compared to others. Some of the highest satisfaction areas were in the VR case management and counseling area, consistent with past results.
3. Specific areas with high satisfaction levels included all but one case-management related area, including consumer involvement in developing services in their IPE (79.6% Very Satisfied/Satisfied), providing information and referral to other resources and programs (82.7%), consumer ability to choose their own vocational goal (84.7%), consumer understanding of the appeals process (80.6%), and assessment of vocational rehabilitation needs (83.7%). There also was high satisfaction with post-secondary education services (81.6% Very Satisfied/Satisfied), job search skills (79.6%), soft-skills trainings (72.5%), post-employment and ongoing support services (67.34%), job leads available for consumers (81.6%), initial job placements made for consumers (80.6%), and promptness of service delivery (73.5%). These levels of counselor satisfaction represent significant increases in nearly all categories from results of the 2018 survey analysis.
4. In terms of transition services to students (including WIOA Pre-Employment Transition Services), 42.85% of counselors were Very Satisfied or Satisfied (with 68.36% at least somewhat satisfied). Additionally, 36.7% of counselors were satisfied with the amount and availability of pre-employment transition services (with 66.3% being at least Somewhat Satisfied). These both represent large decreases in satisfaction from 2019.
5. Areas with lower satisfaction levels included the amount and availability of skills training for consumers the ability to adequately serve caseloads (53.1% Satisfied/Very Satisfied), and on-the-job training for consumers (44.9%), and the availability and amount of on-the-job supports (44.9%). More counselors were Somewhat Satisfied than Satisfied in many of these areas.

6. The proportion of counselors reporting they are Very Satisfied or Satisfied in terms of maintaining contact and engaging with consumers on their caseload increased slightly to 4.9%. Additionally, 30.6% of counselors were Somewhat Satisfied with their ability to maintain contact and engage with consumers on their caseload. It is clear that this is an area of improvement, which is consistent with findings from the Needs Assessment and Consumer Satisfaction surveys.
7. The majority of MRC counselors believe they are meeting most of their consumers' expectations (54.1 %), and nearly all indicate they are at least meeting some of their consumers' expectations (93.9%). The range of services and supports available to VR consumers allows counselors to provide individualized and flexible services based on consumer needs. Reasons that some consumer expectations are not met include: that consumers at times may have unrealistic expectations and may not understand what services MRC provides; that retirements, staff turnover, resource limitations, and high caseloads may impact consumer experiences; that many consumers may require services from other agencies and programs outside of MRC to meet their needs; and other barriers such as transportation, language, and job availability in some areas.
8. Most counselors are Satisfied with MRC's internal job placement services. Overall, 81.6% are at least Somewhat Satisfied and 53.1% are Very Satisfied or Satisfied with internal placement resources. These both are decreases from 2019. A need for additional or full time placement staff in certain offices, improved communication and collaboration between JPS, ESS, and counselors, improved job matching, need for a greater variety of the types of jobs and employers for the MRC account management system, and more focus on higher level positions was suggested by MRC staff. Once again, the team model used in some offices where the JPS, ESS, and the counselor work together to assist consumers in obtaining employment is a best-practice model that can be adopted across offices.
9. The majority of responding counselors (92.6%) were at least Somewhat Satisfied with the services provided to MRC consumers by Community Rehabilitation Providers (CRPs) through the Competitive Integrated Employment Services (CIES) program. 60.3% were Satisfied or Very Satisfied. Satisfaction in this area increased 3% from 2019, and is up 23% since 2013, demonstrating MRC's efforts to focus on performance in its CIES and Pre-ETS vendor programs have addressed consumer need. A need for additional vendor capacity to meet the needs of consumers in some areas/regions was again mentioned. A need for more provider resources for assessments was also voiced by a number of counselors. Some also mentioned that quality of services can vary notably by provider and that sometimes provider communication could be improved, and that staff turnover amongst providers affects the quality of services rendered to MRC

consumers. Improved communication between vendors, supervisors and counselors, and working with CRPs to ensure continued improvement in CIES outcomes and service quality was also recommended.

10. Staff should be reminded that job coaching and skills training services are available through CIES and that any issues with vendors should be communicated to their supervisor and the District Contract Manager.
11. Most counselors are Satisfied with services provided to consumers by schools, colleges, and universities. Overall, 82.7% of counselors were at least Somewhat Satisfied, and 35.7% Very Satisfied or Satisfied in this area, a decrease from 2019. Once again, it was clear that counselors' experiences with schools and colleges can vary notably by institution. This appears to be at both the high school and post-secondary levels. Efforts to improve collaboration with college disability service offices, continued improvements in services for transition-age youth including continued coordination with local schools and the Department of Elementary and Secondary Education on pre-employment transition services, continued development and expansion of relationships with high school staff, and improved communication between educational institutions and MRC were recommended by some counselors. A number of counselors indicated the need for increased and pre-employment transition services for high school students with disabilities, including coordination with high schools. It was also suggested MRC revisit caps for tuition supports or work with state colleges/universities to offset fees as well as tuition for MRC consumers.
12. Counselors were highly Satisfied (71.4%) with products and materials purchased from vendors for consumers. This is a 15% decrease from 2018 in this area. A total of 25.5% of staff were Very Satisfied or Satisfied in this area. Once again, many counselors indicated they would benefit from additional information about available vendors and the materials they supply. It is recommended that a guide or list of resources to assist in purchasing products be developed. Some counselors also indicated that some materials or products for consumers can take some time to be delivered and that more vendors that provide competitive pricing would be helpful to MRC staff. More vendor choices for assistive technology was also suggested.
13. Counselors provided a variety of suggestions for how MRC could assist them in their efforts to assist consumers to obtain employment. Common suggestions included:
  - Increased and improved clerical support for counselors such as hiring case aides.
  - Improvements and enhancements to MRCIS.
  - Efforts to reduce caseload sizes.
  - Create dedicated transition/student caseloads.

- Eligibility unit.
- More opportunities and trainings to provide input on policy and practice changes.
- Additional resources for evaluation and assessments.
- Increased Job Placement Specialist and Employment Service Specialist resources including ensuring every office has a full time JPS.
- Technology to assist counselors in maintaining contact with consumers including tablets, Wi-Fi-cards and cellphones.
- Improved support and resources for job placement, including increased information on job leads for consumers.
- More training for staff, including on WIOA topics.
- More transportation resources for MRC consumers.
- Improved supervision of counselors.
- Additional vendor capacity in the CIES program.
- Additional resources for bilingual consumers.
- Alternative work options.
- Improved services for youth and high school students and additional Pre-ETS resources and vendors.
- Support resources for staff such as team building and stress reduction groups.
- Resources to make the process of finding approved vendors for purchased services and materials easier.
- Continued improvements in internal communication.

## Other Findings

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### *2021 Commonwealth Medicine Focus Group Initiative*

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MRC is interested in looking at the findings from the Commonwealth Medicine final report and findings from focus groups and interviews with MRC stakeholders. The goal of this is to support MRC's business process redesign roadmap implementation by collecting and analyzing focus group and interview data. This will help MRC increase collaboration with service providers, families, and employers, as well as enhancing consumer services in both Vocational Rehabilitation (VR) and Community Living (CL). 26 focus groups and 11 individual interviews were conducted from August 2020, to January 2021. There were 189 stakeholders in total including 69 consumers and family members, 78 MRC staff, and 42 providers, employers and advocates. The four main categories of findings include: *Equity and Access, Careers and Education, Living Independently, and Communication, Marketing, and IT.*

For Equity and Access, MRC recognizes the need for more equitable access to services. In regard to racial and ethnic equity, non-English speaking consumers value counselors who speak their languages and are responsive to their cultural needs. For Diversity and Inclusion in Access, there are populations who could benefit from MRC services and there are opportunities to reduce gaps in who MRC is serving. Improvements could be made with outreach, communication, and partnership efforts at a community level, including minority communities. Some strengths to build upon include: Consumers that access services do feel valued by counselors that speak their language and share their cultures (Vietnamese, Spanish, Chinese, Khmer, Haitian Creole). MRC has a working bilingual committee, and staff noted as being respectful and responsive to consumers' identities (LGBTQ+, Deaf and Hard of Hearing, etc.).

For Careers and Education, MRC is well recognized for its VR services, assisting consumers with career and educational advancement. Some of the findings for this category include the need for tailoring services to consumer needs and abilities. Consumers and families have called for better and more tailored services, and service gaps exist for consumers with severe, complex disabilities. The goals for Career Advancement and Educational Pursuits include: MRC looking beyond job placement and towards careers (e.g., entrepreneurs, higher paying job), and continuing to support the importance of job placement activities and supports that align with individualized consumer goals (e.g., training topics, transportation). Some strengths to build upon include: Many consumers and families are satisfied with the career assistance offered, Soft skills trainings and job

coaching are greatly appreciated, job carving helps with employment, and employers value having a designated MRC point of contact and representative.

For Independent Living, MRC strives to take a holistic and person-centered service approach to empower consumers. For person centered services, there is a need for better coordination across divisions so that people can fully pursue their independent living goals. There is room for all stakeholders to become better informed about CL services and supports. For greater independence, partnerships and community connections are key facilitators of response to consumer goals. Timeliness of service delivery and inclusion in transition planning could be improved for transition age youth and consumers who are transitioning out of institutions. Some strengths to build upon include: Field staff are very passionate about serving their consumers, Consumers appreciate assistance from MRC to live fully as members of their community. Staff are proud of the Community Living services and are invested in consumers' success, and Consumers feel empowered and independent, appreciating the person-centered approach used by MRC and its staff.

For Communication, Marketing, and IT, MRC recognized the need to hire a Communications Director to emphasize marketing and communications, and the need for MRC Connect to streamline application and access points among VR and CL consumers. For communication and accountability, information needs to be consistently communicated to consumers, families, providers and staff. For marketing, the full scope of MRC services is not well understood by all stakeholders. For IT infrastructure, the shift to remote work has had both positive and negative consequences. There's a need for better IT infrastructure and training for both staff and consumers, and there's potential for a hybrid service model crossing geographic boundaries. Some strengths to build upon include: Some consumers report having a responsive counselor and have expressed appreciation for counselor flexibility and accommodations, and remote work has relieved some consumers' burdens in commuting to local offices, saving time and cost; also increases frequency of communication between MRC supervisors, counselors, and other front line staff. Other strengths include: MRC's presence on the web and social media is improving, Dedicated staff and providers want to help consumers and families as much as they can, and providers appreciate the flexibility to use technology to easily communicate.

These findings present the opportunity for recommendations. Commonwealth Medicine has provided 7 recommendations based on the findings from focus groups and interviews with MRC stakeholders. These include: Implement greater statewide outreach efforts to engage underserved populations, prioritize educating all MRC stakeholders on the full spectrum of services, ensure consumers and families are fully engaged in a timely and transparent manner, develop more employer and provider relationships for enhanced job and career

opportunities, improve staff communication with consumers and families, increase professional development and career advancement opportunities for staff, and increase staff and consumer capacity to access and use technology. Detailed action steps, advantages to implementing, and implementation considerations are discussed in detail in the full report and PowerPoint provided by Commonwealth Medicine.

### *Consumer Satisfaction Survey - Summary*

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Overall, 78% of consumers were satisfied with MRC services in FY2019. Of these, a very high 41% were Very Satisfied with MRC services. There were 404 survey responses (the highest response rate since the beginning of the Satisfaction Survey) out of a possible 2,000 survey recipients, achieving a response rate of 20% and statistical validity (at a confidence level of 95% and a 5% margin of error). It is expected that this number will continue to increase due to the continued collection of consumer emails.

The FY2019 survey was conducted completely online using a web-based survey tool. The strong response rate indicated the viability of conducting an all-online satisfaction survey using consumer email addresses. In addition, new survey questions yielded valuable data on VR consumer outcomes.

- Out of the online survey responses received 54% were closed out in Status 26 while the remaining 46% were closed in Status 28.
- A vast majority of MRC consumers, 78% of respondents, indicated they were satisfied with the services they received at MRC. Very Satisfied (41%), while the remaining 37% indicated being Satisfied (21%), or Somewhat Satisfied (16%).
- 71% of respondents indicated they would encourage other individuals with disabilities to go to MRC employment or training services.
- Nearly 73% of respondents indicated that they felt satisfied that the services they received through MRC assisted them in becoming more independent, with 35% of respondents stating they were Very Satisfied (17% Satisfied, 18% Somewhat Satisfied).
- 237 individuals, 60% of respondents, indicated that they were employed. This is an overall decrease of 11% compared to last year when 71% of respondents indicated that they were employed.
- 92% of respondents, 204 total individuals, indicated that they were satisfied with their current employment. (43% Very Satisfied, 27% Satisfied, and 22% Somewhat Satisfied). Approximately 61% of respondents indicated they were satisfied that their current job matched the goals they developed in their MRC employment plan (38% Very Satisfied, 23% Satisfied).
- When asked to identify how many hours' individuals work per week at their current place of employment, 41% of respondents stated they work more than 35 hours per week (a 1% increase from last year's result).

Another 25% indicated they worked between 21 and 35 hours weekly, and nearly 21% indicated working between 11 and 20 hours weekly.

- A majority of respondents (54%) with jobs indicated they earn between \$12 and \$17 per hour (38% earn \$12 - \$14 an hour, 16% earn \$15 - \$17). Out of the remaining survey respondents 7% earned \$11 an hour, 13% earn \$18 - \$21 an hour, 16% earned \$22 - \$36 an hour and less than 10% earned \$37 - \$47 or more an hour.
- 73% of respondents indicated that they were satisfied with the amount of information they received regarding the range of services available to them, which were provided by MRC.
- 73% of respondents indicated they were satisfied with the ability of the MRC to identify their interests, strengths, and employment goals (33% Very Satisfied).
- 53% of respondents indicated they were satisfied that their employment plan developed with their MRC counselor met their employment goals (32% Very Satisfied, 21% Satisfied).
- A total of over 71% of respondents indicated they were Satisfied with their level of participation in the development of their employment plan, with 33% being Very Satisfied, 24% being Satisfied, and 20% being Somewhat Satisfied.
- 64% of all respondents stated they were satisfied with the job leads they received through the MRC. 27% being Very Satisfied, 19% being satisfied, and 18% being Somewhat Satisfied.
- Over half (57%) were satisfied with the number of job interviews they received through the MRC.
- 68% of respondents indicated that they were satisfied with the promptness of services they received from MRC, with 35% indicating they were Very Satisfied.

## *Performance Based Contract Review and Evaluation*

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As part of its efforts to evaluate and improve community rehabilitation programs in Massachusetts, MRC continuously evaluates and manages provider outcomes and performance quality to ensure that MRC consumers are given the opportunity to achieve the best possible employment outcomes. Using data and information collected through tools and methods such as site visits, data analysis and reporting, quarterly review meetings, and annual provider and consumer surveys, MRC conducts quarterly and annual performance evaluations on provider performance.

The main program that MRC purchases services for consumers from CRPs is the Competitive Integrated Employment Services (CIES) Program, a performance-based contract program providing vocational evaluation, training, placement, and supported employment services for participants. CIES consists of six unique service components, each associated with a specific service outcome. Through the component-based system, consumers are able to receive the individualized and targeted combinations of services and supports they need to achieve successful employment. This system, adopted by MRC in 2010 as part of a larger state procurement, revolves around service components. Provider payments are based on performance for initiation and completion of specific services. MRC has recently completed a new procurement for CIES services which took effect on July 1, 2019. MRC made adjustments to the CIES model based on lessons learned and input from its staff, CRP partners, and other stakeholders, and to incorporate provision of CIES services to mutually served consumers between MRC and the Department of Psych. Health's Adult Clinical Community Services (ACCS) program. These adjustments are designed to improve the effectiveness and efficiency of CIES services for MRC consumers. MRC also incorporated peer support and flexible supports into the CIES procurement and has developed key performance indicators for CIES. The CIES procurement is set to be a rolling RFR which opens four times a year to allow recruitment of additional vendors providing flexibility and maximum access for services.

Performance evaluations of the CIES program are used to assess consumer needs, demand for services, and the quality of services provided by CRPs and to determine areas for improvement. Adjustments to provider contracts are made based on these evaluations based on performance, need, demand, and available resources. MRC also utilizes the information to develop recommendations for improvement of CRPs and to determine the need for additional CRPs to meet consumer needs, both for specific populations and geographically. There are some areas of the state which could benefit from new or expanded CRPs and this is reflected in the results of

the Counselor Satisfaction Survey. MRC continually monitors the program to identify additional areas where additional vendor capacity is needed or to make course corrections based on performance and consumer need.

Additionally, MRC contracts with CRPs to provide Pre-Employment Transition Services (Pre-ETS) to both eligible and potentially students with disabilities as part of its WIOA-related initiatives. These contracts provide the 5 core pre-employment transition services (work-based learning experiences, workplace readiness training, counseling on enrollment in post-secondary education, instruction in self-advocacy/mentoring, and job exploration counseling) to MRC consumers who are students with disabilities age 14 to 22 enrolled in high school or post-secondary education or training programs.

MRC completed a new procurement for contracted Pre-ETS services which took effect on July 1, 2019. This new procurement is designed in the long term to allow MRC to be able to serve more students and provide students with exposure to the world of work. This approach focuses on: 1) increasing the student's awareness of the world of work and their own employment interests, skills, and needs; 2) providing exploration and exposure opportunities related to work experiences; and 3) better preparing students for employment and postsecondary success. This approach is tiered to ensure that students of all abilities can access and engage in Pre-ETS services based on their interests and needs.

The structure for managing and monitoring these contracts is operated by the Business Improvement Partners (BIPs) and involves monthly narrative and statistical reporting and quarterly site visit meetings, among others. The contracts have performance measures involving completion of Pre-ETS services offered under the procurement. The procurement is cost reimbursement, but the goal is to collect data on best practice models for the provision of Pre-ETS services and to ultimately develop a unit rate structure. MRC will continue to conduct performance evaluations of results from the first several years of the program to lead to the development of best practices and to ensure quality services are provided to students.

## *Analysis of Staff Training Needs*

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During the FY2021 period, a new Learning and Development (L&D) Department was formed within MRC that is charged with evaluating staff training needs. The Analytics and Quality Assurance department will continue working closely with the efforts put forth by L&D, providing them with analytics and data support in order to promote best training practices throughout the agency.

MRC utilizes an ongoing and continuous process to assess the training needs for all agency VR staff, including counselors, supervisors, and managers, among others. This process includes multiple methods and is managed by the MRC Learning & Development Department. The process consists of a staff training needs assessment survey sent to managers, supervisors, and all VR staff on at least an annual basis, an advisory committee for staff training representing all levels of VR staff that meets regularly with the Learning & Development Department to provide ongoing feedback on training needs, post-training questionnaires given to staff on additional training needs after training sessions and New Counselor Training, as well as direct feedback from managers, the SRC, and other stakeholders. Findings from the CSNA including the Needs Assessment Survey, Consumer Satisfaction Survey, and Counselor Satisfaction Survey are also shared with the advisory committee and the Learning & Development Department to inform on the development of trainings.

In conjunction with agency management and the training advisory committee, the Learning & Development Department uses the findings of its process to assess training needs to develop a staff training plan to guide training priorities on an annual basis. This training plan is shared with senior management and is incorporated into MRC's CSNA and Unified/Combined State Planning process. MRC is also developing new trainings for remote service delivery strategies due to COVID-19.

In the most recent training plan, some of the training priorities identified (among others) included:

- More trainings on Pre-Employment Transition Services and WIOA requirements
- Job readiness/job placement activity trainings (resume writing, local job markets/labor market information, career assessments, etc.)
- Technology trainings: Accessing MRCIS, Career Scope, COPS system with consumers
- Using Excel; sort and filter, formulas
- Stress management, case management strategies
- Technical writing skills for more effective case notes
- Transferable skills analysis

- Labor market information/hiring trends in Massachusetts by industry and occupation
- Psych. health disorders: resilience, positive psychology
- Traumatic brain injury
- Health conditions and/or physical disorders: autoimmune disorders, fibromyalgia, chronic diseases
- Review of MRC policies, procedures and best practices
- Financial eligibility, financial need form, policies on college and trainings
- Consumer dealing with substance abuse
- Supervisory and management development: "Managing Up" working with management effectively
- Perspectives on supervision: exploring the move from employee to supervisor
- Supervision for graduate student interns
- Tactics for dealing with difficult behaviors
- Techniques for supervising and managing different types of people
- Capitalize on personal style for more effective communication
- Goal setting for peak performance
- Transgender consumers and employment
- Educating employers on reasonable accommodations
- Group facilitation
- Team building
- Advanced leadership trainings
- Working with consumers on the Autism Spectrum
- Refresher training and trainings on system updates for the MRCIS case management system
- Trainings on how to best assist consumers with criminal histories including those with sex offender status (CORI and SORI)
- Time management and on how to effectively communicate and remain in contact with consumers
- Continuation of annual new staff orientation for new hires
- Training on finding comparable benefits for consumers
- Trainings related to the agency's new initiatives with the Department of Mental Health and the Department of Transitional Assistance
- Trainings on MRC's revamped CIES employment services procurement and its linkage to the new MRC-DMH Employment initiative

- Substance abuse training in partnership with the Department of Public Health, Pre-Employment Transition Services
- Trainings related to finding quality employment outcomes for consumers

MRC has and will continue to work closely with the various national RSA/VR technical assistance centers going forward to assist with implementation of WIOA and other training initiatives. MRC has also worked with the Workforce Innovation Technical Assistance Center (WINTAC) on a series of staff development efforts related to Pre-ETS and transition services, Integrated Resource Team (IRT) approach, career pathways, and trainings on the Common Performance Measures and understanding and using data. MRC is also working on trainings for staff and consumers in partnership with Work Without Limits, a program run by the University of Massachusetts, and is also coordinating training with MRC employer partners and MRC providers.

MRC also continues to offer ongoing professional development for VR counselors, managers, supervisors, as well as aspiring supervisors. These trainings are ongoing and address 21st century labor trends, high growth occupations skills that are in demand, trainings on job accommodations and employment tax credits, amongst other topics. MRC is also conducting Change Management Training to support its staff with changes related to WIOA and focusing on improving practices to better serve the needs of MRC consumers and to improve consumer satisfaction. MRC also makes trainings available in cooperation with staff labor unions on professional development, including computer software training and online training via LinkedIn's Learning Online training site.

Through its Learning & Development Department, MRC acquires and routinely disseminates rehabilitation materials and research to staff such as the latest publications from the Institute on Rehabilitation on Issues, training materials from the Research and Training Centers, training guides and resource materials produced by recipients of RSA grants, and products from the National Clearinghouse of Rehabilitation Training Materials, as well as information and knowledge from RSA VR Technical Assistance centers such as the Workforce Innovation Technical Assistance Center (WINTAC), the National Technical Assistance Center on Transition (NTACT), the Vocational Rehabilitation Youth Technical Assistance Center (Y-TAC), the Job-Driven Vocational Rehabilitation Technical Assistance Center (JDVRTAC), and the Rehabilitation Training and Technical Assistance Center for Program Evaluation and Quality Assurance (PEQATAC). MRC also disseminates materials and information from the National Rehabilitation Association, the Association of People Supporting Employment First, Explore VR, and other sources. These information and materials are also discussed and utilized in training and staff development meetings and webinars.

## *Case Review Process*

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As part of its quality assurance processes and to assist with the CSNA process and the development of the State Plan, MRC conducts case record reviews of VR cases. The reviews not only measure compliance with RSA and MRC regulations, but also are used to develop recommended areas for improvement and inform efforts to improve the quality of case management services provided by MRC staff. Findings are shared with senior management and incorporated into the CSNA, strategic planning, and State Plan process.

In FY2021, MRC developed a new case review process utilizing the Qualtrics XM survey platform based on the new RSA Case Review tool in order to ensure quality assurance with case information and data and ensure compliance with state and federal rules and regulations. This new case review process is conducted on a quarterly basis and is performed by Unit Supervisors, taking 6 randomly selected cases from each counselor's caseload (3 open cases, 3 closed cases). This case review process has been incorporated into the Employee Performance Review System (EPRS) process used to evaluate staff performance of their job functions.

This new case review process includes a comprehensive questionnaire developed for Unit Supervisors to complete, asking questions related to the quality and completeness of staff records generated for 3 random open and 3 random closed consumers on each counselor's caseload. This tool is primarily meant for Unit Supervisors to determine the level of compliance counselor's records are in, and provide information to the Analytics and Quality Assurance and Learning and Development teams on the areas and types of additional trainings that may be required in order to assist staff in maintaining complete and accurate consumer records.

Below is an analysis of the data collected from the case review process, categorized by Status. Each Status has multiple subcategories that received 4 types of ratings including: Non Applicable (N/A), Minimally or Not in Compliance, Mostly Compliant, and Compliant with no Major Omissions.

### Status 00:

All Status 00 questions had a high number of Compliant with No Major Omissions ratings. "*Accurate Contact Info*", and "*Disability and Referral Codes Complete*" had zero Minimally or Not in Compliance ratings, while "*Referral Complete*" only had one. All questions had around 70-75 N/A ratings.

Status 02:

“Signed Application” and “Application Complete” had a high number of Compliant with No Major Omissions ratings with each having more than 275. “DMH/ACCS”, “DDS OR DTA Check Box Checked as Appropriate” and “High School Check Box Active or Not Active Checked as Appropriate” had relatively high numbers of Compliant with No Major Omissions as well. All questions had low numbers of Minimally or Not in Compliance ratings, except for “Application Complete”, which had 43. All questions also had high numbers of N/A ratings, with “Proof of Social Security or Signed Statement Presumption Form” having the most with 416.

Status 10-Presumptive Eligibility (Consumers on SSI/SSDI only):

All questions had a high number of N/A ratings. “Presumed Eligible within 14 Days of Application Signature” had more Compliant with No Major Omissions ratings with 82, but also more Minimally or Not in Compliance ratings with 61. “Attach Proof of SS or Signed Statement” had a low number of Minimally or Not in Compliance ratings with only 6. It also had the higher number of N/A ratings with 423.

Status 10 Eligibility Certification (if not Presumptive Eligible):

All questions had a very high number (more than 325 each) of Compliant with No Major Omissions ratings, except for “Proof of Disability, Medical Records” and “Health Checklist” which both had high numbers of N/A ratings. They also had very low numbers of Minimally or not in compliance ratings. “Statement that client wants to work, can benefit and why” had the highest number of Minimally or Not in Compliance ratings with 33.

Order of Selection (OOS):

“4+ Limitations P1 or 2 to 3 Limitations for P2 or 1 Limitation for P3” and “2 or More Services” had the highest number of Compliant with No Major Omissions ratings with more than 400 each. “Eligibility Letter” had the highest number of Minimally or Not in Compliance ratings with 82. “OOS Functional Assessment Tool” had the highest number of N/A ratings, as well as the lowest number of Minimally or Not in Compliance ratings. “4+ Limitations P1 or 2 to 3 Limitations for P2 or 1 Limitation for P3 and 2 or More Services” also had the highest number of Mostly Compliant ratings with 31.

Individualized Plan for Employment (IPE):

“6-Month Plan P1 or 3-Month Plan P2, Addresses Employment Goal”, and “Appropriately Addresses Employment Barriers” had the highest number of Compliant with No Major Omissions ratings with each

having more than 400. *“Timely Completion of Annual Plan Review”* had the highest number of Minimally or Not in Compliance ratings with a total of 158. The category with the next highest number of Minimally or Not in Compliance Ratings was *“Plan Service Dates within 1 Year”* which had 60. *“Proof of Social Security or Income”* and *“Referrals for Benefits Counseling as Applicable”* had the highest number of N/A ratings with more than 300 each. *“Proof of Social Security or Income”* and *“6-Month Plan P1 or 3-Month Plan P2”* had the lowest number of Minimally or Not in Compliance ratings. *“Timely Completion of Annual Plan Review”* had the highest number of Mostly Compliant ratings with 70. *“Proof of Social Security or Income”* had the lowest number of Compliant with No Major Omissions ratings with a total of 82.

*Case Notes and Documentation:*

*“Case Notes Written in a Professional, Cohesive, Orderly, and Logical Manner Enabling Clear Understanding of the Direction of the Case”* and *“Provides and Adequate Rationale for Decisions”* have the highest number of Compliant with No Major Omissions with about 400 each. The category with the next highest number of Compliant with No Major Omissions was *“Documentation is Consistently Updated”* with 298.

*“Documentation is Consistently Updated”* also had the highest number of Minimally or Not in Compliance ratings with 67. *“Evidence of Documentation for Measurable Skills Gains”* and *“Evidence of Documentation for Credential Attainment”* had the highest number of N/A with more than 400 each.

*Collaboration and Engagement with Internal Partners/Resources:*

*“Counselor Engagement with Core Partners Including DMH, DDS, DTA, ACCS, MassHires and Other Community Agencies or Vendors”* had the highest number of Compliant with No Major Omissions ratings with 253. Both *“Counselor used internal resources to assist consumer with skills gains or credentials”* and *“Counselor assisted consumer to obtain employment through engagement with the internal placement team”* have a high number of N/A ratings with more than 370 each.

*Closures after IPE (Successful and Unsuccessful):*

All questions had a high number of N/A ratings, 257 being the lowest number, and 430 being the highest. *“Closure Case Note Completed”* had the highest number of Compliant with No Major Omissions ratings with 183. Almost all questions had a low number of Minimally or Not in Compliance ratings, with 25 being the highest. *“Closure Form all services identified and reason for closure documented”* had the second highest number of Compliant with No Major Omissions with 147, and the highest number of Minimally or Not in Compliance ratings with 25.

*Performance Management*

One of the main aspects of MRC’s Performance Management and Quality Improvement System which informs the CSNA and the State Plan is MRC’s Performance Management System. Since mid-2016, MRC has one agency strategic measure for each of its three divisions as part of this system. Below are our FY2021 and FY2022 agency strategic measures and results.

**MRC FY2021 Performance Goals and Metrics and Proposed FY2022 Goals and Metrics**

AGENCY	FY2021 METRIC	FY2021 TO DATE RESULTS	Proposed FY2022 MEASURE/TARGET
<b>MRC Vocational Rehabilitation Division (VR)</b>	% of MRC Consumers placed into competitive employment maintain employment for 90 days or greater (Target: 90%)	Through December 31, 2020, 91% of MRC VR consumers placed into competitive employment in FY2020 to date have maintained employment for greater than 90 days after their initial job placement. MRC’s goal is to continue to assist Job Seekers with disabilities in obtaining and maintaining competitive employment. MRC is on track to meet its target for the year if trends continue.	% of MRC Job Seekers successfully placed into competitive employment maintain employment for 90 days or greater (Target: 90%)
<b>MRC Community Living Division (CL)</b>	% of Individuals served by MRC’s Community Living ABI/MFP waiver program, Statewide Head Injury Program, Supported Living Program, and Home Care Assistance Program who maintain independence in their respective communities in the Commonwealth of Massachusetts (Target: 95%)	Through December 31, 2020, 99.3% of individuals served by MRC’s Community Living Division ABI/MFP waiver program, Statewide Head Injury Program, Supported Living Program, and Home Care Assistance Program maintained independence in their respective communities in the Commonwealth of Massachusetts. MRC is on track to meet its target in this area if current trends continue for the remainder of the fiscal year.	% of Individuals served by MRC’s Community Living ABI/MFP waiver program, Statewide Head Injury Program, Supported Living Program, and Home Care Assistance Program who maintain independence in their respective communities in the Commonwealth of Massachusetts (Target: 95%)
<b>MRC Disability Determination Division (DDS)</b>	% of SSA disability claim decisions for Massachusetts Citizens processed accurately by MRC Disability Determination Services (Target 95% accuracy)	To date in the fiscal year, 95.6% of SSA disability claims decisions processed by MRC Disability Determination were processed accurately. MRC-DDS’s goal is to provide quality, accurate, and timely claims services to MA citizens, and this performance demonstrates effectiveness and efficiency in processing claims. MRC is on track to make its annual target if current trends continue in the remainder of the fiscal year.	% of SSA disability claim decisions for Massachusetts Citizens processed accurately by MRC Disability Determination Services (Target 95% accuracy)

\*All progress data is year to date as of 12/31/2020

**Table 7:** MRC FY2021 Performance Goals and Metrics and Proposed FY2022 Goals and Metrics

### *Community Rehabilitation Provider Satisfaction Survey*

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As part of MRC's ongoing Comprehensive Statewide Needs Assessment (CSNA), Quality Assurance and Performance Improvement processes, the Massachusetts Rehabilitation Commission (MRC) conducts an annual satisfaction survey of Community Rehabilitation Providers (CRPs) participating in MRC's Competitive Integrated Employment Services (CIES) and MRC's Pre-Employment Transition Service (Pre-ETS) programs to assist in evaluating the need to create and improve community rehabilitation programs in the Commonwealth. The findings from this survey are shared with MRC staff and management and other stakeholders as part of its quality assurance, strategic planning, provider contract monitoring, and WIOA Combined State Planning processes. Direct input from provider agencies is an important and critical aspect of these processes. This survey was not administered in FY2021 due to COVID-19, but a new survey approach is being developed with MRC's Business Improvement Partners to work more closely with providers statewide.

### *WIOA Common Performance Measures*

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During PY2017 and PY2018, MRC reported baseline data to RSA for the WIOA Common Performance Measures as specified in the state plan requirements. As required by RSA, MRC began collecting data for the Common Performance Measures as of July 1, 2017, replacing the prior Vocational Rehabilitation Standards and Indicators. As the VR program only began reporting data in the fall of 2017, MRC will continue reporting baseline data for RSA on these measures for PY19, and for all measures except Measurable Skills Gains for PY2020 and PY2021. MRC has a 20% performance goal established for Measurable Skills Gains for PY2020 and 30% performance goal for PY2021, and performance goals will be developed by RSA for the remaining measures for PY2022 and beyond once PY2020 and PY2021 data is submitted.

As the VR program only began reporting data for the common measures as of July 1, 2017, MRC only has initial data for PY2017 and PY2018 for Measurable Skills Gains and PY2018 for Employment Rate at 2nd Quarter after Exit and Median Earnings during 2nd Quarter after Exit, and for Effectiveness of Serving Employers. Full data for all six common measures only began in PY19. PY19 is the first-year information is available for 4<sup>th</sup> quarter after exit and credential attainment rate, and used a preliminary cohort of 2018 exiters; PY20 data should be more reflective. PY2020 data will be available from RSA in late September 2021. MRC has and will continue working with its workforce partners to complete the Statewide Performance Report for the Common Measures.

MRC’s Analytics and Quality Assurance department will continue to analyze the data as it becomes available and create a report for management on the common measures. A data dashboard of this information will also be pursued to push data down to staff at the office and counselor level as applicable. This will allow the agency to work on strategies to increase performance on the common measures.

	<b>PY17 (FY18)</b>	<b>PY18 (FY19)</b>	<b>PY19 (FY20)</b>
<b>Employment Rate at 2nd Quarter After Exit</b>	N/A*	48.2%	52.2%
<b>Employment Rate at 4th Quarter After Exit</b>	N/A*	N/A*	22.9%**
<b>Median Earnings at 2nd Quarter After Exit</b>	N/A*	\$4,332.83	\$4,353.52
<b>Credential Obtainment Rate</b>	N/A*	N/A*	4.7%
<b>Measurable Skills Gains</b>	13.1%	8.4%	7.3%
<b>Effectiveness of Serving Employers – Retention from 2nd to 4th Quarter after Exit</b>	N/A*	75%	65%
<b>Effectiveness of Serving Employers - Repeat Business Customers</b>	15.0%	11.6%	11.1%

\*Note- Complete Employment at Fourth Quarter after Exit and Credential Obtainment Rate are not available for PY17 and PY18 and were not included by RSA in the PY17 and PY18 WIOA Annual Report Data for Vocational Rehabilitation. PY20/FY21 data will be published by RSA in Fall 2021.

\*\*PY19 is the first-year information is available and used a preliminary cohort of 2018 excitors. PY20 data should be more reflective.

**Table 8:** WIOA Common Performance Measures

MRC has established an electronic reporting and performance measurement system to monitor, analyze, and report on the effectiveness and efficiency of the programs. This system will allow the agency to make improvements to ensure performance on the WIOA common performance measures. MRC continues to establish baseline data on these measures and began reporting data to RSA in the fall of 2017. MRC has also developed and provided several trainings in coordination with WINTAC on the Common Performance Measures which has been delivered to MRC managers, staff, and the SRC. MRC also participates in a cross-agency workgroup with workforce partners on performance measurement under the Common Measures.

MRC continues to develop strategies designed to improve MRC’s performance on the WIOA Common Performance Measures. MRC is focusing on the development of strategies to promote the placement of consumers into high quality careers with higher wages and benefits. MRC will also be developing training strategies for staff and its provider network to focus on high quality employment outcomes and seek ways to increase the median wage by focusing on more full-time jobs rather than part-time jobs. MRC will also strive to

provide benefits planning on the front end of the placement process to ensure consumers understand work benefits that are available for them to obtain high paying and self-sustainable employment.

MRC is conducting ongoing training on the Common Performance Measures with counselors, managers, supervisors, the SRC, and providers to ensure team-orientated outcomes that will improve performance on the Common Performance Measures. MRC will also develop internal performance reports to track performance on the caseload, office, district, and statewide level to assist in these efforts using data from its Case Management System. MRC has developed an extensive reporting system and technical assistance/training program for Measurable Skills Gains, including recording training videos, developing job-aides, and scheduling and executing one-on-one trainings with offices on how to successful record and input data for these skills gains. Based on these efforts, it appears that MRC will likely meet its target Measurable Skills Gains targets based on the PY20 results.

*Analysis of Facts and Statistics: Massachusetts and MRC*

<b>Over all State Demographics</b>	
2019 Massachusetts Population Estimate	6,892,503
Female Persons, percent 2019	51.5%
Persons Under 5 years, percent 2019	5.2%
Persons Under 18 years, percent 2019	19.6%
Persons Under 65 years, percent 2019	16.5%
Veterans, percent 2019	4.6%
<b>Race and Ethnicity</b>	
White alone, percent 2019	80.6%
Black/African American alone, percent 2019	9.0%
American Indian and Alaska Native alone, percent 2019	0.5%
Asian alone, percent 2019	7.2%
Native Hawaiian and Other Pacific Islander alone, percent 2019	0.1%
Hispanic or Latino, percent 2019	12.4%
White alone, not Hispanic or Latino, percent 2019	71.1%
<b>Housing and Income</b>	
Housing Units, 2019	2,928,723
Homeownership rate, percent 2019	62.3%
Median housing value, 2019	\$366,800
Median gross rent, 2019	\$1,225
Median household income, 2019	\$77,378

**Table 9:** Massachusetts demographic information, as reported by the United States Census Bureau, 2020

The MRC’s CSNA process incorporates analysis of the following overall facts, long term trends, statistics, and demographics into the analytical process to both complement and provide additional context to this report and its findings. This includes broader information on the Massachusetts labor market and employment situation for individuals with disabilities, demographic information and facts on the MRC VR consumer population and the Commonwealth of Massachusetts as a whole, and outcomes of the MRC VR program, amongst other data. The additional data was collected from various sources to enhance this report, including labor market data from the Bureau of Labor Statistics, the

Massachusetts Department of Labor, statistical data from the Annual Disability Statistics Compendium, the US Census Bureau, as well as data and statistics from the MRCIS Case Management System on the MRC’s VR

consumer population, and other key reports. This information remains a vital part of the CSNA process, enabling MRC to gain context to the information that is collected from consumers, providers, staff, and other government agencies.

## Summary of MRC VR Long Term Trends and Patterns (FY2016-FY2020)

MRC has identified the following trends and patterns based on 5-year and 10-year trends (all are based on the MRC State Fiscal Year unless noted).

In this year’s report, the following trends and patterns have been identified based on 5-year and 10-year trends:

1. Between FY 2011 and FY 2020, MRC has achieved and exceeded its previous year’s results for successful consumer employment outcomes. In FY 2020, employment outcomes dropped from year to year for the second time since FY 2009. The average hourly wage for FY 2020 was the highest achieved during the past 10 years. The average number of hours worked per week by employed consumers increased slightly over the past 5 years and reached a 10-year high in FY 2020 (same as FY 2019).
2. The number of consumers successfully employed increased from 3,816 in FY 2016 to 4,053 in FY 2018, before falling back to 3,042 in FY 2020. The average hourly wage for employed consumers increased by \$2.27 or 17.2% from FY 2016 to FY 2020. The average number of hours worked per week increased slightly, climbing by 0.62 hours from 26.8 hours in FY 2016 to 27.42 hours in FY 2020.

	5 Year Changes in Employment Outcomes				
	2016	2017	2018	2019	2020
Consumers Successfully Employed for 90 Days+ (Status 26)	3,816	3,973	4,053	3,695	3,042
Average Hourly Wage for Employed Consumers	\$13.18	\$14.11	\$14.65	\$14.69	\$15.45
Average Hours Worked Per Week by Employed Consumers	26.8	26.7	27.3	27.42	27.42

**Table 10:** Five years of changes in MRC Consumer Employment Outcomes

3. Initial job placements in Status 22 decreased in FY 2020 again after a steep decline in FY 2019. This trend should be monitored closely as the number of Status 22s can be a predictor of successful employment outcomes in the near future. The decrease in FY 2020 is likely resulted in the overall drop of consumers

served by MRC in FY 2020, which coincided with implementation of a maximum obligation policy which seems to have led to a drop in referrals.

4. The number of consumers actively served (Status 12-22) fell by 9.8% from FY 2019 to FY 2020. As mentioned above, there was a reduced number of referrals which impacted overall served numbers in late FY 2019 and FY 2020. Consumer referrals, applications, and eligibilities fell in FY 2018, FY 2019, and FY 2020 after remaining relatively steady over the prior 4 or 5 years. Individualized Plans for Employment increased slightly from FY 2019, but still much lower compared to the peak of FY 2017. Referrals fell 38.4% from FY 2014 to FY 2020, Applications fell by 28.4%, and Eligibilities by 29.8%. It is recommended MRC continue to monitor trends and patterns in this area. This period of decreased coincided with implementation of a maximum obligation policy which likely is a factor in the decreases.
5. The number of consumers served annually in Status 18 (Training and Education) fell in FY 2019 and again in FY 2020 after several years of increases. It remains the most common status for active MRC VR consumers. Consumers served annually in Job Ready Status (Status 20) and Physical and Psych. Restoration (Status 16) also decreased in FY 2020. The number of consumers receiving Physical and Psych. Restoration services in Status 16 decreased slightly (-1.3%) in FY 2017, while looking at a 5-year trend.
6. The number of consumers served annually in post-employment services fell back in FY 2020 for the 4<sup>th</sup> straight year. Consumers served in state-funded ongoing support services remained steady from FY 2018 to FY 2019.
7. The disability profile of MRC consumers (based on primary disability) continues to change over time. Over the past decade, psychiatric disabilities have consistently remained the highest category (+4.5% since FY 2015). There has been a decrease in consumers served with learning disabilities (-1.7% since FY 2019), as well as a decrease over the past five years in consumers with primary disabilities related to substance abuse issues. The proportion of consumers served with intellectual/developmental disabilities has gotten back to 2.3% after a slight dip in FY 2018 and FY 2019.
8. MRC continues to serve a greater number of transition-aged youth at time of intake for services. Over the past several years, MRC has placed a strong emphasis on providing Pre-Employment Transition Services to high school and post-secondary education students as it implemented the requirements of the WIOA law. Both the number and proportion of transition-youth aged consumers aged 14 to 22 and youth aged 14 to 24

both at application and age during the fiscal year has increased steadily over the past decade. However, those numbers have dipped a little in FY 2020 mostly because of the COVID-19 pandemic.

9. As the Commonwealth's population continues to become more ethnically and racially diverse, MRC's consumer population is also following this pattern. Over the past ten years, MRC has seen an increase in consumers from minority backgrounds, particularly African American and Hispanic consumers. The proportion of Native American consumers dropped to 1.2% in FY 2020, but that is only a tenth of a percent less than the 10-year high it reached in FY 2019. Numerically and proportionally, the largest growth is in Hispanic consumers, who reached a 10-year high in FY 2020, which is consistent with Census Bureau American Community Survey estimates for Massachusetts.
10. Hispanic consumers have been growing the fastest over the past 5 years (+2.1%), while African Americans served has grown by 0.2% over the same period. African Americans are served by the MRC at a much higher rate than their rate in the overall population and Hispanic consumers are served by MRC at a rate slightly above their rate in the general population. Since FY 2013, MRC has seen a flat pattern in Asian consumers served (remaining between 3.4% and 3.8%) after seeing a major increase in Asians served between FY 2006 and FY 2012. It continues to appear that Asians are slightly underserved in comparison with their rate in the overall state population (3.7% of MRC consumers compared to 7.1% for all MA population).
11. Between FY 2014 and FY 2019, there was a trend of a slight but steady increase with consumers coming to MRC with a below high-school level of education at application. Even though number went down 1.1% in FY 2020, it is still relatively high. This has coincided with a decrease in the number of consumers coming to MRC with some post-secondary education and or completion of post-secondary education. This is likely related to the increase in transition-age consumers served by MRC.
12. The proportion of consumers successfully employed with Health Insurance benefits has increased significantly over the past decade, most likely coinciding with the State Health Care Reform Act enacted in 2007 and the Patient Protection and Affordable Care Act. The proportion of consumers with any form of health insurance at time of closure reached a peak of 99.0% in FY 2020. However, there has been a decline over the past decade, especially since the passage of the Federal Affordable Care Act, in consumers employed with employer-sponsored health insurance benefits. It appears that an increasing number of employers are passing purchasing health care benefits on to their employees. This trend appears to have leveled off around

FY 2015 and the proportion of consumers employed with employer-sponsored insurance has gone back up between FY 2017 and FY 2020.

13. The number of consumers closed unsuccessfully after receiving services in Status 28 increased over the past decade but plummeted 44.8% between FY 2019 and FY 2020. The number of Status 28s has negatively impacted MRC's ability to achieve the Federal Employment Rate performance goal of 55.8%. MRC passed the Employment Rate in Federal Fiscal Year (FFY) 2013 and FFY 2014 and came very close in FFY 2016 as the number of Status 28s dropped during the last 3 months of the Federal Fiscal Year but failed looking at the 9-month FFY 2017 period from 10/1/16 to 6/30/17 prior to the implementation of the WIOA Common Performance Measures. In State Fiscal Year (SFY) 2018 and SFY 2019, MRC also fell short of the target as there were more Status 28 than Status 26 closures.
14. The WIOA Common Performance Measures, which were implemented July 1, 2017, include both Status 26 and Status 28 closures in looking at employment rates at 2nd and 4th quarters after closure, and median wages in the 2nd quarter after closure. Therefore, Status 28 closures will impact MRC performance on the Common Measures going forward. The Employment Rate remains an important quality measure. In order to increase the Employment Rate and positively impact MRC's performance on the Common Measures in the future, the number of Status 26 closures must increase, the number of Status 28 closures must be reduced, or a combination of increases in Status 26s and decreases of Status 28s must take place. The third option seems to be the most viable solution.
15. Since FY 2014, there has been a major decline in the number of cases closed after eligibility but before service delivery (Status 30). This change is likely related to two factors: the new WIOA law stating IPEs must be completed within 90 days, and a major reduction in cases overdue in Status 10. The result is that more consumers appear to be moving efficiently through the system from eligibility to plan, and less are being closed out prior to IPE development. The long-term implications of this change need to be monitored – as it could lead to increased Status 26 outcomes, but also could result in a greater number of Status 28 closures.
16. In FY 2020, there was a major decline in the number of cases closed before plan development in Status 08, in stark contrast to the peak between FY 2010 and FY 2012. A vast majority of Status 08 closures are Status 00 to 08 closures. These are consumers closed prior to becoming applicants to VR. Closures in this status do not impact performance standards and may be due to a variety of reasons.

17. The Long-Term Trends report will continue to be modified as needed to account for recent programmatic changes and to add in data for new programs and initiatives to allow for the establishment of a baseline for ongoing monitoring of trends and patterns in these areas going forward.

## Recommendations

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### **1. Develop strategies for improving communication between consumers and counselors, and reducing the total number of unsuccessful closures, including developing strategies to improve communication on caseloads where staff vacancies occur:**

In this year's report, findings throughout the Comprehensive Statewide Needs Assessment (CSNA) including the Consumer Needs Assessment Survey, Counselor Survey, Consumer Satisfaction Survey, suggest that some consumers may experience difficulties staying in contact with their counselor and vice versa with counselors having difficulty maintaining contact with VR consumers. This is also evident when looking at the closure reasons for consumers closed unsuccessfully from the VR program. However, for the second year in a row, this trend was much less pronounced than in prior years.

It is recommended that MRC develop a workgroup to focus on engagement with consumers and to develop additional strategies to reduce unsuccessful closures and to further review the area of communication and develop strategies to improve communication between counselors and consumers on their caseload, and to develop strategies to reduce the number of unsuccessful closures. Staff training on remaining engaged with consumers is also recommended. Engagement strategies developed by MRC through its Kessler Grant Career Pathway Services project, the MRC-DMH ACCS Employment Initiative and the Transitions Pathway Services (TPS) program could be used as best practices to assist in this area. MRC should also draw upon findings on remote work surveys related to COVID-19. As part of this effort, strategies for engaging with underserved and unserved populations, as well as communities of color, should be further developed. MRC should also continue building off of its current efforts to improve program outcomes through its work with Synergy Consulting.

A focus on continued use of electronic methods of communication including email and text message may also assist in improving communication. Communication is a two-way street, and the results suggest a need for improvement in communication on both the counselor and consumer end.

MRC's newly molded Communications Department should be included in the efforts to improve these channels of communication throughout the agency, including in the efforts stated above.

It is also recommended that MRC should also look at ways to improve communication with consumers on caseloads where there are vacancies while they are being refilled, including having Unit Supervisors and Area

Directors assist with communicating with consumers on these caseloads to ensure consumers remain engaged. Findings in the CSNA suggest this is an area where improvement is needed as well.

**2. Modernize MRC’s technology systems and case management systems and databases to provide a more user-friendly, streamlined, and modern system, including a frontal facing portal for consumers and job seekers:**

MRC should continue its efforts to replace its MRCIS Case Management system with the OneMRC system--a more modern, mobile, and user-friendly data system that is integrated with Community Living programs. This will help improve the efficiency of service delivery by utilizing a more user-friendly platform and will assist the agency in developing data tools and analytics to make data-informed decisions to improve service delivery for MRC consumers across the agency. This system should include a frontal facing platform for job seekers and providers and should eliminate all paper records for the VR division.

As of the Summer of 2021, work has begun on the OneMRC program to construct a new case management platform for MRC. The work is beginning with the Community Living Division programs first.

**3. Continue ongoing efforts to improve services to youth consumers including high school and post-secondary students with disabilities:**

As transition-aged youth comprise a large portion of MRC VR referrals, and with the strong emphasis on serving youth and students with disabilities under WIOA, including Pre-Employment Transition Services, it is very important that the agency continue to focus on how to best serve these consumers, whose needs often differ from traditional adult VR cases. MRC should continue its efforts to expand and coordinate Pre-Employment Transition Services (Pre-ETS) to students with disabilities, including potentially eligible students through its revised Pre-ETS procurement with community-based providers. MRC should continue its efforts to improve services to youths and students with disabilities through identifying and promoting best practices, continuing collaboration with local schools and community colleges, and ensuring that information on pre-employment transition services and the transition planning process is available to consumers and their families and to staff, MRC offices, and schools through contracts, initiatives, partnerships, and other efforts. MRC should also continue its staff training in this area. MRC should continue to participate in webinars and trainings on transition services, research strategies and models to continue to expand pre-employment transition services to students with disabilities, including potentially eligible students, and come up with strategies to refer additional youth consumers for supported employment services. Finally, MRC should continue to use lessons learned from its Transition

Pathway Services grant to develop innovative best practices that can be replicated throughout the state in terms of Pre-ETS services. MRC should also continue to explore creative strategies for distance service provision for Pre-ETS as we continue to deal with the COVID-19 pandemic and evaluating the success of the Pre-ETS programs as whole.

It is recommended that MRC continue its efforts to develop and coordinate the delivery of pre-employment transition services (Pre-ETS) to VR eligible and potentially eligible students with disabilities (including potentially eligible students) with local educational authorities and the Department of Elementary and Secondary Education (DESE), and MRC Pre-ETS contracted service providers, including those services provided under the Individuals with Disabilities Education Act (IDEA). MRC has developed an agreement and worked with DESE to issue guidance to schools on the provision and coordination of individualized transition services for students with disabilities that lead to successful post-school outcomes in competitive integrated employment, post-secondary education and training, and community living.

#### **4. Continue efforts to enhance information to consumers and potential consumers on available services:**

Based on the results of the Needs Assessment survey and the Commonwealth Medicine focus group, it appears some consumers are not fully aware of some of the supports and services provided by the MRC, especially Community Living services. In addition, the findings of the Needs Assessment Survey, Consumer Satisfaction Survey, and the Counselor Satisfaction Survey all suggest some consumers do not fully understand what the MRC can and cannot do for them, and that some consumers may not completely understand their role and participation in the VR process. First, it is recommended that MRC update its Consumer Handbook and Orientation Video on an ongoing basis to make sure it remains up to date and accounts for any agency policy and procedural changes. Beyond this, MRC should continue to look at ways to provide more comprehensive information about services beyond its consumer orientation video(s), service lists, and consumer handbook, including training staff both on what other internal MRC services are available to consumers, and consider creating or obtaining an inventory, guide, or list of external resources and agencies the MRC counselors can refer consumers to. MRC can also continue to provide additional information on services through its marketing resources as well as through the use of social media and other methods. MRC's new office of Consumer and Family Engagement, the MRC Connect Integrated Eligibility Project, and the MRC Communications Office may also be able to assist in these efforts.

## **5. Update self-employment resources for consumers:**

The CSNA continues to show a high level of interest (> 20%) amongst consumers in self-employment. This level of high interest warrants a continued effort to improve the resources and materials that are available to consumers who may be interested in pursuing this form of employment through their MRC VR Services. There also appears to be some uncertainty on the part of consumers regarding self-employment assistance that MRC can provide. An update or revision of any documentation or handbook on self-employment services should be considered. MRC should also consider the development of strategies to assist individuals interested in self-employment. These efforts should be beneficial to consumers.

## **6. Continue to expand services to employers and coordinate employer services with other core workforce partners:**

MRC should continue to expand its efforts to provide services to employers through its account management system, employer advisory boards, the annual statewide hiring event, any local hiring events being planned, and other efforts designed to assess and meet the needs of employers and consumers alike. MRC also participates in a business strategy workgroup between key workforce partners as part of the Commonwealth's effort to coordinate services to employers amongst partner agencies. This effort will also assist with MRC's implementation of the WIOA Common Measure related to effectiveness of services to employers. It is also recommended MRC expand its pilot Employer Survey beyond its major employer accounts. MRC should also share the findings of the CSNA with its employer advisory boards and employer relationships to assist employer partners in best serving the needs of individuals with disabilities. These employer relationships should continue to enable MRC to direct consumers into fields and careers with high-wage and competitive employment opportunities, which may include the sharing of labor market information and further improve MRC Job Search effectiveness.

## **7. Continue efforts to collaborate with other components of the Workforce Investment System in Massachusetts to serve the needs of individuals with disabilities:**

The MRC should continue its efforts to collaborate with other core partners in the workforce investment system to reduce unemployment of individuals with disabilities and to provide effective services to employers throughout the state; to seek out collaborative opportunities including possible projects and grants that may assist individuals with disabilities across Massachusetts in obtaining competitive employment; and to continue to work closely together on WIOA implementation including common performance measures, and developing methods to track

shared consumers across the workforce system, among others. MRC should continue its efforts through workgroups such as the WIOA Steering Committee, the WIOA Systems Integration Workgroup, and other committees to align services and continue to increase its presence at the career centers.

It is recommended that MRC continue to work in collaboration with other core partners under WIOA to survey and identify the needs of individuals working with other components of the Workforce system. MRC should expand and continue its efforts to consult with core partners on the identified needs of their consumers as it relates to accessibility and access to employment opportunities, employment training, and provide employer trainings on disability awareness and job accommodations. Additionally, MRC should work with its partners to collect additional data on the needs of individuals in the overall workforce system to further align services and complement and enhance the CSNA.

**8. Continue staff trainings and workforce planning efforts to assist in improving service delivery to VR consumers, including remote service delivery options:**

The CSNA has identified areas where additional MRC staff training may assist in improving the quality and effectiveness of VR services delivered to MRC consumers. Based on these findings, trainings on serving consumers with psychiatric health challenges, trainings on pre-employment transition services (including those to potentially eligible consumers) and group transition services, job readiness/job placement activity trainings (resume writing, local job markets/labor market information, career assessments, etc.), ongoing trainings on the MRCIS case management system, counselor, supervisor and management trainings on VR best practices, policies and procedures, and effective practices for supervision, updated training on recording data such as measurable skills gains connected to WIOA Common Performance Measures, best practices from new projects such as the MRC-DMH Employment Initiative (ACCS) and trainings on effective communication with consumers and time management are recommended. In addition, the agency should continue its efforts to create webinar trainings for staff on a variety of topics and continue to seek input from staff on areas where training can improve service delivery. It is also recommended MRC develop workforce planning efforts to continue recruitment of new staff through VR counseling graduate programs and continue to provide ongoing manager, supervisor, and aspiring supervisor trainings and workshops to assist in preparing current staff for promotional opportunities within the agency.

**9. Continue to promote job driven trainings to increase employment opportunities for individuals with disabilities:**

MRC has demonstrated over the past several years that job driven trainings and on-the-job (OJT) trainings are important and effective tools for training and employing consumers in competitive jobs in many industries and occupations. These are also effective tools to assist in eliminating stigma against consumers with disabilities by demonstrating the abilities and skills of individuals with disabilities directly to employers in their workplace. OJT and Job Driven Trainings were identified as important services by a large portion of consumers in the Needs Assessment survey and counselors have also identified the need for additional OJTs and Job-Driven Trainings. MRC should also continue to evaluate the outcomes of its Job Driven Training programs with its employer partners. MRC should continue its efforts to build off of these collaborations as a model to use with other companies to establish similar programs with the goal of increased employment outcomes for consumers and as a way to market the skills and abilities of individuals with disabilities to the private sector and to meet employer needs. MRC should also consider expansion of its hiring event to include additional employers and consider partnering with other core workforce partners to develop new employer partners for job-driven trainings. MRC could also use these programs to develop joint efforts with MassHire Career Centers and other key workforce partners.

**10. Utilize Needs Assessment and data from the MRCIS Case Management System to conduct a longitudinal analysis of vocational rehabilitation service needs to determine service gaps and inform program and policy development:**

The CSNA report has a multi-year baseline of data that can be used by MRC to look at service needs and potential service gaps on a longitudinal basis. When combined with MRCIS data, this could be a strong source of data to conduct analysis on a long-term basis to determine service gaps, to evaluate the effectiveness and efficiency of MRC VR programs. Use of new data analytics tools could also assist with this process. It is recommended that MRC begin the process of utilizing Needs Assessment and MRCIS data to look at consumer needs and service gaps on a long-term basis. MRC should also use the information from other efforts, such as Learn to Earn, the project with Accenture looking at the Public Benefit Cliff Effect, and the project with Commonwealth Medicine to conduct additional focus groups for MRC stakeholders.

MRC should continue to improve and further modernize the CSNA and satisfaction processes, including through its work with Synergy Consulting and the Consumer Satisfaction Workgroup. The findings and recommended alternatives from the CSNA should continue to be used by agency management and the SRC for planning

purposes and remain an integral part of its strategic planning and WIOA Combined State Plan efforts for short- and long-range resource planning activities and future program development activities. The CSNA has and should continue to be used to inform agency planning efforts relative to the implementation of new innovative projects to meet the needs of consumers and to drive future agency planning efforts.

**11. Continue to increase consumer awareness of transportation options and explore efforts to assist consumers with transportation:**

This year's Needs Assessment once again demonstrates that transportation remains a significant need for many MRC consumers. MRC should continue to work with the SRC on transportation and seek out partnerships and collaboration with other stakeholders. MRC has worked with MassMobility on strategies and ideas to address the transportation issues facing MRC consumers and individuals with disabilities and how MRC can work with MassMobility and other agencies to address needs in this area. Development of other informational materials and training should be considered to assist consumers in learning about other available resources including local Councils on Aging and the EOHHS Human Service Transportation (HST) Office, and other resources, as well as innovative pilots. In addition, MRC should continue to research collaboration with MassMobility, the Massachusetts Department of Transportation, Career Centers, the HST office, local and regional planning boards, and other organizations on projects or programs that might be able to assist consumers with transportation, given that transportation is a systemic issue requiring collaboration on multiple levels. MRC should also do a survey of its offices to find out more about how its local staff are connected to the local transportation regional coordinating councils. MRC should also consult other VR agencies on how they address transportation challenges for individuals with disabilities.

**12. Continue outreach to communities of ethnic and diverse backgrounds on vocational rehabilitation and other MRC service offerings, for BIPOC and in in the Asian community:**

The MRC has made a commitment to reach out to individuals with the most significant disabilities who are also ethnic and cultural minorities through its Diversity Committee and through its Language Access Plan. The MRC should continue these outreach efforts to ethnic and cultural minorities to increase participation in the VR program from these diverse communities, especially for people of color. In particular, the Asian community, which continues to be identified as slightly underserved by the VR program in Massachusetts as compared to their overall composition in the state's population. As growth in the Asian community continues to be seen in the state's general population, it is recommended that MRC continues its outreach efforts to Asian communities in particular. MRC conducted a focus group during PY2018 in its Lowell Office, which has a higher concentration

of Asian consumers. A planned focus group in the Braintree Area was postponed due to COVID-19, however MRC will also be conducting additional focus groups virtually as part of its collaboration with Commonwealth Medicine to gather further information on how MRC can better address the needs of this and other underserved population (as well as many other stakeholder groups). Based on the results of the Lowell Focus group and from SRC input, MRC has also developed a workgroup and work plan to focus on outreach efforts to Asian and other minority communities. Strategies and resources for outreach efforts will be developed as part of this workgroup. It is recommended MRC complete of focus groups or community meetings in Braintree and/or Boston, and/or other areas with high population concentration of Asian communities, with consultation of the diversity and bilingual committees to review results and to develop best practices in collaboration with community organizations for increasing outreach efforts and services to the Asian community based on the comprehensive needs assessment survey conducted by the SRC, to present to agency leadership. It is also recommended that MRC continue to develop and implement its consumer engagement program which will include coordination of outreach services to community organizations in areas with underserved populations. MRC should also work with its Employee Resource Groups, Bilingual Committee, the SRC, and other groups to focus on outreach to diverse and underserved communities for all people of color.

**13. Continue to further refine the Comprehensive Statewide Needs Assessment process for WIOA requirements and reach out to additional consumers:**

The agency should continue its process of continuous improvement to the CSNA process with input from the SRC Needs Assessment Committee, and should continue to review RSA guidance, information from RSA Technical Assistance Centers such as WINTAC, and best practices from other states as part of this process. The process of continuous improvement has been very beneficial and has led to a strong annual product that has resulted in actions being taken to address its recommendations and findings. Other states have also come to MRC to learn about our CSNA process. Consumer needs are a dynamic, moving target, and as new policies and new priorities are established, consumer needs will continue to evolve. The CSNA has been enhanced and modified to assist with the implementation of new WIOA reporting, performance, and state planning requirements, and MRC should continue to refine the CSNA accordingly going forward. MRC should also continue to use the CSNA to inform further studies and analyses based on its findings. MRC should also revise and update the CSNA process with the use of new analytical tools such as Qualtrics and Tableau.

Finally, it is recommended that the MRC continue to work with the SRC to discuss how to reach out to more consumers to identify their needs, especially in underserved populations. MRC should also consider researching

ways the Needs Assessment Survey could be sent to consumers via text message in addition to email (to consumers who authorize MRC to send text messages). The translation of the Needs Assessment survey into Spanish and other languages should also be considered. Recommended refinements for the process include efforts to collect data from WIOA core partners on the needs of their clients to develop a greater understanding of the needs of the overall workforce investment system as well as efforts to gather additional data from schools on transition services provided under IDEA beyond the transition survey conducted in FY2018. MRC is also working with the SRC to implement a scaled down version of the survey that can be taken by consumers at the area office.

MRC can also draw upon the strategies and efforts used by Commonwealth Medicine to conduct focus groups to various MRC stakeholders.

#### **14. Continue increase utilization of electronic resources to communicate with consumers:**

Once again, a number of consumers recommended that MRC utilize more electronic methods to communicate with consumers, such as e-mails, text messages, social media, Skype, and other similar methods. This continues to increase on an annual basis. Counselors also indicated they would like more tools to communicate with consumers including email to text messaging. Especially in light of COVID-19, it is recommended that MRC should continue to consider ways to increase electronic communication with consumers, including expanded use of text messaging. MRC has trained staff regarding email to text communication. Increased use of electronic communication may also improve consumer to counselor communication and may potentially assist in reducing the number of consumers closed out unsuccessfully because they cannot be located. This will continue to become more important as consumers become more and more versed in communicating electronically and as MRC moves towards a more modern VR case management system. The Workforce Connect dashboard which will include a consumer-end dashboard with secure messaging features may also be a tool which can have benefits in this area. It is also recommended that MRC consider a front facing customer portal as part of a potential new modern case management system. Other states have used text messaging and online dashboards as communication tools and should researched as potential alternatives as well.

#### **15. Continue to enhance methods and products to assist with job matching and providing additional job leads to consumers and counselors:**

The MRC should continue its efforts to enhance efforts to match consumers' interests and skills with potential occupational areas and job opportunities. This could also be something that could be incorporated in a new data

and information management system that is being considered for the agency. MRC counselors and consumers expressed the desire for improved job matching and increased sharing of job leads that could lead to employment outcomes for consumers. The team model used in some offices where the JPS, ESS, and the counselor work together as a team to assist consumers in obtaining employment should be considered as a best-practice model that can be adopted across offices. MRC is currently implementing a new job matching tool, Simplicity, to assist with job searching and placement efforts.

#### **16. Continue to improve collaboration with Independent Living Centers:**

The Independent Living Centers (ILCs) remain important partners to MRC who can provide additional peer-driven supports to MRC consumers to assist them in their efforts to obtain employment and maintain independence in the community. Given that about only 25% of consumers are aware of the ILC in their area, the MRC should continue to improve referrals and collaboration between VR offices and the ILCs. In addition, MRC should consider efforts to increase consumer awareness of the ILCs, especially among individuals with psychological and cognitive disabilities. MRC should also consider open houses, joint orientations, or other meetings and presentations in collaboration with the ILCs. Joint marketing efforts could also be considered. Collaborations such as the Transitional Internship Program, the Pre-ETS procurement, Career Pathway Service grant, and the Transition Pathway Services grant, are good examples of beneficial collaborations with the ILCs, and MRC should continue to explore new possibilities for collaboration with the centers, including collaboration on financial literacy training.

#### **17. Continue to assist Community Rehabilitation Programs:**

It is recommended the MRC continue its efforts to assist and improve Community Rehabilitation Programs (CRPs) across Massachusetts. CSNA findings suggest that vendor capacity for MRC in its CIES and Pre-ETS procurements have assisted in meeting needs for CRP capacity to serve MRC consumers. However, it appears additional CRP capacity may be needed in some areas, both geographically and to serve specific populations. MRC reissued the Competitive Integrated Employment Service (CIES) procurement which should assist CRPs. MRC sought input from vendors, counselors, partner agencies, the SRC, and other key stakeholders as part of this process. MRC is also working with CRPs to provide pre-employment transition services to high school students with disabilities and should continue to build in best practices for serving both eligible and potentially eligible consumers, based on outcomes and results in collaboration with providers.

It is also recommended that MRC continue efforts to improve communication and information flow between CRPs and MRC using a team communication approach with the provider, counselor, supervisor, and Business Improvement Partners (BIPs), and continue regular meetings and communication with the Providers Council and other provider trade groups.

**18. Consider creation of a guide or list to assist in procuring products and materials from vendors:**

In the Counselor Satisfaction Survey, some counselors again indicated they would benefit from additional information about available vendors and the materials they supply. While the MRC has developed some lists of vendors for particular procurements, and is conducting trainings on procurement which should assist counselors with this and other concerns and issues in this area, development of a guide or list of resources to provide more information about available vendors for purchasing items for consumers may be beneficial to staff. This guide would list available vendors and the particular products/materials that are provided by each vendor.



Massachusetts Rehabilitation Commission

VOCATIONAL REHABILITATION SERVICES

## Massachusetts and U.S. Disability Facts & Statistics: 2020

- In 2019, there were 6,821,140 individuals living in the community in Massachusetts, of which 787,330 were persons with disabilities; a prevalence rate of 11.5%.
- In 2019, there were 328,239,523 individuals living in the community in the U.S., of which 41,156,238 were persons with disabilities; a prevalence rate of 12.5%.
- In 2019, 25.9% of individuals with disabilities living in the community in the US were below the poverty line, in Massachusetts this rate in 2019 was 27.8%, compared to 11.4% of individuals without disabilities in the US, and 10.5% in Massachusetts.

### Massachusetts Residents by Disability Category (ages 18-64 living in the community)

Disability Category	# of MA Residents	% of MA Residents	% of Disabled in MA
Cognitive Disability	191,299	4.4%	51.1%
Ambulatory Disability	148,422	3.4%	39.6%
Independent Living Disability	139,311	3.2%	37.2%
Self-Care Disability	64,248	1.5%	17.2%
Hearing Disability	56,221	1.3%	15.0%
Vision Disability	51,025	1.2%	13.6%

### Change in the Number of People with Disabilities in MA (individuals living in the community)

2018	2019	2018 to 2019 % Change
791,132	787,330	-0.5% (3,802 fewer individuals)

### MA & U.S. Employment for Individuals with Disabilities (age 18-64, living in the community)

2019	# With Disability	# With Disability & Employed	% With Disability Who are Employed
MA	374,563	155,391	41.4% (+3.2% from 2018)
U.S.	20,323,589	7,896,135	38.8% (+1.2% from 2018)

### MA & U.S. Employment for Individuals without Disabilities (age 18-64, living in the community)

2019	# Without Disability	# Without Disability & Employed	% Without Disability Who are Employed
MA	3,962,941	3,241,447	81.7% (+1.6% from 2018)
U.S.	177,316,108	139,393,681	78.6% (+0.8% from 2018)

- Employment rates for individuals with disabilities lag far behind those for individuals without disabilities.

The information above is taken from the 2020 Disability Statistics Compendium, developed by the Rehabilitation Research and Training Center on Disability Statistics and Demographics at the University of New Hampshire. The annual Disability Statistics Compendium uses data from the most recent American Community Survey (U.S. census Bureau). Access the Disability Compendium here: <http://disabilitycompendium.org>



Massachusetts Rehabilitation Commission

## VOCATIONAL REHABILITATION SERVICES

### Year in Review

July 1, 2019 – June 30, 2020

#### Massachusetts Rehabilitation Commission

**3,042** citizens with disabilities have been successfully placed into competitive employment based on their choices, interests, needs and skills.

The earnings of these successfully placed employees in MA in the first year were **\$67.0 million**.

Estimated public benefits savings from people rehabilitated in MA were **\$22.8 million**.

Average Hourly Wage	<b>\$15.45</b>
Average Work Hours Weekly	<b>27.4</b>

\*The returns to society based on increases in lifetime earnings range from \$14 to \$18 for each \$1 invested in the MRC Vocational Rehabilitation program.

\*\$5 is returned to the government in the form of increased taxes and reduced public assistance payments for every \$1 invested in the MRC Vocational Rehabilitation program.

*\*Based on Commonwealth Corporation Study.*

#### Who Are Our Consumers?

Psychiatric Disabilities	44.3%
Learning Disabilities	24.8%
Orthopedic Disabilities	8.4%
Substance Abuse	6.6%
Deaf and Hard of Hearing	5.5%
Other Disabilities	4.6%
Developmental/Intellectual Disabilities	2.3%
Neurological Disabilities	2.2%
Traumatic Brain Injury	1.4%

Average Age	31.0
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Male	55.1%
Female	44.9%

White	77.1%
Black/African American	17.8%
Hispanic/Latinx	13.9%
Asian/Pacific Islander	3.7%
Native American	1.2%

#### Facts At A Glance:

The goal of our services is to promote dignity through employment and community living, one person at a time. We hope all citizens with disabilities in Massachusetts will have the opportunity to contribute as a productive member of their community and family as a result of services provided by the MRC.

<b>Consumers actively receiving services</b>	<b>22,540</b>
<b>Consumers enrolled in training/education programs</b>	<b>13,174</b>
<b>Consumers with disabilities employed in competitive, integrated employment</b>	<b>3,042 (100%)</b>
<b>Consumers employed with medical insurance</b>	<b>99.4%</b>
<b>Consumers satisfied with services</b>	<b>78.0%</b>

**Vision and Mission:**

The Massachusetts Rehabilitation Commission (MRC) promotes equality, empowerment and independence of individuals with disabilities. These goals are achieved through enhancing and encouraging personal choice and the right to succeed or fail in the pursuit of independence and employment in the community.

**Who We Serve:**

The MRC provides comprehensive services to people living with disabilities that maximize their quality of life and economic self-sufficiency in the community.

**Vocational Rehabilitation (VR) Division:**

The MRC Vocational Rehabilitation Program and the Massachusetts Commission for the Blind serve eligible individuals with disabilities who are available and able to attain employment as a result of vocational rehabilitation services.

The MRC Vocational Rehabilitation Program is the federal-state vocational rehabilitation program focused on assisting individuals with disabilities to obtain, maintain, and advance in employment. Some of the MRC-VR services provided include:

- Vocational counseling, guidance, and assistance in job placement;
- Training programs, including job-driven partnerships with employers, including college and vocational certificate programs, if appropriate, to attain competitive employment;
- Assistive technology and rehabilitation technology services;
- Job Coach services;
- Community based employment services;
- Interview preparation and direct job placement services;
- Pre-Employment Transition Services (Pre-ETS) for students with disabilities.

**What MRC Consumers Have To Say:**

- ❖ "I was and still am satisfied and very grateful for the help I received from Mass Rehabilitation and my counselor, having taking the time and did all the research needed to guide me towards my goal in life. I am forever grateful for my counselor's amazing ability, patience and professionalism during this process."
- ❖ "I am very thankful for the opportunity that MRC gave me, to be back on my feet, i couldn't do by myself. My counselor was on top of everything and He make sure I did get what I needed."
- ❖ "MRC has been extremely supportive towards me. The agency has provided assistance with college degree; and employment advocacy when I was having difficulties with my employer. MRC is extremely devoted to their clients. I am very pleased with the assistance I have received from them."
- ❖ "MRC has been incredible and I would be where I am today without them. I went to community college and MRC was there every step of the way."



# MRC

Massachusetts Rehabilitation Commission

## VOCATIONAL REHABILITATION SERVICES

- ❖ “Through the MRC I obtained a certificate in Medical Assisting and a certificate of completion in an online Microsoft Computer course. Because of this training I was able to transition from a \$9.50 hour food service job to an administrative assistant position in a medical office and earn \$17.75 per hour.”
- ❖ “I have recently found through the aid of MRC a position related to my medical background as a pharmacy technician at a local CVS which I find to be excellent.”

**Year in Review**  
 October 1, 2019 – September 30, 2020

<b>SSI/DI Claims Processed Disability Determination Services</b>	
Total Receipt of Cases:	63,712
Total Disposition of Cases:	65,163
Initial Claims Filed:	38,976
Initial Claims Disposed:	38,565
% Allowed:	45.8%
CDR Receipts:	12,115
CDR Dispositions:	12,890
Accuracy of Decisions:	95.2 %

<b>Purchased Services</b>	
Consultative Examinations Purchased:	10,233
Consultative Examination Rate:	15.7%
Medical Evidence of Record Purchased:	55,338
Medical Evidence of Record Rate:	84.9%
Total Medical Costs:	\$ 6,873,768
<b>Massachusetts SSI/SSDI Summary</b>	
Total MA Population:	6.90M
MA SSI Recipients, 2019:	182,565
MA SSDI Recipients, 2019:	220,552
Annual SSDI Benefits Paid:	\$3.33B
Annual SSI Benefits Paid:	\$1.21B

**Facts At A Glance**

<b>Total Budget:</b>	<b>\$46,971,951</b>
<b>Cost Per Case:</b>	<b>\$613.05</b>
<b>Total Disposition of SSI/DI Cases:</b>	<b>65,163</b>
<b>Accuracy of Initial Decisions:</b>	<b>95.2%</b>
<b>Federal Accuracy of Decision Standard:</b>	<b>90.6%</b>



# MRC

Massachusetts Rehabilitation Commission

## DISABILITY DETERMINATION SERVICES

### **Vision and Mission:**

The Massachusetts Rehabilitation Commission (MRC) promotes equality, empowerment and independence of individuals with disabilities. These goals are achieved through enhancing and encouraging personal choice and the right to succeed or fail in the pursuit of independence and employment in the community.

### **Who We Serve:**

The MRC provides comprehensive services to people with disabilities that maximize their quality of life and economic self-sufficiency in the community.

### **Disability Determination Services (DDS) Division:**

Handles disability claims on behalf of the Social Security Administration.

- Determines Eligibility for Social Security Disability Insurance (SSDI)
- Determines Eligibility for Supplemental Security Income (SSI)
- Processes Continuing Disability Review Claims (CDRs)

**Year in Review**  
**July 1, 2019 – June 30, 2020**

<b>Consumers Served Community Living Programs</b>	
Independent Living Centers	6,135
Turning 22 Services:	812
Assistive Technology:	3,623
Housing Registry:	1,272
Supported Living Services:	170
Brain Injury Services:	1,238
Home Care Services:	1,310
Protective Services:	1,601
ABI-N/MFP-CL Waivers:	1,069

<b>Services Purchased Community Living Programs</b>	
Independent Living Centers:	\$9,023,840
IL Turning 22 Services:	\$1,973,505
Assistive Technology:	\$2,559,369
Housing Registry:	\$80,000
Supported Living Services:	\$2,927,124
Brain Injury Services:	\$26,313,856
Home Care Services:	\$4,345,720
Protective Services:	\$61,057.43
ABI-N/MFP-CL Waivers	\$13,712,829

**FACTS AT A GLANCE**

The goal of our services is to promote dignity through employment and community living, one person at a time. We hope all citizens with disabilities in Massachusetts will have the opportunity to contribute as a productive member of their community and family as a result of services provided by the MRC.

<b>Total consumers actively receiving services:</b>	<b>17,230</b>
<b>Total funds expended:</b>	<b>\$60,997,300</b>
Cost per consumer served:	\$3,540

**Vision and Mission:**

The Massachusetts Rehabilitation Commission (MRC) promotes equality, empowerment and independence of individuals with disabilities. These goals are achieved through enhancing and encouraging personal choice and the right to succeed or fail in the pursuit of independence and employment in the community.

**Who We Serve:**

The MRC provides comprehensive services to people with disabilities that maximize their quality of life and economic self-sufficiency in the community.

**Community Living (CL) Division:**

The MRC Community Living Division is comprised of a variety of programs, supports, and services that address the diverse needs of adults and transition age youth with disabilities to fulfill their desire/need for community integration, to gain maximum control of their destiny, and to participate fully in their community.

- Independent Living Center Services
- Community Supported Living Services
- Accessible Housing Registry
- Home Care Assistance Program for Eligible Adults with Disabilities
- Turning 22 Youth Transition to Adult Human Services
- Assistive Technology Training and Devices
- Community-Based Residential, Day and Support Services for Persons with Brain Injuries
- Home and Community Based Waiver Programs

**What our Consumers Say...**

“The Counselor has been an excellent advocate and has been extremely helpful to me and my family in developing a service plan that best suits our needs.” – *SHIP/TBI Waiver Consumer*

“I want you to know that I am so thankful for all that you’ve done. Frankly I don’t know what I would have done without my home care assistant this year. This is just a really well rounded program”. – *Home Care Consumer*

“I would not be able to maintain my life without the assistance of HCAP. I am very grateful for the assistance that keeps me healthy and maintain independent living.” – *Home Care Consumer*

“I’m very satisfied with SHIP services. Everyone has been great and my service coordinator is terrific with providing information.” – *TBI Waiver Consumer*

"MRC is a very caring place. They really care about their consumers and they go beyond their line of duty of service." – *Community Living Consumer*

"Thanks for everything [to my Case Manager]. I greatly appreciate you and Mass Rehab. You have been nothing but wonderful to me." - *Home Care Consumer*



Massachusetts Rehabilitation Commission

## VOCATIONAL REHABILITATION SERVICES

### Top 10 Jobs

SOC Code	Top 10 Jobs Written on IPEs	Location Quotient	Median Wage
41-2031	Retail Salespersons	0.84	\$14.48
53-7065	Stockers and Order Fillers	0.76	\$14.96
21-1093	Social and Human Service Assistants	1.40	\$16.59
43-4051	Customer Service Representatives	0.94	\$20.19
21-1018	Substance Abuse and Behavioral Disorder Counselors	2.07	\$22.41
21-1099	Community and Social Service Specialists, All Other	0.54	\$20.93
43-9061	Office Clerks, General	0.75	\$19.05
15-1299	Computer Occupations, All Other	1.00	\$40.71
43-9199	Office and Administrative Support Workers, All Other	0.33	\$21.27
41-9099	Sales and Related Workers, All Other	0.57	\$23.50
<b>Average</b>		<b>0.92</b>	<b>\$21.41</b>

SOC Code	Top 10 for Successful Employment Outcomes	Location Quotient	Median Wage
53-7065	Stockers and Order Fillers	0.76	\$14.96
41-2031	Retail Salespersons	0.84	\$14.48
41-2011	Cashiers	0.92	\$13.82
37-2011	Janitors and Cleaners, Except Maids and Housekeeping Cleaners	1.06	\$17.41
41-9099	Sales and Related Workers, All Other	0.57	\$23.50
21-1093	Social and Human Service Assistants	1.40	\$16.59
43-4051	Customer Service Representatives	0.94	\$20.19
35-2021	Food Preparation Workers	0.79	14.80
35-9099	Food Preparation and Serving Related Workers, All Other	0.23	\$14.02
35-9021	Dishwashers	1.22	\$14.59
<b>Average</b>		<b>0.87</b>	<b>\$16.44</b>



Massachusetts Rehabilitation Commission

## VOCATIONAL REHABILITATION SERVICES

### Top 10 Occupational Categories

SOC Code	Top 10 Jobs Written on IPEs	Location Quotient	Median Wage
43-0000	Office and Administrative Support Occupations	0.92	\$22.28
21-0000	Community and Social Service Occupations	1.51	\$23.09
53-0000	Transportation and Material Moving Occupations	0.73	\$17.49
41-0000	Sales and Related Occupations	0.87	\$17.09
39-0000	Personal Care and Service Occupations	1.09	\$16.13
31-0000	Healthcare Support Occupations	1.21	\$17.12
35-0000	Food Preparation and Serving Related Occupations	0.89	\$14.57
15-0000	Computer and Mathematical Occupations	1.34	\$48.77
27-0000	Arts, Design, Entertainment, Sports, and Media Occupations	1.05	\$29.45
29-0000	Healthcare Practitioners and Technical Occupations	1.12	\$39.44
<b>Average</b>		<b>1.07</b>	<b>\$24.54</b>

SOC Code	Top 10 for Successful Employment Outcomes	Location Quotient	Median Wage
34-0000	Office and Administrative Support Occupations	0.92	\$22.28
41-0000	Sales and Related Occupations	0.87	\$17.09
35-0000	Food Preparation and Serving Related Occupations	0.89	\$14.57
53-0000	Transportation and Material Moving Occupations	0.73	\$17.49
21-0000	Community and Social Service Occupations	1.51	\$23.09
37-0000	Building and Grounds Cleaning and Maintenance Occupations	0.99	\$17.85
39-0000	Personal Care and Service Occupations	1.09	\$16.13
31-0000	Healthcare Support Occupations	1.21	\$17.12
51-0000	Production Occupations	0.68	\$19.77
25-0000	Educational Instruction and Library Occupations	1.09	\$31.93
<b>Average</b>		<b>1.00</b>	<b>\$19.73</b>

Primary Disability Impairment by District	South		North		West		Statewide Total	
	#	%	#	%	#	%	#	%
<b>FY2020 Active Clients</b>								
Blindness	8	0.10%	4	0.10%	4	0.10%	16	0.10%
Other Visual Impairments	39	0.40%	18	0.20%	24	0.40%	81	0.40%
Deafness, Primary Communication Visual	173	1.90%	172	2.40%	147	2.40%	492	2.20%
Deafness, Primary Communication Auditory	23	0.30%	19	0.30%	47	0.80%	89	0.40%
Hearing Loss, Primary Communication Visual	38	0.40%	24	0.30%	32	0.50%	94	0.40%
Hearing Loss, Primary Communication Auditory	126	1.40%	154	2.10%	228	3.70%	508	2.30%
Other Hearing Impairments (Tinnitus, Meniere's Disease, hyperacusis, etc.)	9	0.10%	20	0.30%	14	0.20%	43	0.20%
Deaf - Blindness	0	0.00%	2	0.00%	3	0.00%	5	0.00%
Communicative Impairments (expressive/receptive)	90	1.00%	79	1.10%	91	1.50%	260	1.20%
Mobility Orthopedic/Neurological Impairments	289	3.20%	171	2.30%	155	2.50%	615	2.70%
Manipulation/Dexterity Orthopedic/Neurological Impairments	90	1.00%	58	0.80%	36	0.60%	184	0.80%
Both mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments	147	1.60%	136	1.90%	71	1.10%	354	1.60%
Other Orthopedic Impairments (e.g., limited range of motion)	172	1.90%	74	1.00%	72	1.20%	318	1.40%
Respiratory Impairments	25	0.30%	18	0.20%	11	0.20%	54	0.20%
General Physical Debilitation (fatigue, weakness, pain, etc.)	308	3.40%	132	1.80%	122	2.00%	562	2.50%
Other Physical Impairments (not listed above)	390	4.30%	314	4.30%	480	7.80%	1184	5.30%
Cognitive Impairments (impairments involving learning, thinking, processing information and concentration)	2904	32.00%	2723	37.40%	1965	31.80%	7592	33.70%
Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping)	3611	39.80%	2863	39.30%	2337	37.80%	8811	39.10%
Other Mental Impairments	642	7.10%	299	4.10%	337	5.40%	1278	5.70%
<b>Grand Total</b>	<b>9084</b>	<b>100.00%</b>	<b>7280</b>	<b>100.00%</b>	<b>6176</b>	<b>100.00%</b>	<b>22540</b>	<b>100.00%</b>

Primary Disability Cause by District	South		North		West		Statewide Total	
	#	%	#	%	#	%	#	%
<b>FY2020 Active Clients</b>								
Cause Unknown	422	4.6%	374	5.1%	1127	18.2%	1923	8.5%
Accident/Injury (other than TBI or SCI)	255	2.8%	86	1.2%	98	1.6%	439	1.9%
Alcohol Abuse or Dependence	229	2.5%	102	1.4%	105	1.7%	436	1.9%
Amputation	14	0.2%	13	0.2%	15	0.2%	42	0.2%
Anxiety Disorders	623	6.9%	621	8.5%	466	7.5%	1710	7.6%
Arthritis and Rheumatism	105	1.2%	42	0.6%	59	1.0%	206	0.9%
Asthma and other Allergies	15	0.2%	8	0.1%	7	0.1%	30	0.1%
Attention-Deficit Hyperactivity Disorder (ADHD)	458	5.0%	488	6.7%	400	6.5%	1346	6.0%
Autism	835	9.2%	1012	13.9%	571	9.2%	2418	10.7%
Blood Disorders	17	0.2%	7	0.1%	8	0.1%	32	0.1%
Cancer	45	0.5%	33	0.5%	20	0.3%	98	0.4%
Cardiac and other Conditions of the Circulatory System	46	0.5%	26	0.4%	28	0.5%	100	0.4%
Cerebral Palsy	91	1.0%	88	1.2%	63	1.0%	242	1.1%
Congenital Condition or Birth Injury	135	1.5%	101	1.4%	159	2.6%	395	1.8%
Cystic Fibrosis	5	0.1%	1	0.0%	4	0.1%	10	0.0%
Depressive and other Mood Disorders	1686	18.6%	1190	16.3%	1006	16.3%	3882	17.2%
Diabetes Mellitus	42	0.5%	36	0.5%	27	0.4%	105	0.5%
Digestive	16	0.2%	15	0.2%	5	0.1%	36	0.2%
Drug Abuse or Dependence (other than alcohol)	605	6.7%	223	3.1%	213	3.4%	1041	4.6%
Eating Disorders (e.g., anorexia, bulimia, or compulsive overeating)	4	0.0%	7	0.1%	1	0.0%	12	0.1%
End-Stage Renal Disease and other Genitourinary System Disorders	16	0.2%	14	0.2%	11	0.2%	41	0.2%
Epilepsy	76	0.8%	50	0.7%	37	0.6%	163	0.7%
HIV and AIDS	24	0.3%	8	0.1%	11	0.2%	43	0.2%
Immune Deficiencies excluding HIV/AIDS	18	0.2%	9	0.1%	7	0.1%	34	0.2%
Mental Illness (not listed elsewhere)	163	1.8%	167	2.3%	148	2.4%	478	2.1%
Developmental Disabilities	250	2.8%	153	2.1%	125	2.0%	528	2.3%
Multiple Sclerosis	52	0.6%	36	0.5%	18	0.3%	106	0.5%
Muscular Dystrophy	24	0.3%	14	0.2%	12	0.2%	50	0.2%
Parkinson's Disease and other Neurological Disorders	19	0.2%	44	0.6%	22	0.4%	85	0.4%

Personality Disorders	39	0.4%	20	0.3%	21	0.3%	80	0.4%
Physical Disorders/Conditions (not listed elsewhere)	328	3.6%	290	4.0%	206	3.3%	824	3.7%
Polio	9	0.1%	2	0.0%	3	0.0%	14	0.1%
Respiratory Disorders other than Cystic Fibrosis or Asthma	12	0.1%	7	0.1%	2	0.0%	21	0.1%
Schizophrenia and other Psychotic Disorders	408	4.5%	198	2.7%	158	2.6%	764	3.4%
Specific Learning Disabilities	1735	19.1%	1619	22.2%	875	14.2%	4229	18.8%
Spinal Cord Injury (SCI)	56	0.6%	29	0.4%	27	0.4%	112	0.5%
Stroke	77	0.8%	43	0.6%	32	0.5%	152	0.7%
Traumatic Brain Injury (TBI)	130	1.4%	104	1.4%	79	1.3%	313	1.4%
<b>Grand Total</b>	<b>9084</b>	<b>100.0%</b>	<b>7280</b>	<b>100.0%</b>	<b>6176</b>	<b>100.0%</b>	<b>22540</b>	<b>100.0%</b>

### Race and Ethnicity Breakout, FY2020 Served Consumers

Area Office	White		African-American/Black		Asian/Pacific Islander		Hispanic		Native American		Chose not to identify	
	#	%	#	%	#	%	#	%	#	%	#	%
Greenfield	741	89.9%	68	8.3%	23	2.8%	72	8.7%	23	2.8%	12	1.5%
Holyoke	864	85.4%	131	12.9%	29	2.9%	269	26.6%	23	2.3%	7	0.7%
Pittsfield	553	90.4%	67	10.9%	1	0.2%	31	5.1%	8	1.3%	1	0.2%
Springfield	777	73.1%	261	24.6%	23	2.2%	324	30.5%	20	1.9%	14	1.3%
Fitchburg	559	90.7%	53	8.6%	10	1.6%	87	14.1%	9	1.5%	0	0.0%
Milford	885	93.5%	57	6.0%	10	1.1%	77	8.1%	7	0.7%	6	0.6%
Worcester	1372	80.5%	301	17.7%	53	3.1%	363	21.3%	18	1.1%	6	0.4%
Framingham	861	83.2%	112	10.8%	59	5.7%	80	7.7%	18	1.7%	5	0.5%
Lawrence	1064	86.1%	190	15.4%	23	1.9%	431	34.9%	5	0.4%	2	0.2%
Lowell	1021	81.7%	95	7.6%	139	11.1%	128	10.2%	5	0.4%	6	0.5%
Salem	1004	77.5%	172	13.3%	132	10.2%	138	10.7%	15	1.2%	6	0.5%
Somerville	1440	77.9%	336	18.2%	79	4.3%	166	9.0%	17	0.9%	8	0.4%
Downtown Boston	919	62.5%	480	32.7%	79	5.4%	289	19.7%	12	0.8%	7	0.5%
Roxbury	313	30.8%	677	66.7%	29	2.9%	202	19.9%	13	1.3%	2	0.2%
Braintree	772	73.0%	216	20.4%	55	5.2%	74	7.0%	12	1.1%	17	1.6%
Brockton	690	70.3%	285	29.1%	10	1.0%	107	10.9%	13	1.3%	11	1.1%

Fall River	611	88.9%	67	9.8%	13	1.9%	60	8.7%	7	1.0%	4	0.6%
Hyannis	1025	89.8%	88	7.7%	21	1.8%	43	3.8%	25	2.2%	6	0.5%
New Bedford	788	79.9%	196	19.9%	8	0.8%	114	11.6%	13	1.3%	8	0.8%
Plymouth	488	95.3%	21	4.1%	11	2.1%	13	2.5%	0	0.0%	0	0.0%
Taunton	1074	87.0%	139	11.3%	15	1.2%	61	4.9%	14	1.1%	14	1.1%
SES*	14	100.0%	0	0	0	0.0%	2	14.3%	0	0.0%	0	0.0%
District	White		African-American/Black		Asian/Pacific Islander		Hispanic		Native American		Chose not to identify	
	#	%	#	%	#	%	#	%	#	%	#	%
North	5949	81.7%	958	13.2%	442	6.1%	1030	14.1%	69	0.9%	27	0.4%
South	6680	73.5%	2169	23.9%	241	2.7%	963	10.6%	109	1.2%	69	0.8%
West	5206	84.3%	885	14.3%	139	2.3%	1138	18.4%	99	1.6%	46	0.7%
<b>Total Statewide</b>	<b>17835</b>	<b>79.1%</b>	<b>4012</b>	<b>17.8%</b>	<b>822</b>	<b>3.65%</b>	<b>3131</b>	<b>13.9%</b>	<b>277</b>	<b>1.2%</b>	<b>14</b>	<b>0.6%</b>

RSA Disability Impairment Codes	High Level Disability Category
Blindness	Sensory/Communicative
Other Visual Impairments	Sensory/Communicative
Deafness, Primary Communication Visual	Sensory/Communicative
Deafness, Primary Communication Auditory	Sensory/Communicative
Hearing Loss, Primary Communication Visual	Sensory/Communicative
Hearing Loss, Primary Communication Auditory	Sensory/Communicative
Other Hearing Impairments (Tinnitus, Meniere's Disease, hyperacusis, etc.)	Sensory/Communicative
Deaf - Blindness	Sensory/Communicative
Communicative Impairments (expressive/receptive)	Sensory/Communicative
Mobility Orthopedic/Neurological Impairments	Physical/Orthopedic
Manipulation/Dexterity Orthopedic/Neurological Impairments	Physical/Orthopedic
Both mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments	Physical/Orthopedic
Other Orthopedic Impairments (e.g., limited range of motion)	Physical/Orthopedic
Respiratory Impairments	Physical/Orthopedic
General Physical Debilitation (fatigue, weakness, pain, etc.)	Physical/Orthopedic
Other Physical Impairments (not listed above)	Physical/Orthopedic
Cognitive Impairments (impairments involving learning, thinking, processing information and concentration)	Psychological/Cognitive
Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping)	Psychological/Cognitive
Other Psych. Impairments	Psychological/Cognitive

High Level Disability Category grouping of RSA Disability Impairment Codes