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**2016 Comprehensive Statewide Vocational Rehabilitation Consumer Needs Assessment**

**Massachusetts Rehabilitation Commission**

**Research, Development, and Performance Management Department**

**In collaboration with:**

**Statewide Rehabilitation Council**

**Needs Assessment Committee**

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**Executive Summary:**

The Massachusetts Rehabilitation Commission (MRC) in conjunction with the Statewide Rehabilitation Council (SRC) conducted its annual Comprehensive Statewide VR Consumer Needs Assessment (CSNA) in the Fall of 2016. The Rehabilitation Services Administration (RSA) requires the MRC to conduct a Comprehensive Statewide VR Consumer Needs Assessment at least every three years, but the MRC administers it on an annual basis with the information and findings incorporated into the MRC’s section of the Massachusetts WIOA Combined State Plan, as well as in MRC’s Strategic Planning, and Quality Assurance activities. The findings on consumer needs listed in this report are presented and shared with MRC Senior Management and VR staff, the entire body of the SRC, and other key stakeholders as part of the MRC’s State Plan and continuous quality improvement processes. It is also publicly distributed via the MRC website. The 2016 CSNA process constituted a number of areas, including: a consumer survey which also included additional content for students with disabilities on pre-employment transition services; focus groups; analysis of key statistical and demographic information and facts; findings from other reports and surveys including the Consumer, Provider, and Counselor Satisfaction surveys; pilot youth and employer surveys; and collaboration and discussion with the SRC and other key stakeholders.

The MRC 2016 Comprehensive Statewide VR Consumer Needs Assessment Survey was administered electronically via Survey Monkey in September and October 2016. A focus group of MRC consumers was also conducted at the Consumer Conference in June 2015. There were 1,691 consumers who responded to the survey out of a total of 7,247 recipients, for a response rate of 23.4%. The number of responses exceeded the amount required to make statistically significant conclusions at a 99% confidence level, according to the Raosoft.com sample size calculator, by a wide margin. There was a 2% increase in the number of consumer respondents from the 2015 Needs Assessment Survey and a 16% increase in the number of consumers offered the opportunity to participate in the survey compared to 2015. Those consumers aged 16 to 22 were sent a version of the survey which included additional questions on pre-employment transition services and other transition related questions. 281 responses were received (included in overall total).

**The main findings of the 2016 Comprehensive Statewide VR Consumer Needs Assessment can be summarized as follows:**

1. The 2016 CSNA confirms that the majority of consumers served by the MRC are people with the most significant disabilities. The findings indicate that a majority of MRC consumers require multiple Vocational Rehabilitation (VR) services and supports to assist them in their efforts to prepare for, choose, obtain, maintain, and advance in competitive employment. There is also a high need for transportation and Community Living (CL) services amongst many consumers. The need for multiple VR services was found to be slightly greater amongst individuals of diverse ethnic and racial backgrounds (particularly African-Americans and Hispanics) and for individuals with cognitive or psychological disabilities. This finding was more pronounced than 2015. The findings suggest that many consumers also require supported employment and ongoing and extended employment supports. The need for multiple CL services was greatest among individuals with physical or sensory disabilities. (See page 148 for a key to disability groupings).
2. Overall, the majority of MRC consumers believe MRC services are addressing all or most of their needs and are satisfied with MRC services. 80% of consumers feel MRC services are at least somewhat effective in meeting their vocational service needs. 86% of MRC consumers are satisfied with the services they receive. Also, the majority of consumers (82%) are also somewhat or very satisfied with the development of their Individualized Plan for Employment. All of these are increases from 2015. Many of those who feel MRC services are not meeting their needs indicate they have difficulty maintaining contact with their counselor, have experienced changes in their assigned counselors due to high levels of staff turnover, feel they have not been provided consistent or adequate information on services, or are struggling with health issues, financial issues, and other difficulties.
3. Many consumers expressed strong praise and gratitude for the hard work and support provided by the MRC and its counseling staff. It is very evident that MRC and its staff make a significant positive impact on the lives of many of its consumers. The level of positive feedback from consumers this year is once again exceptionally notable. A need raised by consumers included better contact with their counselor and more information about available services and MRC procedures, including information and referral to other agencies. It also appears some consumers may not have a complete understanding of what the MRC can and cannot do for them. Many consumers also appear to be struggling with the high cost of living in Massachusetts.
4. The most important and needed VR services listed by consumers were job placement (89%), career counseling (87%), benefits planning (82%), supported employment (82%), work-readiness training (73%), vocational training (71%), ongoing supports to assist in retaining employment (71%), assistance with college education (70%), and On-the-Job Training and Job-Driven Trainings (68%).
5. Among individuals with less than a high school education at application, 94% indicate that transition services to assist in transitioning from high school to college and employment and 90% find pre-employment transition services for students with disabilities as important service needs. Obtaining a high school diploma and college education were also rated as important services by youth.
6. The most important and needed pre-employment transition services listed by MRC consumers of transition age (16-22) included internships/work-based learning experiences (87%), assistance in enrolling in post-secondary education or training (85%), work readiness training (83%), career counseling (81%), and advocacy/mentorship/peer counseling (72%). 77% of consumers of transition age indicate they have received some pre-employment transition services from MRC. Some consumers report they receive pre-employment transition services from schools outside of MRC, the frequency of the responses range from 16% for advocacy/peer counseling to 37% for assistance with enrollment in college education or trainings.
7. The majority of transition age consumers indicate they are satisfied with pre-employment transition services provided by MRC and their partners in meeting their needs towards future education and employment (72% satisfied/very satisfied, and 91% somewhat satisfied/satisfied/very satisfied), and the majority who are receiving these services (72%) indicate these services are effective in preparing them for their future career.
8. Results throughout the CSNA demonstrate a need for pre-employment transition services (Pre-ETS) among high school students with disabilities and youth consumers of transition age and MRC is working to address this need through its various transition initiatives. MRC is working closely with local school districts on transition and WIOA pre-employment transition services, including those provided under the Individuals with Disabilities Education Act (IDEA). MRC has a counselor assigned to every public high school in the Commonwealth and has developed strong working relationships with the Department of Elementary and Secondary Education (DESE). MRC is also working to coordinate its transition services with local schools and DESE with those transition services by these provided under the Individuals with Disabilities Education Act. MRC is involved in several initiatives in this area, including the B-SET project, and has hired a Transition Manager to oversee transition and coordination with educational authorities. MRC has also been awarded a 5 year demonstration grant on work-based learning experiences by RSA for students with disabilities entitled Transition Pathway Services which will also assist with needs in this area.
9. Based on an analysis of data from the Massachusetts Department of Elementary and Secondary Education (DESE) (<http://profiles.doe.mass.edu/state_report/selectedpopulations.aspx>), there are 167,530 students with disabilities enrolled in public high schools in Massachusetts as of October 1, 2016. Based on this data and the high need for Pre-ETS services demonstrated throughout the CSNA, MRC forecasts that it needs to utilize all of its 15% reservation of VR funding (approximately $7.2 million) to provide the five required Pre-ETS services to students with disabilities across Massachusetts and 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.
10. The most important job characteristics that MRC consumers indicated they are looking for in a job include a friendly job environment (96%), job satisfaction and personal interests (95%), earning a living wage (94%), an adequate number of hours worked per week (94%), vacation and other leave benefits (90%), and promotional opportunities (89%).
11. The most common occupational areas of interest listed by MRC consumers included Community/Social/Human Services (38%), Self-Employment (28%), Administrative (28%), Customer Service (24%), Arts/Entertainment (21%), Arts/Entertainment/Media (21%), Computers/Information Technology (21%), and Education/Childcare (15%). All but Self-Employment are amongst the top 10 occupational goals by Standard Occupational Code (SOC) in consumer employment plans in the MRCIS Case Management System. A number of consumers also asked for additional information on self-employment supports.
12. Only 30% of consumers indicated that they are aware of the Independent Living Center in their area. Individuals with psychological disabilities, younger consumers, and those in the South and North District tended to be less aware of ILCs compared to consumers with other types of disabilities.
13. Transportation continues to be an area of need for some MRC consumers. The most important and needed transportation services and options listed by consumers are the Donated Vehicle Program (18%), public transportation (18%), driver’s education and training (13%), the Transportation Access Pass (8%), The Ride/paratransit (8%), information on transportation options (8%), and car pool/ride sharing (5.5%).
14. Transportation can serve as a barrier to some consumers and 33% of consumers find transportation to be a potential barrier to obtaining employment (down 1% from 2015 and 3% from 2014). Common reasons for how transportation is a barrier include inability to access jobs in areas without transportation, the cost of transportation, the distance to available jobs, reliability and the time required to travel via public transit/paratransit, lack of a vehicle and/or driver’s license, and health conditions or the nature of disability.
15. The most important and needed Community Living services indicated by responding consumers were affordable, accessible housing and the Mass Access Housing Registry (66%), accessible recreational services (53%), Home and Community-Based Waiver Services (46%), the Individual Consumer Consultant (ICC) program (45%), Assistive Technology (38%), Home Care (37%), Supported Living Services (35%), and Home Modification (34%).
16. When factoring out consumers who indicated they do not require Community Living services, 87% of MRC consumers indicated that MRC’s services were somewhat or extremely useful in assisting them to maintain independence in the community. As with the section on VR, many consumers reflected on how the MRC’s assistance has been tremendously valuable. Many consumers, however, were not aware of some or all of the CL services provided by the MRC. Others indicated they do not require CL services. There appears to be a higher need for CL services amongst women and minority consumers.
17. Finding affordable and accessible housing continues to remain a challenge for many consumers due to economic conditions and the high cost of living in Massachusetts. The Independent Living Centers may be able to assist consumers in this area, and counselors may be able to refer consumers to other resources to assist with housing needs.
18. A total of 19% of consumers feel they require additional services and supports. This number increased by about 1% from 2015 but is steady looking at the longer term trend. These services include job search assistance, job placement and job training, financial assistance, transportation, affordable and accessible housing, counseling and guidance, information on available services, assistive technology, education and training, services from IL centers, and services and supports from other agencies, and computer/technology skills training.
19. The most important single service consumers are receiving includes job placement and job search services, assistance with college education and job training, tuition waivers, vocational counseling and guidance, assistive technology, job readiness training, assistance with obtaining supplies for school and work, ongoing employment supports, job trainings, and transportation,
20. A majority of MRC counselors and supervisors (82% 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 up from 2015. 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 WIOA implementation, amongst others.
21. Most consumers appear to be satisfied with services received from Community Rehabilitation Providers (CRPs). The majority of MRC staff also are somewhat or very satisfied with CRP services. Nearly 90% of CRPs indicated they are satisfied with services they provide to MRC consumers. Improved communication as well as information flow between CRPs and MRC staff may assist in improving service delivery to consumers and lead to more successful employment outcomes. Some CRPs have asked for MRC to provide additional information on client referrals for CRP services. Recent vendor expansion undertaken appears to have addressed CRP capacity needs, but there still may be a need for additional capacity in specific geographic areas, client population focus areas, and in particular service areas such as assessment based on counselor and provider feedback. MRC has also used CRPs to roll out new procurements to provide pre-employment transition services to students with disabilities aged 16 to 22.
22. A pilot survey of MRC employer partners through MRC’s account management system and those employers participating in the MRC Annual Hiring Event indicate a very high level of satisfaction with MRC job placement services amongst employer partners (88% satisfied/very satisfied) including satisfaction with the job performance of employees hired through MRC (93% satisfied/very satisfied). Most responding employers indicated that MRC meets their recruitment needs and would recommend MRC to other businesses for employment and recruitment. These findings suggest that MRC’s efforts to work with employers are effective towards accommodating the needs of our consumers and employer partners. It is recommended MRC expand these surveys to other employers.
23. 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, WIOA common measures and requirements, and on pre-employment transition services and transition services under WIOA.
24. The MRC has again identified Asian and Pacific Islanders as being slightly underserved by the MRC’s Vocational Rehabilitation program compared to their proportion in the overall state population. MRC continues to see growth in minority populations served by the MRC VR program in general. Growth in the Asian population continues to be seen in the state’s general population while it has remained steady amongst the MRC population. It is recommended that the MRC continue its outreach efforts to Asian communities. MRC has translated key agency marketing and information materials and recently completed a project to translate all MRCIS correspondence letters into several Asian languages common in Massachusetts including Mandarin Chinese, Vietnamese, and Khmer as part of its Language Access Plan.
25. In order to meet the needs of individuals served through other components of the Statewide Workforce Development System, MRC continues 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. MRC continues its efforts 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 participates in numerous workgroups such as the WIOA Steering Committee, WIOA Systems Integration Workgroup, and other committees who are working on the alignment of services under the workforce system.
26. MRC will 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. 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, 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 will be reaching out to its core partners in 2017 to gather additional data on the needs of individuals in the overall workforce system to complement and enhance the CSNA.
27. The Massachusetts Rehabilitation Commission VR Program has a growing presence at the Massachusetts Career Centers; the MRC Commissioner serves on the State Workforce Investment Board (SWIB), and each area director has a formal relationship with at least one career center. In addition, area directors or other MRC staff are on local workforce investment boards. MRC VR counseling staff make frequent visits and often conduct interviews at the local career centers and will be leasing space at all career centers as part of WIOA implementation. MRC is working on aligning its services and increasing its presence at the career centers as MRC is a required partner in the Career Center network. MRC is working on finalizing MOUs and infrastructure funding agreements with local areas and the Career Centers. Finally, the MRC’s job placement specialists and other assigned MRC staff work closely with local career centers to provide high quality vocational rehabilitation services to persons with disabilities seeking expanded employment opportunities and to make the career centers more responsive to the needs of individuals with disabilities including providing disability sensitivity training for career center staff.

**Introduction:**

The Massachusetts Rehabilitation Commission (MRC), in cooperation with the State Rehabilitation Council (SRC), has conducted its 10th annual comprehensive statewide study of consumer service needs, including the need for pre-employment transition services among high school students with disabilities. This year’s Comprehensive Statewide VR Consumer Needs Assessment (CSNA) was conducted in late 2016. The Rehabilitation Services Administration (RSA) requires the MRC to conduct a Comprehensive Statewide VR Consumer Needs Assessment at least every three years, but the MRC conducts this process on an annual basis with the information and findings incorporated into the MRC Vocational Rehabilitation Section of Massachusetts’ WIOA Unified/Combined State Plan, Strategic Plan, and Quality Assurance activities. MRC has enhanced the CSNA process to incorporate new requirements and to collect key data and information to assist the agency in successful implementation of the Workforce Innovation and Opportunity Act (WIOA), and will continue to revise and enhance the CSNA process as WIOA implementation continues to evolve.

MRC’s Continuous Quality Improvement System, including the CSNA, is based on the Plan, Do, Study, Act (PDSA) quality improvement model developed by Dr. Walter Stewart and Dr. W. Edwards Deming (*Figure 1*).

**Figure 1:**

**PDSA Model: The key to quality improvement is through a PDSA cycle**



The purpose of this study is twofold: to provide agency management with detailed information regarding the needs of the consumers served by the MRC, and to fulfill the federal requirement that the agency conduct a needs assessment at least every three years as part of the MRC Vocational Rehabilitation Section of Massachusetts’ WIOA Unified/Combined State Plan. The MRC and the SRC have determined that conducting a needs assessment of consumers every year provides agency management with detailed and timely information regarding the needs of MRC consumers and individuals with disabilities in the Commonwealth of Massachusetts, including the need for supported employment, and pre-employment transition services.

The goal of the CSNA is to provide agency staff with short and long term data on consumer needs to drive improvements to Vocational Rehabilitation and other related MRC programs. In addition to assessing the overall needs of the MRC’s consumer population and individuals with disabilities in Massachusetts, the CSNA process seeks to identify the VR service needs of individuals with significant disabilities including the need for supported employment, determining the needs of individuals with disabilities from diverse ethnic and racial backgrounds, individuals who may be underserved or unserved by the MRC’s VR program, the needs of individuals with disabilities served through the overall Massachusetts workforce investment system, to evaluate the need to create and improve community rehabilitation programs, and to assess and evaluate the needs of youth with disabilities and students with disabilities, including their need for pre-employment transition services or other transition services. Additionally, the CSNA also is intended to assess the needs of individuals with disabilities for transition career services and pre-employment transition services, and the extent to which such services are coordinated with transition services provided by local educational authorities under the Individuals with Disabilities Education Act (IDEA).

The MRC utilizes the results of the CSNA to assist in crafting the goals and priorities for the agency, defining avenues for resources that will form the determination of goals and priorities for the years to come. This information also assists with MRC program development and special project activities by documenting the need for grant funded programs and new initiatives meeting the vocational needs of citizens with disabilities in the Commonwealth of Massachusetts. The findings on consumer needs listed in this report are presented and shared with MRC Senior Management and VR staff, the entire body of the SRC, and other key stakeholders as part of the WIOA Unified/Combined State Plan, MRC’s Strategic Plan, and continuous quality improvement processes. The information is also disseminated through the MRC’s public website and will be distributed to WIOA core partners.

The CSNA process consists of a consumer survey, focus groups, analysis of key statistical and demographic information and facts, and collaboration and discussion with the SRC and other key stakeholders. Findings from other reports and surveys including the Consumer, Provider, and Counselor Satisfaction surveys are also incorporated into the CSNA. The MRC and the SRC have developed a committee of MRC staff, SRC representatives, and other stakeholders to manage the CSNA process to ensure the CSNA is comprised of a wide array of information to determine the service needs of citizens with disabilities within Massachusetts as well as provide input on the assessment of the needs of consumers served by the MRC. The committee reviews the CSNA process each year to enhance and modify the process as needed to ensure it captures a wide range of information, both quantitative and qualitative, from a wide range of participants. The process has been further enhanced based on WIOA requirements to include new information on pre-employment transition services, coordination between MRC and schools operating programs under the Individuals with Disabilities Education Act (IDEA), and services provided to employers. MRC will continue to refine the CSNA process as needed as WIOA implementation continues going forward. Some planned refinements for the 2017 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.

This project was managed by Graham Porell, and William Noone of the MRC Research, Development, and Performance Management Department. We sincerely thank the following individuals for their participation in this process:

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**Changes to This Year’s Comprehensive Statewide Needs Assessment Process and Instruments**

As part of its overall continuous quality improvement processes, MRC seeks to continually improve the Comprehensive Statewide Needs Assessment process in collaboration with the SRC Needs Assessment Committee. MRC and the SRC Needs Assessment Committee annually conduct basic research on best practices for CSNA processes from other VR agencies and conduct a literature review to ensure the MRC CSNA process best captures the needs of individuals with disabilities served by MRC. MRC also reviewed final WIOA regulations to ensure the CSNA process is in alignment with WIOA requirements.

Specific enhancements to the 2016 CSNA process included minor modifications and enhancements to the Needs Assessment survey instrument, enhancements to annual surveys contained under the CSNA process such as the Consumer Satisfaction Survey, a survey of community rehabilitation programs in Massachusetts, and a survey of MRC counseling staff. These modifications were based on new WIOA regulations and on recommendations and input from the SRC. Additionally, a new section was added to the main Needs Assessment survey. This section was included in the version of the survey sent to all consumers aged 16 to 22 (in addition to the regular survey questions) designed to assess the needs of students with disabilities, including the need for pre-employment transition services. Results of surveys to MRC staff on pre-employment transition services and other transition services were also included in the 2016 CSNA process. These changes assist in ensuring the MRC Comprehensive Statewide Needs Assessment collects a broad source of qualitative and quantitative information to assess VR service needs in Massachusetts and conforms to WIOA requirements.

These enhancements are in addition to the continuation of information and data added in prior reports process which includes information from MRC’s Strategic Plan, summary of findings from MRC’s client case reviews, information on staff training needs, findings from performance-based contract reviews, labor market information, a pilot employer survey to obtain input from MRC employer partners, and other related information.

In addition, focus groups continued as a regular component of the CSNA process. For the 4th straight year, a focus group session was conducted during the Annual Consumer Conference. The focus group consisted of a diverse group of MRC consumers representing all regions of the state. Consumers were asked a series of questions based on the questions contained in the Needs Assessment Survey. Once again the focus group yielded feedback and recommendations consistent with and complementary to the Needs Assessment Survey. In addition to the annual focus group, MRC is planning a series of more targeted focus groups for specific populations (region, MRC office, disability group, ethnic groups) to allow MRC to better assess the needs of specific populations. Several other states have also contacted MRC for information on our CSNA process to learn about our process as they seek to revamp their Needs Assessments.

**Findings and Results from 2016 Needs Assessment Survey and Focus Group:**

**Survey Methodology**

The 2016 Needs Assessment survey, a significant component of MRC’s Needs Assessment process, was administered electronically using Survey Monkey, an online survey tool frequently used by MRC’s Research, Development, and Performance Management Department (R&D). Survey Monkey is both accessible and user-friendly to participants and survey researchers. This marked the 7th year that the Needs Assessment survey has been successfully administered through this method. MRC R&D staff use SurveyMonkey.com to send a survey web link to consumers via email using R&D’s dedicated survey email address. R&D staff closely monitor this address to monitor bounced emails, to respond to questions and concerns raised by survey participants, and to assist consumers with any difficulties they were having with the survey. All consumers were given the opportunity to complete the survey through alternative formats or method upon request.

The 2016 survey utilized a sampling frame that included all individuals in Service Statuses (12, 16, 18, 20, 22, and 24) as of September 6, 2016, consistent with the past four Needs Assessment surveys. Emails with a link to the survey were sent to all consumers in these statuses with an email address in the MRCIS case management system. This approach generated a total of 8,921 consumers with email addresses or 41% out of a total of 21,950 consumers in these statuses. The proportion of consumers in the sampling frame with email addresses increased for the fifth straight year, increasing 5% from 2015, and 10% from 2014 where 31% of active consumers in these statuses had email addresses. MRC continues efforts to increase the proportion of consumers with email addresses in the MRCIS case management system. The importance of recording and maintaining current consumer email addresses in MRCIS has been through staff trainings and mentioned at management meetings and new counselor training. In early 2015, MRC rolled out an enhancement to MRCIS to allow letters to be emailed directly to consumers. Results have confirmed this effort has led to continued increases of email addresses in the MRCIS system. It is recommended that staff update consumer email addresses in the system regularly to facilitate improved communication with consumers.

It is important to note that some data entry issues were found with email addresses that made some email addresses not usable for administering the survey. Common data entry mistakes included typographical errors in the email address or that the email address field was used as an additional note field to record other pieces of data which belong elsewhere. The number of instances where non-relevant data was in the email address field continues to decrease annually from the level seen in previous years. Once again, it must also be noted that some consumer email addresses were of an inappropriate nature, which could be detrimental to a consumer’s efforts to find employment. Finally, there were a number of addresses which were no longer active. In some instances, we were able to send emails to a new address based on automated return messages with the new email address listed.

Before the survey was sent out, Survey Monkey identified a total of 1,074 addresses which were invalid or had opted out from previous surveys sent out to those addresses. The proportion of addresses affected was comparable to 2014. Therefore, a total of 7,847 emails with survey links were sent to MRC consumers on September 6, 2016, with email reminders sent to non-responders after one, two and half, and four weeks, with the survey closing on October 17, 2016. The survey remained open for approximately five and a half weeks. A total of 392 emails immediately bounced back as invalid or inactive email accounts and 208 consumers opted out of receiving surveys yielding a potential response group of 7,247 consumers.

A total of 1,691 consumers responded to the survey, for a response rate of 23.4%, comparable to past Needs Assessment surveys. The number of responses to the survey exceeded the amount required to make statistically significant conclusions at the 99% confidence level according to the Raosoft.com Sample Size Calculator by 1,045 responses. There was a margin of error of approximately 2.3%. The number of responding consumers increased by 36 or 2.2% from 2015, and the number of consumers who were offered the opportunity to participate increased by 16% from 2015. This marked the seventh straight year of increases in both the number of consumers responding and the number given the opportunity to respond to the survey. The number of bounced back emails increased slightly from 2015 – suggesting that MRC should remind its counseling staff to check in with consumers and keep their email addresses updated in the MRCIS system.

All Survey responses were downloaded from SurveyMonkey.com and matched with MRCIS demographic data based on the system’s unique Client ID. Results were then analyzed using statistical software for fixed response questions. Open-ended questions were analyzed using a point analysis to rank common responses. All open ended responses were reviewed and any responses that were deemed to require additional individual follow-up were referred to the MRC Ombudsman’s office for follow-up action.

**Limitations**

Analysis was conducted to compare survey respondents to the overall population of consumers in the targeted statuses to examine any significant differences potentially existing between the overall survey sample and the general population of MRC consumers in the targeted statuses, in terms of demographic characteristics such as gender, race/ethnicity, age, primary disability, and other similar variables. (For a list of disability category groupings, see page 148.)

The analysis revealed that the consumer sample for the Needs Assessment contained some variations from the overall population in terms of gender, primary disability, primary source of support, education at application, race, and age. Nearly all variations were similar to those found in past survey samples. This translated to a slight overrepresentation in the sample of African-Americans, individuals with Sensory or Communicative disabilities, middle-aged consumers (particularly age 30 to 39), female consumers whose primary source of support is personal income or public support, and consumers with higher educational attainment. There was some underrepresentation of consumers under the age of 30, those with psychological disabilities (although less than past years) and consumers of Asian/Pacific Islander and White/Caucasian racial backgrounds.

While many of these variations were found to be statistically significant, the strength of the relationships were on the weak side, and are not strong enough to have an impact on the outcome of the survey. Once again, we found several of the relationships to be weaker than they were in previous years, such as for race, disability, primary source of support, and age. Since we began administering this survey via email, we have seen many of these variations reducing each year as the number and proportion of emails continue to increase in the MRCIS system. This will likely continue to further reduce as emails increase in MRCIS. In addition, the number of total responses to the survey (1,691) was significantly more than the number (646) required to make statistically significant conclusions at a 99% percent interval according to the Raosoft.com sample size calculator. The margin of error was also quite low at 2.3%, the same level as in 2015. Therefore, our conclusion is that the survey methodology was valid for 2016. We will continue to monitor this for future Needs Assessment surveys.

**Demographics of Respondents**

Demographic data on survey respondents is extracted directly out of the MRCIS Case Management system and linked to the survey responses on Survey Monkey using a code number, the MRCIS Client ID. This process eliminates the need to have demographic questions contained within the survey itself, shortening the overall survey, and also ensures the inclusion of more accurate demographic information for comparison with the overall MRC consumer population.

Responses were received from consumers across the state. A total of 41% of respondents were from the South District, 33% from the North District, and 27% from the West District (Note: District affiliations are based on how the offices are coded in the MRCIS system). This is a uniform response which is fairly consistent with the overall consumer population in the targeted service statuses – and remained relatively steady from the 2015 survey. A detailed list and chart of response rates by Area Office can be found in the Appendix document.

Regarding Vocational Rehabilitation status, the majority of consumers responding to the survey were in job training and education status (63%) (Status 18), followed by job ready/job search (16%) (Status 20), and physical and mental restoration services (10%) (Status 16), IPE Completed (5%) (Status 12), Job Placement (5%) (Status 22) and Interrupted Service (1.7%). There were no significant differences to these proportions compared to the general MRC consumer population in any of these statuses.

**Figure 2**

|  |  |  |
| --- | --- | --- |
| **Current VR Status of Respondents** | | |
| **Status** | **2016 Percent** | **#** |
| Training | 62.6% | 1,056 |
| Job Ready | 16.1% | 271 |
| Restoration | 10.4% | 176 |
| Job Placement | 4.6% | 78 |
| IPE Completed | 4.6% | 78 |
| Interrupted Service | 1.7% | 29 |

As with previous Needs Assessment surveys, respondents were distributed fairly equally by gender, with slightly more females responding to the survey (56%) compared to men (44%). The proportion of women responding versus men was relatively steady compared to 2015. The number of females responding to the survey once again was slightly higher than their overall rate in the general MRC population. In terms of age, respondents were on average slightly older then the larger population of MRC consumers, and there was once again a slight underrepresentation of consumers under the age of 30. The average age of survey respondents was 39.6 years compared to 35 years for the general population. This is a consistent pattern seen in past Needs Assessment Surveys. The gap in age did not change much from 2015 to 2016 but is much narrower than in the past, likely as a result of increased emails in the MRCIS system.

The largest group of respondents was comprised of consumers between the ages of 20-29 (24%), followed by consumers aged 50-59, (24%), consumers aged 40-49 (18%), those aged 30-39 (17%), those 60 and older (9%), and those aged under 20 (8%). Youth consumers (age 16-24) comprised 21.3% of all respondents, steady from the 2015 survey, but up 6% from the 2012 survey. This suggests progress is being made in terms of obtaining responses from younger consumers but efforts to increase responses from transition-aged consumers should continue to be a focus, especially with the increased emphasis in WIOA on serving youths and high school students with disabilities. These efforts will assist in obtaining additional information from a greater number of individuals on the needs of high school students and youths with disabilities in Massachusetts, including the need for pre-employment transition services.

**Figure 3**

In terms of Race/Ethnicity, 79% of respondents identify themselves as being White/Caucasian, followed by African-Americans (18%), Hispanics (10%), Asian/Pacific Islanders (3%), and Native American (1%). These proportions do not vary much from the overall MRC population, which is an improvement in this area. Nevertheless, MRC should translate the Needs Assessment Survey into Spanish and other languages to increase access consistent with MRC’s Language Access Plan going forward.

**Figure 4**

|  |  |  |
| --- | --- | --- |
| **Race/Ethnicity of Respondents** | | |
| **Race/Ethnicity** | **2016 Percent** | **#** |
| White | 79.4% | 1,340 |
| African-American | 18.3% | 309 |
| Hispanic | 10.3% | 174 |
| Asian/Pacific Islander | 2.7% | 44 |
| Native American | 1.0% | 17 |
| *\* Multiple Response Category: Percentages do not equal 100%* | | | | |

In terms of primary disability, the largest proportion of survey respondents were consumers with psychiatric, cognitive, or learning disabilities, who comprised 70% of all respondents. This was followed by consumers with physical disabilities (20%), and by consumers with sensory or communicative impairments (10%). Consumers with sensory or communicative disabilities were slightly overrepresented among respondents and consumers with psychological disabilities were slightly underrepresented among respondents when compared with the overall consumer population – although the variation between survey respondents and the MRC population continues to decrease as the proportion of consumers with psychological disabilities responding to the survey has increased by 12% since 2012. **Note these definitions of disability are based on the RSA Disability Impairment Codes (See Page 148 for list of codes and how they were rolled up into these categories)** .

**Figure 5**

As with what has been found in prior years, the vast majority (85%) of responding consumers had completed a high school level or greater level of education at the time of application for MRC VR services. Additionally, 19% of consumers had completed a bachelor’s level college degree or higher as of the time of application. However, as found with previous surveys, respondents tended to have a higher level of education when compared to the overall population of consumers in the selected status groups. This variation remained steady from 2015. Also, open-ended responses indicated that a number of consumers are currently attending college or other higher educational programs through the MRC Vocational Rehabilitation program. A continued focus on collecting valid email addresses for consumers in the MRCIS system, as well as reminding staff to ensure that any consumer without an email address receive assistance in setting up an email account, will likely assist in further reducing the differences with MRC general population in terms of education level going forward.

**Figure 6**

|  |  |  |
| --- | --- | --- |
| **Education of Respondents at Application** | | |
|  | **2016 Percent** | **#** |
| Less than HS | 15.3% | 258 |
| HS Grad/Spec Ed Cert | 26.1% | 441 |
| Some College, No Degree | 22.7% | 383 |
| Associate's Degree/Certificate | 16.6% | 280 |
| Bachelor's/ Post Grad. Degree | 19.3% | 326 |

Public benefits was the most common primary source of support among responding consumers at time of application for MRC services as 48% of respondents rely primarily on public benefits.. This was followed by support from family and friends (30%) and personal income (19%). A slightly larger proportion of respondents rely on personal income or public support when compared to the general MRC population, and a smaller proportion indicated their primary source of support is family and friends compared to the overall MRC consumer population. Not surprisingly, young consumers responding to the survey under the age of 22 are more likely to rely on support from family and friends versus personal income and public benefits. This is consistent with the MRC general population.

The most common public benefit received by respondents was Social Security Disability Insurance (SSDI) (28%), followed by Supplemental Security Income (SSI) (16%). These figures are fairly consistent with those in the general MRC consumer population. In addition, it is also important to note that the consumer population targeted for the Needs Assessment has not completed their VR program and some of these individuals may move off of public benefits once they obtain employment.

**Figure 7**

In terms of health insurance, 98% of respondents reported they receive health insurance coverage (at time of application for VR), primarily through Mass Health (Medicaid) (62%), followed by other private insurance (23%), Medicare (23%), and employer-sponsored insurance (3%). The large number of consumers with other private insurance is likely related to the mandate in the Affordable Care Act (ACA) and the Commonwealth’s health insurance mandate in place prior to the ACA. In addition, MRC has seen a decreasing trend in consumers with employer sponsored health insurance, both at time of application, and at time of closure over the past five years. MRC has learned through information on VR consumers tracked in its Performance Management System that due to the implementation of the Affordable Care Act, it appears that some employers are passing on health insurance to their employees by having them purchase insurance through exchanges such as the Massachusetts Health Connector. This seems to be more pronounced amongst younger consumers. This trend has flattened out in the past two years. The number of consumers responding who receive Medicaid and/or Medicare increased slightly from 2015.

**Figure 8**

|  |  |  |
| --- | --- | --- |
| **Health Insurance Type at Application** | | |
| **Insurance** | **2016 Percent** | **#** |
| Medicaid | 62.1% | 1,049 |
| Medicare | 23.3% | 393 |
| Private Insurance | 22.6% | 382 |
| Employer Insurance | 3.4% | 58 |
| No Insurance | 2.1% | 36 |
| Worker's Compensation | 0.5% | 8 |
| Other Public Insurance | 0.1% | 2 |

Consumers were referred to MRC for Vocational Rehabilitation services from a variety of different referral sources. (See Figure 9). 2016 marked the third year that referral source information is coming from the MRCIS system rather than being asked in the survey. The most common referral source was self-referral (41%), followed by other sources (15%), elementary/secondary schools (13%), Community Rehabilitation Providers (10%), Medical Health Providers (7%), and Mental Health Providers (4%). Only 2.3% of consumers were referred from Career Centers. These figures are reasonably consistent to the figures for the general MRC population.

**Figure 9**

|  |  |  |
| --- | --- | --- |
| **MRC Referral Source** | | |
| **Referral Source** | **2016** | **#** |
| Self-Referral | 40.5% | 684 |
| Other Sources | 14.5% | 245 |
| Elementary/Secondary School | 13.0% | 219 |
| Community Rehabilitation Provider/Program | 9.8% | 166 |
| Public or Private Medical Health Provider | 6.5% | 109 |
| Public or Private Mental Health Provider | 3.8% | 63 |
| Family/Friends | 3.0% | 51 |
| College/University | 2.7% | 46 |
| Career Center | 2.3% | 40 |
| Social Security Administration | 1.5% | 25 |
| Other State VR Agencies | 0.6% | 10 |
| Other State Agencies | 0.6% | 11 |
| State Welfare Agency (DTA) | 0.4% | 7 |
| Veterans Administration | 0.4% | 7 |
| Consumer Organizations/Advocacy Groups | 0.2% | 3 |
| Independent Living Centers | 0.1% | 2 |

Consumers were also asked to specify how long they have been receiving VR services from the MRC. A total of 86% of consumers report they have been receiving MRC services for 4 years or less, with 66% receiving services for 2 years or less. These figures make sense as the average length of time from application to closure is about 2.75 years for successful cases and 3.5 years for unsuccessful cases. The largest group of respondents indicated they have been receiving services for less than 1 year (35%), followed by 1 to 2 years (30%), and by 2-4 years (21%). Fewer consumers (14%) indicated they have been receiving services from MRC for over 5 years. The proportion of consumers indicating they have been receiving services for less than a year increased from 2015.

Consistent with the findings from the past several years, few variations were found among demographical categories based on consumers’ response to this question with the exception of primary disability and age. Consumers with sensory impairments were more likely to indicate themselves as long term consumers of MRC services (over 5 years) compared to those with other disabilities. Also, not surprisingly, younger consumers under age 30 and consumers of transition age were much more likely to be receiving services from MRC for shorter periods of time than older consumers.

**Figure 10**

|  |  |  |
| --- | --- | --- |
| **How long have you been receiving services from MRC?** | | |
| **Answer Options** | **2016 #** | **%** |
| Less than 1 year | 35.2% | 491 |
| 1 to 2 years | 30.4% | 424 |
| 2 to 4 years | 20.5% | 285 |
| 5 to 9 years | 9.3% | 129 |
| 10 years or more | 4.6% | 64 |

**Consumers Working with One-Stop Career Centers/American Job Centers**

This year’s Needs Assessment survey included a new question which asked if consumers currently are or have worked with a one-stop Career Center towards their goal of obtaining employment. This question was added to gather additional information to assist with WIOA implementation efforts as VR agencies are a core partner in Career Centers/American Job Centers under WIOA and MRC is continuing to work with Career Centers and its partners in the Massachusetts Workforce System to align its operations more closely with Career Centers. MRC is participating in a workgroup to work on developing strategies and systems to share and integrate information and data on shared clients between WIOA core partners.

Just under a third of survey respondents (30%) indicate they have worked or are working currently with a One Stop Career Center. It is unclear from the results how many of these consumers are currently working with a Career Center versus working with one in a past. MRC should consider tweaking this question to break out whether consumers are currently working with Career Centers in the 2017 Needs Assessment Survey.

There are notable differences amongst respondents by age, MRC status, and education level. Only about 8% of consumer respondents of transition age indicate they are or have worked with a Career Center compared to 35% of respondents aged 22 and older. Consumers who have higher levels of education also tend to be more likely to indicate they are working with a Career Center – particularly those with an associate’s degree or higher level of education. Finally, respondents in Job Ready (Status 20) or Job Placement (Status 22) statuses were more likely to be working with a Career Center than consumers in other statuses.

**Figure 11**

|  |  |  |
| --- | --- | --- |
| **Are you working or have worked with a One Stop Career Center?** | | |
|  | **2016 Percent** | **#** |
| Yes | 30.2% | 498 |
| No | 69.8% | 1,152 |

**Consumer Housing Arrangements**

The Needs Assessment survey asks consumers to specify their current housing situation. As demonstrated in the section on Community Living service needs, finding affordable and accessible housing remains a very significant service need amongst individuals with disabilities and is a challenge which faces many MRC consumers due to the high cost of housing in Massachusetts. Two recent surveys of MRC staff regarding consumer housing and homelessness reinforced the fact that housing is a significant issue for many MRC consumers. As discussed in prior years, housing is a systemic issue which requires effort on the local, state, and federal level, and cannot be directly addressed by MRC as it is not a housing agency.

The most common current housing situation reported by consumers was living with their parents or family (33%), followed by renting an apartment at market rate (19%), living in a subsidized apartment (17%), owning their own home (16%), and living with friends or roommates (7%). These numbers are generally consistent with those found in the 2015 survey except for a slight decrease in the proportion of consumers indicating they live with family or parents and with roommates or friends and a slight increase in the proportion of consumers indicating they rent an apartment at market rate and consumers living in a group home. These results continue to demonstrate that affordable housing is a major challenge to MRC’s consumer population especially given the high cost of housing in Massachusetts

**Figure 12**

**Consumer Preferred Method of Communication**

The Needs Assessment Survey added a question in 2014 to assist in determining MRC consumers’ preferred methods of communication. A common theme seen in many recent Needs Assessment surveys is that many consumers have said that they would like more electronic means of communication with MRC. Improving communication between consumers and MRC counselors has also been a consistent theme in general, both on the counselor and consumer ends. This question is intended to assist with this process by gathering information on how MRC can learn how to best communicate with its consumers.

The most common preferred communication method listed by consumers was email (64%), followed by face-to-face communication (39%), via cellphone (30%), traditional mail (18%), home/work phone (15%), text message (14%), and by other methods (1%). Some common responses listed under “other” included communication via videophone, Skype, sign language interpreter, or that there is no preference. Amongst youth of transition age (16-22), a higher proportion of consumers prefer communication via text messaging (24%) and email (72%) compared to the overall consumer population.

It must be noted that given the survey was conducted electronically and sent out by email that these preferences may differ from the MRC consumer population as a whole. Therefore, this question is slated to be included in a future enhancement to MRCIS to allow collecting of this data for all consumers. There were few changes in this area from 2015 except for that there was a notable increase in consumers preferring communication through text messages. This feedback has also been heard from MRC counselors in terms of text messaging.

**Figure 13**

|  |  |  |
| --- | --- | --- |
| **Contact Method** | **2016 Percent** | **#** |
| Email | 64.1% | 1,069 |
| Face to Face Communication | 39.2% | 654 |
| Cellphone | 30.1% | 501 |
| Mail | 17.5% | 292 |
| Phone (Home/Work) | 14.9% | 249 |
| Text Message | 13.5% | 225 |
| Other | 1.0% | 17 |

**Analysis of MRC Consumer Vocational Rehabilitation Service Needs**

One of the main goals of the Needs Assessment survey is to collect information to assess the VR service needs of MRC Vocational Rehabilitation consumers, including the need for supported employment and pre-employment transition services, as part of the overall MRC CSNA process. Consumers are asked to rate how important core VR services are to them on a rating scale (very important, somewhat important, not important, or not applicable) in terms of their needs to obtain competitive employment. Question options include WIOA pre-employment transition services for students with disabilities, however a separate section of questions were asked to consumers aged 16 to 22 to gauge the needs for this area (please see pages 68-73).

Responding consumers generally indicated that all core VR services are important to them and are needed services, consistent with previous findings. As with previous years, these results strongly suggest that the vast majority of MRC consumers require multiple vocational rehabilitation services in order to attain their vocational goals and to maintain or advance in employment.

Additionally, survey findings demonstrate that a number of MRC VR consumers appear to require supported employment services and/or ongoing employment supports. Open-ended comments throughout the survey support this finding that a portion of MRC consumers require or may require ongoing and extended supports upon obtaining employment.

The most important and needed services indicated by consumers were job placement (89%), career counseling (87%), benefits planning (82%), supported employment services to assist in choosing, obtaining, and maintaining employment (82%), work readiness and soft-skills training (73%), vocational training (71%), ongoing supports to assist in maintaining employment (71%), college education (70%), on-the-job training or job driven training with employers (68%). Other important and needed services listed by many respondents include services and supports from a college disability service office (63%), and self-employment (54%). Fewer consumer indicated that assistance transitioning from high school to work or college (40%), pre-employment transition services for high school students (35%), and obtaining a high school diploma or HiSET (24%) were important and needed services. This is not a surprising finding given that school-to-work transition and pre-employment transition services under WIOA target only consumers aged 16 to 22 who are high school or post-secondary education students and that the majority of survey respondents already possess a high school or equivalent level of education.

Among individuals with less than a high school education at application, 94% indicate that transition services to assist in transitioning from high school to college and employment is either somewhat or very important, 83% indicate that obtaining a GED or high school diploma is either somewhat or very important to them, and 90% find pre-employment transition services for students with disabilities as an important service need. These are increases from 2015. Results from this question and other areas of the survey demonstrate a need for pre-employment transition services among youth consumers of transition age and MRC is working to address this need through WIOA. More specific information on the needs for pre-employment transition services can be found in the section related to the Needs for Pre-Employment Transition Services on pages 68-73.

The findings on VR service needs are generally consistent with the data from previous years’ reports. Over a four year period of data from the survey, as seen in the table below, there have been dips and valleys in the need for some services from year to year. There were several dips looking at a 4 year trend in the areas of on-the-job training, career counseling, supported employment, and ongoing supports, but looking at year-to-year trends there was not much change from 2015 (and 2014 as well). These may be outliers from 2013 results given the historical patterns in these area but should continue to be watched as it may be an indication of changing needs among some consumers. There is also a 4 year trend in increased need for self-employment services, vocational training, and benefits planning services, and there have been further increases in transition/high school services from 2015.

**Figure 14**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **VR Service Needs** | | | | | |
| **Respondents Answering Very or Somewhat Important** | | | | | |
| **Need Area** | **2013 Percent** | **2014 Percent** | **2015 Percent** | **2016 Percent** | **4 Year Variance** |
| Job Placement | 91.5% | 89.4% | 89.3% | 88.5% | -3.00% |
| Career Counseling | 91.9% | 84.0% | 85.9% | 87.3% | -4.60% |
| Benefits Planning | 77.8% | 78.3% | 80.3% | 81.9% | 4.10% |
| Supported Employment | 86.6% | 80.4% | 81.3% | 81.8% | -4.80% |
| Work-Readiness and Soft Skills Training | NA | NA | 74.0% | 73.4% | NA |
| Vocational/VR Training | 66.2% | 68.6% | 71.0% | 71.2% | 5.00% |
| Ongoing Supports | 79.8% | 74.0% | 71.0% | 70.8% | -9.00% |
| College Education | 69.7% | 67.7% | 69.3% | 69.9% | 0.20% |
| On-The-Job Training/Employer Job Driven Training | 78.1% | 70.6% | 70.0% | 68.0% | -10.10% |
| Services/Supports from College Disability Service Office | NA | NA | NA | 63.2% | NA |
| Self-Employment | 48.3% | 49.3% | 53.8% | 53.7% | 5.40% |
| School-to-Work Transition | 38.4% | 34.7% | 38.6% | 40.4% | 2.00% |
| Pre-Employment Transition Services for Students with Disabilities | NA | NA | 33.7% | 34.7% | NA |
| HS Diploma/HSIT | 24.6% | 20.9% | 22.6% | 24.3% | -0.30% |

**Figure 14a**

Additional analysis was conducted to determine any significant variations in the results on the importance and need for these key VR services based on demographic categories such as region, age, gender, race/ethnicity, primary disability, educational attainment, and primary source of support. No significant variations were found between the need for VR services based on region, gender, or primary disability (as coded in MRCIS). Analysis of the results indicated some statistically significant variations in the level of importance and need for some VR services based on certain demographic categories, mainly race/ethnicity, age, level of education at time of application to MRC, and primary source of support. The number of variations, especially those related to race/ethnicity, were higher than previous years.

First, significant differences were found in terms of school-to-work transition services and the need to obtain a high school diploma or a college degree. As expected, younger consumers, including both youth aged 16 to 24 and youth of transition age (16 to 22), were much more likely to rate transition services and obtaining high school degrees as important needs. Consumers under age 40 were also more likely to rate college education and obtaining a college degree as important needs.

Also, not surprisingly, individuals with lower levels of educational attainment were much more likely to see obtaining a high school diploma and/or a college degree, and services from a college disability service office as an important need compared to consumers with higher levels of educational attainment. These findings were strong and are consistent with past years’ results in this area (with the exception of services from a college disability service office which is new). Also, African-Americans and Hispanic consumers were more likely to find obtaining a high school diploma and transition from school to work as an important and needed service than other ethnic/racial groups, consistent with the previous year’s findings. Finally, the need for college education was higher amongst consumers of minority ethnic and racial background compared to white consumers. This relationship was stronger than in previous years.

Significant variations also were discovered in the importance of college education as a VR service need based on primary source of support. In addition, consumers whose primary source of support is personal income were slightly more likely to find college education as a very important service compared to other consumers.

In terms of the need for pre-employment transition services, young consumers of transition age, individuals with less than a high school level of education, and Hispanic consumers demonstrated a higher level of need for these services compared to other consumers. The strength of the relationship was strongest amongst consumers of transition age (16 to 22).

Notable variations also existed in the need for self-employment services in terms of age, and race/ethnicity. Young consumers under age 24 were less likely to see self-employment services as an important need. Additionally, as found in the past, consumers from diverse ethnic and racial backgrounds, particularly African-American consumers, were more likely to rate self-employment as an important service need compared to White consumers.

There was also some notable variation in terms of the importance of on-the-job training, job-driven training, work-readiness/soft skills training, and vocational training based on age, level of education, and race/ethnicity. Consumers with a high school-level, some college education but no degree, or a less than high school level of education, as well as African-American and Hispanic consumers were much more likely to see all of these services as important. Also, consumers aged 16 to 24 and those aged 30-39 indicated a slightly higher need for on-the-job training and job-driven training. Finally, White respondents and consumers with no college degree were slightly less likely to find work readiness training and soft-skills training as an important and needed service compared to respondents of other racial and ethnic backgrounds. This was less pronounced than what was seen in 2015.

For Benefits Planning services, notable variations were found in relation to race/ethnicity, and primary source of support. Hispanic consumers were slightly more likely to find benefits planning as an important and needed service compared to other consumers. In terms of primary support, those individuals whose primary source of support is public benefits were particularly more likely to indicate a higher need for benefits planning.

Analysis was conducted to investigate correlations between the need for different core vocational rehabilitation services. The findings once again demonstrate a high degree of correlation between the need for all of the VR services listed, consistent with past results. This is not surprising as a large percentage of MRC consumers require multiple services and have both the interest in and the need for a range of educational and vocational services to meet their vocational goals based on their individual needs, preferences, choices, and abilities. In addition, this may be associated with the fact that a large majority of the consumers served by MRC have psychological or cognitive impairments as a primary disability. (See page 148 for a key of disability group categories.) Some of these consumers have very complex needs which require multiple services and supports, including supported employment and ongoing and extended supports.

Some of the strongest correlations were found between obtaining a high school diploma or HiSet to both pre-employment transition services and school-to-work transition services; between on-the-job training and job-driven training services to on-going supports to maintain employment, supported employment, and work-readiness training/soft-skills training; ongoing support services to maintain employment to pre-employment transition services, services from a college disability office, and supported employment services; job placement to supported employment and on-going support services; between career counseling and job placement services; career counseling to on-the-job training; job training and skills development to obtaining a high school diploma; job placement and on-the-job training services; work-readiness/soft skills training to career counseling, pre-employment transition services, and job training and skills development; and between obtaining a college degree and pre-employment transition services, school-to-work transition services, and services from a college disability office.

Overall, these findings demonstrate that there is continued significant need for multiple vocational rehabilitation services by MRC consumers across the board to assist them in reaching their vocational goals. In particular, individuals with psychological disabilities, those whose primary source of support is public benefits, and those from diverse ethnic and racial backgrounds, especially African-Americans and Hispanics, appear to have stronger needs for multiple vocational rehabilitation services in some areas, particularly job coaching and on-the-job training, work readiness training, college education, and benefits planning. Additionally, these results demonstrate that youth consumers of transition age also require multiple vocational rehabilitation services, including pre-employment transition services and transition from school to work services.

**Importance of Job Characteristics to Consumers**

To assist in ensuring that MRC best meets the needs of its consumers through finding good job matches, it is important to know what consumers are looking for in a job as active consumers are either in the process of searching for a job or will be searching for a job in the relatively near future. In the survey, respondents were asked to rank the importance of certain job characteristics to them. These characteristics ranged from hours worked per week to vacation time and job satisfaction, location of the job in terms of transportation, among others.

Once again this year, the overwhelming majority of consumers responding to the survey felt that all of the listed job characteristics were important. All listed characteristics were found to be important by over 80% of consumers responding to the survey. The most important characteristics in a job identified by consumers as very important or somewhat important were a friendly job environment (96%), job satisfaction and personal interests (95%), and earning a living wage (94%), followed by adequate hours worked per week (94%), vacation and other leave benefits (90%), and promotional opportunities (89%). There were also strong correlations between the importance of each individual job characteristic to one another. Once again, these high rates of response indicate that obtaining adequate employment meeting their interests and needs is very important to most MRC VR consumers.

Over the past four years, there has been little change in consumer opinion on the importance of these characteristics. There has been a slight decrease in health insurance and location/accessibility to transportation as important job characteristics and a slight increase in vacation/sick/personal time and pension/retirement benefits over the past 4 years.

**Figure 15**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Work Needs** | | | | | |
| **Respondents Answering Very or Somewhat Important** | | | | | |
| **Need Area** | **2013 Percent** | **2014 Percent** | **2015 Percent** | **2016 Percent** | **Variance** |
| Friendly Environment | 95.3% | 95.4% | 95.1% | 95.6% | 0.3% |
| Job Satisfaction/Interests | 95.8% | 95.2% | 95.8% | 95.1% | -0.7% |
| Living Wage | 94.6% | 94.2% | 93.9% | 94.2% | -0.4% |
| Adequate Hours | 93.7% | 93.5% | 93.9% | 93.8% | 0.1% |
| Vacation/Sick/Personal Time | 88.8% | 88.6% | 90.1% | 90.4% | 1.6% |
| Promotion | 88.8% | 87.9% | 88.2% | 88.7% | -0.1% |
| Pension/Retirement Benefits | 84.1% | 84.3% | 85.9% | 85.5% | 1.4% |
| Health Insurance | 85.0% | 83.6% | 84.9% | 83.7% | -1.3% |
| Location/Accessible to Transportation | 85.8% | 83.1% | 82.8% | 81.9% | -3.9% |

The analysis of the findings revealed variations in terms of respondents’ opinions on these job characteristics based on race/ethnicity, gender, and age. In all of these cases, it is important to note that despite statistically significant variations being found, the majority of all consumers in these demographic categories still saw these characteristics as somewhat or very important despite the variations. Variations in this area were generally consistent with 2015.

As seen in previous years’ findings, White respondents were much less likely to find health insurance benefits, promotional opportunities, pension/retirement benefits, earning an adequate wage, working an adequate number of hours, access to transportation, and vacation/leave benefits as somewhat important job characteristics (versus very important) compared to respondents of other racial and ethnic backgrounds, most notably to African-Americans and Hispanics. The strength of this relationship is most notable in terms of pension and retirement benefits and health insurance benefits. Additionally, female consumers were more likely to find vacation/leave benefits and a friendly job environment, as important job characteristics compared to male respondents.

In respect to age, older consumers, especially those 30-59 years of age, found retirement and pension benefits to be a very important job characteristic compared to younger consumers, especially those consumers in their 20s. This relationship was less pronounced than previous years. Conversely, younger consumers, particularly those under 50 years of age, saw promotional opportunities and vacation/leave benefits as more important when compared to older consumers.

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

As part of the Needs Assessment survey, consumers are asked to identify specific occupational areas that interest them in terms of finding employment. The goal is to gather information to assist with job development and placement activities by MRC’s employment and placement specialists, and to compare and complement data from the MRCIS Case Management System regarding jobs consumers are looking for in their individualized employment plans verses what jobs consumers are obtaining, as well as with what is available in the labor market. (See Figure 16 and page 35.)

The most common occupational areas of interest identified through the survey were: Community/Social/Human Services (38%), followed by Health Care (29%), Self-Employment (28%), Administrative (28%), Customer Service (24%), Arts/Entertainment (21%), Computers/Information Technology (21%), and Education/Childcare (15%). These results are generally consistent with those found in last year’s survey and with the most recent annual analysis of consumer Individualized Plan for Employment (IPE) goals in the MRCIS Case Management System. All of these categories except for self-employment are amongst the Top 10 occupational goals by Standardized Occupational Code (SOC) categories in actively served consumers’ IPEs in 2016, and Community and Social Services, Office/Administrative Support, and Health Care Support were amongst the top 4 categories in consumer IPEs in FY2016. A number of open-ended responses in the survey as well as a slight increase in the amount of consumers finding self-employment services to be important demonstrates a strong interest among many consumers in self-employment services offered by MRC.

**Figure 16**

|  |  |  |
| --- | --- | --- |
| **Consumer Occupational Areas of Interest as Indicated by Survey Response** | | |
| **Occupational Area** | **% of Consumers Interested** | **# of Consumers Interested** |
| Community/ Social/ Human Services | 37.5% | 582 |
| Health Care | 29.3% | 456 |
| Self-Employment | 28.4% | 441 |
| Administrative | 28.1% | 437 |
| Customer Service | 24.4% | 379 |
| Arts/Entertainment | 21.3% | 331 |
| Computers/Information Technology | 20.7% | 322 |
| Education/Childcare | 15.4% | 240 |
| Management | 14.5% | 226 |
| Maintenance/Repair | 10.7% | 167 |
| Warehouse/Stock/Inventory | 10.5% | 163 |
| Food Service | 10.2% | 159 |
| Retail | 10.2% | 158 |
| Engineering/Science | 9.5% | 148 |
| Transportation | 9.4% | 146 |
| Marketing/Sales | 9.0% | 140 |
| Financial | 8.8% | 137 |
| Legal | 7.3% | 114 |
| Manufacturing | 7.0% | 109 |
| Other (please specify) | 6.9% | 108 |
| Military/Law Enforcement/Safety | 5.0% | 78 |

**\* Multiple Response Category: Percentages do not equal 100%**

**Effectiveness of MRC Services in Meeting Consumer VR Needs**

MRC consumers are asked to evaluate how effective MRC is in meeting their VR service needs as part of the survey. This question asks consumers to rate the MRC’s effectiveness in meeting their vocational service needs on a four point scale of always, sometimes, rarely, or unsure/don’t know. In total, 80% of consumers indicated MRC services are somewhat or very effective in their VR service needs, an increase of approximately 2% from 2015. Specifically, 47% of consumer respondents indicated the MRC always meets their needs, and 33% indicated the MRC sometimes meets their needs. The proportion of respondents indicating the MRC rarely meets their VR service needs (13%) fell by about 2% after increasing in 2015.

**Figure 17**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MRC Meets Respondent's Needs** | | | | | |
|  | |  |  |  |  |
| **Need Area** | **2013 Percent** | **2014 Percent** | **2015 Percent** | **2016 Percent** | **Variance** |
| Always | 47.4% | 49.9% | 45.7% | 47.0% | -0.4% |
| Sometimes | 30.8% | 30.5% | 32.3% | 32.9% | 2.1% |
| Rarely | 14.1% | 12.8% | 14.6% | 12.5% | -1.6% |
| Unsure/Don't Know | 7.7% | 6.8% | 7.4% | 7.7% | 0.0% |

**Figure 17a**

Additional analysis was conducted to examine any significant variations in consumer opinion on how MRC is meeting their VR needs based on demographic and other variables. Statistically significant differences were found between consumer responses based on identified service need, length of time receiving services and level of education. First, consumers indicating they have been receiving services from MRC for 1 to 2 years, and those receiving services for over 5 years, and those with bachelor’s degrees or a higher level of education were slightly more likely to rate MRC as rarely meeting their vocational service needs compared to other consumers. Also, consumers with an Associate’s Degree/certificate or with a High School or equivalent level of education tended to rate MRC as always meeting their needs comparted to consumers with other educational levels.

Finally, consumers who see school-to-work transition services, pre-employment transition services, career counseling, on-the-job training/job driven training, soft skills/work readiness training, home modification assistive technology, vehicle modification, supported employment, ongoing support services to maintain employment, and/or college education as important and needed services are more likely to feel MRC is meeting their VR service needs. The strength of the relationship is strongest for those who find college education and/or on-the-job training/job driven training to be an important need. These findings are generally consistent with 2015 with the exception of supported employment and ongoing supports.

This question was followed by an open-ended question allowing people to explain their responses. As was the case in previous years, the majority of comments (63%) were of a positive nature, 27% can be characterized as neutral, and 10% could be considered negative or constructive comments. The proportion of neutral comments increased slightly and the proportion of positive comments declined slightly, and the proportion of negative comments remained steady compared to 2016. Consistent with what has been found in the Needs Assessment survey in the past, most comments can be characterized as being either process-oriented comments or outcome-oriented comments. Process-oriented comments generally revolved around the MRC VR process and how the consumer is treated by their counselor, MRC staff, and service providers, and about specific services. Outcome-orientated comments generally related to consumer goal achievements such as obtaining a job meeting their needs and/or interests or finishing college or a training program. Many consumers also indicated they did not have a job yet or are just starting the process, which is not unexpected as these cases are in open service statuses.

Overall, there was a significant amount of positive feedback from responding consumers about their experiences working with the MRC and their VR counselors. This has been a consistent and regular finding in past Needs Assessments and in the Consumer Satisfaction Survey. For the second straight year, the level of positive feedback in the survey in the comments was exceptionably notable. It is very clear from the feedback received that MRC and its staff have a significant impact on many individuals’ lives and this theme is embedded throughout the survey. Many consumers expressed their appreciation and gratitude for the assistance the MRC and its staff have provided as they work towards achieving their employment goals. Numerous consumers indicated that their counselors, as well as MRC placement staff, as well as associated MRC vendors, have provided a tremendous benefit through providing assistance with going to school/college or job training programs; referrals to job-driven training programs such as the CVS Pharmacy Technician program, human service worker job driven training program or to vendors; providing interview preparation assistance, mock interviews, and job search assistance; obtaining assistive devices such as hearing aids and vehicle modification; assistance with transportation; benefits planning services; and finding other services and supports, among others.

As with last year, many consumers expressed how their counselor’s counseling and guidance, overall positive attitude, and dedication to their work have been highly beneficial to them in terms of staying motivated and on target to make progress toward their goals. Many consumers feel that MRC’s counselors are extremely beneficial to them by just being someone to reach out to about their journey through the VR process, and that counselors provide the motivation to consumers to keep them positive and involved as they seek to meet their employment goals and overcome barriers in an complex job searching environment.

On the other hand, it is very evident from the responses that many individuals served by MRC continue to experience significant challenges due to the economy, health issues, difficulties with obtaining and financing transportation, and with financing education, housing, and other expenses, among others. The high cost of housing in Massachusetts as well as the cost of education appears to be impacting many consumers. It is clear that many consumers may also benefit from referrals to services provided by other agencies and organizations that may assist them in addressing some of these challenges.

Again this year, a number of consumer comments suggest that some consumers experience difficulties getting in touch or communicating with their MRC VR counselor. Some consumers indicated their phone calls, emails, or other messages are not consistently answered or returned, or they have been waiting for long periods of time without contact/communication with their counselor. This theme was pronounced in a notable portion of constructive comments. It must be noted that some consumers indicated that the lack of communication was on their end, that they have not been proactive in reaching out or communicating to their counselor.

In addition, a number of comments referenced difficulties created by staff turnover amongst counselors due to retirements or position vacancies. One suggestion made is for MRC to develop a better process for communicating counselor changes to consumers and for working with consumers during vacancy periods.

Some comments also referenced differences or inconsistency between services and processes between different MRC VR offices and between different counselors. Due to the high amount of consumers currently actively served by MRC, these findings suggest the number of cases in a counselor’s caseload may be creating difficulties for counselors in maintaining contact with consumers and that the high level of staff retirements and attrition that has taken place over the past several years may be creating difficulties for some consumers.

Other issues raised by consumers included perceived delays in receiving services or finding jobs; difficulty finding placements that meet their interests and expectations, and jobs matching their abilities and skills; and perceived limited information on MRC services, procedures, and policies. Difficulties or issues with financial paperwork between MRC and schools and colleges was also mentioned by some consumers. Also this year, there were a number of comments where consumers feel MRC does not provide adequate support or job leads for those who may be seeking more advanced or higher level jobs.

As seen in prior years, it appears in some instances that there may be some level of misunderstanding between MRC and some of its consumers about what the agency can and cannot do to assist them in their efforts to secure employment opportunities. Additionally, some consumers may have a misunderstanding about the importance of their active contribution and involvement in the VR process to assist them in moving towards their goals. These misunderstandings and perceptions impact consumers’ expectations of the MRC. These themes were also evident in responses to the 2016 Counselor Satisfaction Survey and in the focus group. The prevalence of these perceptions are consistent with 2015.

Finally, some consumers commented that they found employment on their own or implied their cases had been closed, which is interesting given the sample for the survey was consumers in active statuses. Once again this year, several consumers also indicated they were not interested in finding work or said they are unable to work with MRC anymore due to health issues.

Examples of Consumer comments include:

* “Although I have my own freelance business, the MRC helped me advance in my career by helping me get back into school. Now that I finally have a degree, I quality for many more jobs than I did before. My counselor has also directed me to resources like career centers and offered me MRC counseling as well.”
* “Been very helpful these past few months for job search and related coaching, mock interviews, helping me to get organized. Some side-by-side help also has been very useful for me, i.e. applying for jobs while at MRC.”
* “MRC helped enroll me in New Horizons computer learning classes which enabled me to earn a CompTIA "A+ Certification" to troubleshoot, tinker with, open, change, upgrade and repair desktop computers. I was actually in business for myself before everything got physically so much smaller and electronically so much bigger! At 55 plus years old I simply couldn't keep up.”
* “I have found that my experience with the MRC has not only encouraged and assisted me in obtaining my educational goals toward working as a Medical Lab Technician, whenever I have reached out to my worker, she has always followed through with my every need.”
* “Currently MRC is doing everything possible to help me find a new career, helping me organize my search and overcome personal physical and psychological limitations.”
* “Since meeting with MRC in April 2016, I have completed vocational testing, explored and selected a new career area of interest using the ONET online site, enrolled and started in a one year Certificate Program at a community college. Assistive technology assessment has been completed and I am awaiting delivery and training of equipment due within the next few weeks.”
* “My counselor was amazing. She was caring, competent and really helped me with several important hurdles.”
* “The counselors that I have had have been informative, supportive and helped me to achieve my goals. If I know of anyone with a disability. I would let them know about MRC.”
* “There were workshops on soft skills, accessibility to posted jobs, mock interviews, and assistance with creating cover letters and resumes. Every time I went to the program, I was helped extremely well. The staff in the Taunton office is very knowledgeable and friendly.”
* “At no point have my needs not been addressed. Feedback/help/guidance has ALWAYS been timely, topical and above all else....ENCOURAGING. I feel like I am not alone in facing my "problems."
* “My case manager is no longer a part of the program and no one has reached out from MRC to give me a new worker or ask how I'm doing and if I need further assistance.”
* “It has been a great comfort and a blessing to me to have the Massachusetts Rehabilitation Commission in my corner over the years as I progressed along my vocational path. Thank you to all of my MRC counselors!”
* “I had a few meetings with the counselor and we completed some online assessments to help to determine which type of jobs I was qualified for and would interest me. I was to receive a call from the person in the office who deals with placement but I never heard from him.”
* “I had a counselor who left to further education and no one has called me to follow up and that was months ago.”
* “I've been transferred to many, many workers. The office that was most accessible to me (Brookline) closed. I have no access to Public Transportation, therefore, getting in to the Boston Office is very difficult! I would like to be assigned to an office at which I could park at. I do however, love the worker I have in Boston. She has been the most knowledgeable and attentive to my needs.”
* “My job coach is very informed about current employment placement trends such as resume writing, interviewing skills, and employment market trends in my region. However, the answer to finding a position in a professional career that I have done for over 20 years but now face physical limitations due to my medical condition should not be "what are you willing to do?” The best answer should be "how can we get you back into doing something similar to the kind of work you used to do before your medical conditions created physical limitations?"
* “One size fits all limits case worker's ability to tailor services for individual needs. Not enough autonomy for the case worker or client especially with allocation of funds.”
* “Sometimes it feels like my Mass Rehab Counselor does not communicate as much as she should be doing with me. “
* “I think the services are aimed at very entry level jobs and I am looking for a mid-level job. Most of the leads I have gotten through MRC are very basic, and entry level.”
* “My counselor is extremely knowledgeable, prepared, encouraging, and supportive. She has me on the right vocational and educational path.”
* "My counselor is always available and supportive of what I might bring to her regarding pursuing training. She takes time and explore opportunities on the web doing things that I might not have thought about, that is so helpful to me. I always leave very satisfied."
* “I have frequent contact with my counselor and placement specialist. They both have added stability during my employment search up until I gained employment which both have offered me stability. It's one matter to garner employment and another to maintain it. Both are very professional and dedicated to their profession. Thank you.”

The survey also asked consumers to explain, based on their experience, if and how the MRC is not meeting their needs. About 50% of the responses indicated that the question was not applicable or the MRC is meeting consumers’ needs. The most common reasons cited by consumers as to how they feel the MRC is not meeting their needs are as follows:

1. Difficulty maintaining communication with their counselor.
2. Goals never reached or consumer has not obtained employment yet.
3. Need for additional follow through or difficulty accessing job search services.
4. Staff turnover and frequent changes/transfers to different counselors.
5. Need for additional job leads or matching job leads.
6. Slow process in receiving services and delays with paperwork for services.
7. More consistent information and guidance on available services and supports would be useful, including referrals to other agencies and supports.
8. More support for consumers seeking higher level jobs.

Overall, these responses were consistent with what was seen last year. It is important to remember that these are actively served consumers, so most have not obtained sustained employment at the time the survey was administered. Other reasons cited by consumers on how the MRC is not meeting their needs seem very much related to economic difficulties, housing issues, or health issues which make it more challenging for consumers to obtain and maintain employment. Once again, there also appears to be a misunderstanding with some consumers on what MRC can and cannot do for them and about their contribution to the VR process. Some consumers also mentioned that they are having difficulty reaching their goals due to their higher level of education and that MRC’s system does not always match with their needs. Others expressed frustration in finding employment due to having a criminal record (CORI), communication issues with vendors, frustration over funding caps in MRC policy, and/or expressed difficulties receiving some services in a timely fashion. Finally, a number of consumers suggested that MRC should offer more hands-on job placement and job search services, and that MRC should use its employer network to provide more job leads to consumers.

Examples of consumer comments include:

* "I have tried to reach my MRC counselor via phone and e-mail as soon as I got a voicemail from her, but I didn't get an answer from her. More communication between MRC counselor and myself would be helpful and appreciated. Additionally, I talked about gaining Microsoft Excel skills, but have yet heard from the MRC in terms of suggestions for classes that teach how to use the software."
* "There needs to be more networking with potential employment partners for the kind of employment or internships that match my skills and abilities. MRC is passive in getting employers to hire me because it is up to the employers to decide even though they are part of MRC's contact network. I understand that it is the employer's decision to hire not MRC.”
* “A previous counselor never even mentioned the tuition waiver program and I didn't find out about it until I already started college number 1. And I don't have much help figuring out how to navigate college with autism and what accommodations will work for communication with others. So if there's a communication wall at school, I'm at a dead end.”
* “Wish I could have gotten some substantial on-the-job training, perhaps in the form of a paid internship that would have led to a regular full-time position. The traditional look on Craigslist or Indeed/email resume/go on interview doesn't seem to be working for me. Sometimes MRC proposes employment openings that due to my disabilities are not possible to perform.”
* “I think the services are aimed at very entry level jobs and I am looking for a mid-level job. Most of the leads I have gotten through MRC are very basic, and entry level. But my counselor does everything she can to adapt the services to my situation.”
* “My counselor has been on leave for an extended period of time and they keep re assigning my case to a new counselor every few months. I am not notified that they left. It is difficult to keep track of who is handling my case. Then I get a new counselor and have to tell my story all over again.”
* “I need step by step support and follow through. Clear and concise communication and a worker who is resourceful and connected with agencies that are open and willing to hire someone who has been out of the workforce for several years. I just would like to have more communication from MRC regarding status of my case. Apparently the course I was trying to get into fell through so I don't know what to do now or why it didn't work out.”

**Consumer Satisfaction with their Involvement in the Individualized Plan for Employment (IPE) Process**

Consumers were asked to rate their satisfaction with their involvement in the development of their Individualized Plan for Employment (IPE) and to comment on their experience in this area. These questions allow closer examination and evaluation of this critical element of the VR process.

Overall, the majority of consumers (82%) are satisfied or very satisfied with their involvement in the development of their IPE. Slightly over half of all consumers (52%) indicated they were very satisfied, 30% somewhat satisfied, 9% somewhat dissatisfied, and 9% very dissatisfied with the development of their IPE. These results are similar to those from the past two years, with a small increase in consumers being very satisfied, and a small decrease in consumers being somewhat dissatisfied with their involvement in the development of their IPE. Once again this year, the results show a very strong association between responding consumers who feel that MRC is always or sometimes meeting their VR needs and with consumers who are satisfied with their involvement in their IPE. Vice versa, consumers who were dissatisfied with their development of their IPE were very likely to feel that MRC is not meeting their VR needs. There also were statistically significant variations between consumers based on length of time as a consumer, primary disability, level of education, and individual service needs. Respondents with a bachelor’s degree or higher level of education and those consumers receiving services for over 5 years were less likely to be satisfied with the development of their IPE. Consumers with psychological and cognitive disabilities and those seeing college education, school transition to work, pre-employment transition services, vocational and on-the-job training, and/or soft skills/work readiness training as important tended to be more satisfied with the development of their IPE, while those who saw job placement or supported employment as important were more likely to be either very satisfied or very dissatisfied with the development of their IPE. The number of variations increased from 2015.

**Figure 18**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How satisfied are you with your involvement in the development of your MRC Individualized Plan for Employment (IPE)?** | | | | |
| **Answer Options** | **2016**  **Response Percent** | **2016 Response Count** | **2015 Percent** | **2014 Percent** |
| 1 = Very Satisfied | 51.5% | 744 | 49.6% | 50.4% |
| 2 = Somewhat Satisfied | 30.1% | 435 | 30.7% | 28.9% |
| 3 = Somewhat Dissatisfied | 9.1% | 132 | 10.9% | 9.5% |
| 4 = Very Dissatisfied | 9.3% | 135 | 8.7% | 11.3% |

This question was followed by an open-ended question allowing people to explain their responses. The majority of responses were positive and many of the themes that emerged in the responses closely mirrored those in the previous question about how MRC is meeting consumers’ vocational needs.

As with the question on how MRC is meeting consumers’ VR service needs, a great deal of the comments contain very positive feedback from consumers about their experiences with the MRC and their VR counselors. Many consumers indicated they were very satisfied with their involvement in the development in their IPE and how their counselor has been responsive and open to their suggestions, interests, choices, and needs. Additionally, many also expressed the fact that their IPE development was a joint effort and was guided by their (consumer) input. As to what was seen in the other response areas, numerous consumers voiced their strong appreciation and gratitude for the assistance and services the MRC and its staff provide and how their IPEs are the outlined towards them achieving their goals. Some consumers also indicated that their plan is adjusted and amended by their counselor as needed to account for their changing needs. Others appreciated the suggestions and advice that MRC staff have provided them in shaping their services to best meet their goals and needs. Many consumers were very pleased with their active involvement in the IPE planning process. These responses are consistent with those from last year.

On the other hand, some consumers voiced dissatisfaction, concerns, or confusion over their involvement in the development of their IPE. A number of consumers indicated they were not aware of their IPE or did not believe they had an IPE. In many of these instances, it appears that it could be a terminology issue where consumers may not be aware of the term Individualized Plan for Employment or are confusing the term for something else. All consumers were at least in Status 12, so an initial IPE is required to have been completed to get to that point in the VR process. The prevalence of these responses were similar to 2015.

Some consumers also mentioned that they had not seen or were not very familiar with their IPE, and some asked if they could receive a copy of their plan. As seen in other questions, difficulty maintaining communication with counselors and staff turnover amongst counselors also came up in a number of responses to this question. This theme was more pronounced in this question than 2015. Concerns some consumers raised over their involvement in their IPE development included perceptions by some consumers that their interests or choices were not completely considered by their counselor, that they did not receive the services specified in their plan, that elements of the plan were not working, or that the plan was outdated and needed to be amended or changed.

Examples of consumer comments include:

* “MRC took the time to understand my needs and fulfill it in my IPE so I can utilize all the necessary tools I need to move forward in my educational goals.”
* “I have been involved in my plan every step of my vocational rehabilitation. I was able to obtain and reach my goals that will give me the confidence to return to work which I spoke to staff and we are right on board with the IPE plan.”
* “I'm satisfied with my services at MRC they are attentive to my needs and every detail. I could not have completed my degree without the continued support of my MRC counselor during this difficult time. They always have helped and added suggestions to what I wanted to do. They add to what I may have missed.”
* “This [IPE] could be improved. A few comments: the goals need detailed steps (for example how is something going to be done and when will it be completed by). I may be clueless - but I didn't realize what the IPE was - and its significance. I also didn't 'get' that it could be modified at any time.”
* “I have no complaints about the way my plan was discussed and very satisfied about the support I was given in putting the plan together. I am not even aware if I have an individual Plan for Employment with MRC.”
* “The services and support are based on standard language and I feel the effort to proactively help me accomplish individualized goals has been lacking.”
* “I'm guided by my counselor and job placement specialist but my interests are incorporated into the plan. They have given me wise, practical, and useful counseling, pointing me toward one-stop job centers, financial and benefits consultants, and other services to aid me in freelance work.”
* “Everyone I work with is a consummate professional, incredibly helpful and knowledgeable. Their follow up is AMAZING! Frequently they email me on their days off and after 5pm. My IPE is perfect for helping me gain employment as I begin to pull myself out of homelessness.”
* “My counselor was very clear and helpful, and made sure that I was completely on board with my plan for employment.”
* “I feel MRC should be doing more and always finding more about how I'm doing. I feel like they forget about my needs or don't want to do more than they have to.”
* “I'm not sure I know what the IPE is. I feel I needed more support in getting employed, but I'm not sure Mass Rehab could provide what I needed. I was hoping for a program that would assist me in actually getting employment, because I did not feel I could do it alone.”
* “I want like to see more follow up and progress evaluations as part of my IPE. More suggestions towards classes that may help me improve my skills, such as computer skills (like Microsoft Excel) would be great.”
* “I don't think things were outlined as clearly as they should have been in my IPE. I didn't even know until it was almost too late that there was other ways they could help me.”

**Community Living Service Needs**

Another element of the Comprehensive Statewide Needs Assessment covered in the Needs survey is to evaluate consumer need for various Community Living (CL) services offered by MRC’s Community Living Division which include brain injury case management services, assistive technology, home care services, and vehicle modification, among others. A number of these services are provided to VR consumers as part of their IPE through VR grant funding. The most frequent community living need reported by consumers was once again affordable, accessible housing (the Massachusetts Access Housing Registry), as 66% of consumers indicated this was a somewhat or very important need to them. Other important community living services identified as needed and important by consumers included accessible recreation (53%), Home and Community-Based Waiver Services (46%), (Traumatic Brain Injury/Acquired Brain Injury/Money Follows the Person waivers), the Individual Consumer Consultant (ICC) program (45%), Assistive Technology (38%), Home Care services (37%), Adult Supported Living (35%), and Home Modification (34%).

Compared to other areas of the Needs Assessment survey, there appears to be more variability both up and down in terms of the response percentages for particular Community Living services from year to year. The reason for this is unclear. However, the overall pattern of needs remains fairly consistent with those from previous years, with housing, recreation, home care, assistive technology, home modification, and the ICC program consistently being reported among the top CL service needs by responding consumers (the waiver programs were added to the survey for the first time in 2015 Changes over the past four years include an upward trend in most CL services, particularly with assistive technology, accessible recreation, consumer involvement, home care services, brain injury services and vehicle modification, while there has been more variability in other areas such as recreation and home care. Also, the proportion of consumers who identified affordable and accessible housing as important increased by 3% from 2015. It is important to remember that MRC is not a housing agency, and housing is a systemic issue requiring action on multiple levels (local, state, and federal). Nevertheless, it remains evident from open-ended responses throughout the survey that housing continues to be a very significant issue for many consumers as they continue to struggle with the high costs of living in Massachusetts.

**Figure 19**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Community Living Needs** | | | | | |
| **Respondents Answering Very or Somewhat Important** | | | | | |
| **Need Area** | **2013 Percent** | **2014 Percent** | **2015 Percent** | **2016 Percent** | **4 Year Variance** |
| Affordable Housing (Mass Access Housing Registry | 65.7% | 58.6% | 63.0% | 66.1% | 0.4% |
| Recreation | 33.0% | 48.0% | 53.5% | 52.8% | 19.8% |
| Home and Community Based Waiver Services | NA | NA | 44.6% | 46.3% | NA |
| Individual Consumer Consultant (ICC) Program | 32.2% | 38.7% | 43.2% | 44.6% | 12.4% |
| Assistive Technology | 20.8% | 33.0% | 37.7% | 38.4% | 17.6% |
| Home Care Services | 26.5% | 33.1% | 36.1% | 37.2% | 10.7% |
| Supported Living Services | 25.4% | 30.5% | 32.4% | 34.8% | 9.4% |
| Home Modification | 32.3% | 32.3% | 32.6% | 34.3% | 2.0% |
| BISSCS | 15.0% | 23.8% | 28.3% | 25.0% | 10.0% |
| Personal Care Attendant (PCA) | 15.8% | 21.2% | 23.6% | 24.3% | 8.5% |
| Vehicle Modification | 14.8% | 20.3% | 24.0% | 23.0% | 8.2% |

Statistically significant variations in community living needs among consumers was observed in some demographic categories including race/ethnicity, gender, disability, and primary source of support. The most notable finding is that African-Americans and Hispanic consumers were more likely than non-minority consumers to see many of the listed Community Living services as important and needed services. This finding was true for all services except accessible recreation. For the second straight year, this finding was more pronounced in this year’s survey than past years, which found this relationship for fewer CL services.

Additionally, women consumers found some Community Living services to be more important than men. Specifically, women were more likely to find Assistive Technology, home care services, personal care attendant, consumer involvement, brain injury services, individual consumer consultant, home modification, and vehicle modification services as important and needed services compared to male respondents. This finding has been found in the Needs Assessment survey on a regular basis and the number of services this year where this finding was found increased from 2015. There were also significant variations among consumers based on primary disability. Many of these variations have been consistent findings over the last several years. There was a significantly higher need for assistive technology among individuals with sensory and physical disabilities relative to those with psychological disabilities. Also, not surprisingly, individuals with physical disabilities also indicated a higher need for personal care attendant and vehicle modification services.

Also, consumers who rely primarily on public benefits demonstrated a slightly higher need for affordable housing. There were no significant variations found amongst consumer respondents by age, education, and region.

Similar to that found amongst Vocational Rehabilitation service needs, analysis of the findings suggests a high level of correlation amongst all of the Community Living services in terms of consumer need. This is extremely consistent with past findings in the Needs Assessment. Some of the strongest correlations were between the need for vehicle modification and supported living services with personal care attendant services; home modification services and supported living services with vehicle modification services; brain injury services with home modification and vehicle modification; and home care services with PCA services. Very strong correlations were also found between assistive technology services and home modification, vehicle modification, supported living, personal care attendant, and brain injury services; between Consumer Involvement and the Individual Consumer Consultant program, and between the need for home care services with supported living services, home modification services, and vehicle modification, among others. These results once again demonstrate that many consumers served by the MRC VR program also may benefit from and need community living services, some of which are part of the VR program. In addition, these results suggest that many MRC VR consumers often require multiple services and supports to assist them with their efforts to obtain competitive employment and maintain or life a more independent life.

**MRC Community Living Service Effectiveness**

In the survey, consumers are asked to rate how effective MRC’s services are in supporting their ability to maintain their independence in the community on a scale of very useful, somewhat useful, not at all useful, or not applicable. Overall, 64% of consumers indicated MRC’s services were somewhat or extremely effective in assisting them to maintain their independence in the community, a decrease of 2% from 2015 results. Only 10% of consumers indicated the MRC’s services were not useful toward meeting their community living needs, an increase of about 1% from 2015. Finally, 27% of consumers indicated that the question was not applicable to their situation or they were unsure. This fact is not surprising as many VR consumers either may not be receiving and/or may not require community living services to achieve their goals. When factoring out those consumers who answered not applicable, 87% of consumers found MRC services to be somewhat or very effective towards maintaining their independence in the community and only 13% of the MRC consumers did not find MRC services to be effective in this area.

A statistically significant association was also found between consumer opinion on whether services are meeting their VR needs and whether services are assisting them in maintaining their independence. Those consumers who feel that MRC is always or sometimes meeting their VR needs are more likely to also see MRC services as being somewhat or extremely useful in assisting them in maintaining their independence. This relationship was more pronounced than prior years.

**Figure 20**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MRC Services Assist With Maintaining Independence** | | | | |  |
| **Answer Options** | **2016 Response Percent** | **2016 Response Count** | **2015** | **2014** | **2013** |
| 1 = Not At All Helpful | 9.4% | 132 | 8.6% | 10.2% | 12.1% |
| 2 = Somewhat Helpful | 27.5% | 385 | 28.5% | 26.7% | 28.4% |
| 3 = Extremely Helpful | 36.7% | 514 | 37.9% | 34.7% | 26.3% |
| 4 = Not Applicable/Unsure/Don't Know | 26.5% | 371 | 25.0% | 28.3% | 33.1% |

As with the question on VR needs, this question was followed by an open-ended question asking consumers to explain their response. Overall, 35% of the comments were of a positive nature, 52% could be characterized as neutral, and 9% could be considered negative or constructive comments. As with the responses on VR service effectiveness, many of the comments can be portrayed as being either process-oriented comments or outcome-oriented comments. The proportion of neutral comments increased, the proportion of positive comments decreased, and the proportion of negative/constructive comments stayed steady from 2015.

As was the case with the previous questions, many of the comments reflect very highly upon the services the MRC and its staff deliver to assist consumers with living and working in the community. A number of consumers stated how they have made tremendous strides in their lives thanks to the services and supports they are receiving through the MRC and its partners. Many consumers also expressed praise regarding the assistance provided by the MRC in obtaining assistive technology, home modifications, community living services from MRC (Home Care Assistance Program, services from ILCs, etc.) and information and referral to other resources to assist in improving their independence and finding employment. Many consumers also noted that while they currently do not need Community Living services, that these services are critical to those consumers who require them.

Similar to what was found in the responses to the question on VR services, it is evident that many consumers are facing difficulties related to obtaining housing and the effects of economic issues and the high cost of living in Massachusetts. Numerous consumers noted financial difficulties in paying for housing, education, transportation, medical care and other expenses. Common themes raised by consumers included difficulty obtaining housing, employment, legal assistance, adequate health care, and transportation. Many consumers also noted ongoing struggles with health or family-related issues.

Consistent with the findings from other parts of the needs assessment, some consumers noted difficulty staying in contact with their MRC VR counselor, difficulties due to staff turnover amongst counselors, perceived delays in receiving services or finding jobs, and difficulty or communication issues between MRC and service provider agencies, among others. It also appears that a number of consumers may benefit from referral to other services and supports provided by other agencies and organizations.

It is apparent in the responses that a number of consumers are not aware of the Community Living services available through the MRC, some of which are funded by VR grant dollars and available to VR consumers who need them. A number of consumers indicated they were not told about, were not aware of, or were told MRC does not provide some or all of the Community Living services potentially available to them. While some of these are not VR services, MRC VR consumers can be referred to these services. The frequency of these responses is about the same as in 2015.

Examples of consumer comments include:

* “MRC has many useful services that individually support the needs differently but in a positive way. MRC helped increase my school performance, self-esteem and recognize other problems. I don't know where I would be without the services provided by MRC.”
* “Staying independent is my goal and MRC is helping me do that. They have helped me on being more independent and help me reach my goals.”
* “This is not an issue MRC has ever addressed. They say that they only deal with employment, period.”
* “I don't know about all the services MRC offers. Transportation is needed not always available.”
* “These services are extremely helpful since I would never have been able to go to college and get a human service degree. I received help to find which degree too.”
* “I do not know all of the services that MRC provides. I need to ask questions about these activities and what MRC provides for this purpose.”
* “MRC has helped me to get back into school work towards completing my degree. This opportunity has changed my life for the better 100%.”
* “While I don't require Community Living Services, it's encouraging to know these services are there and available for people because there is a desperate need for such assistance.”
* “Based on my IPE - these were not included. I don't know what specific services are offered. However - learning about housing or housing subsidies for people with low incomes might be nice.”
* “MRC has definitely helped me further my education, however I also would like any information you have on housing options, due to the fact I still live in a rooming house. I'm extremely grateful for the help I have received thus far. I just need any information/help you can offer to obtain my next goal of trying to secure permanent housing.”
* I feel that MRC could support me with more training to help me maintain independence. That would help me get out more in the community.

**Consumer Awareness of Independent Living Centers (ILCs)**

The Needs Assessment Survey asks consumers if they are aware of the Independent Living Center (ILC) in their area to assist in assessing consumer knowledge of the ILCs. The ILCs are important partners to the 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. In 2012, additional language was added into the question to reduce the possibility that consumers may only be aware of their local ILC by its particular name. Some of the names and acronyms of Massachusetts’ 11 ILCs were included in the survey to reduce the possibility that the results could be skewed for this reason.

This year, 30% of respondents indicated they were aware of the ILC in their area. The result remained flat compared to 2015, but the level remains 4% above the 2011 survey. The results again demonstrate that a large portion of MRC consumers are not fully aware of the ILCs and how they can serve them. ILCs provide important peer counseling services to consumers and can assist with soft skill training supports, which can assist MRC’s efforts to assist consumers in obtaining employment, amongst many other important supports and services. These services can also benefit students with disabilities aged 16 to 22 as transition services are now considered a core IL service. ILCs may also be able to assist some consumers with budgeting/financial skills and provide some basic legal services and/or advice.

As with past years, a moderate association was found between consumer awareness of ILCs and the primary disability of consumers. Consumers with physical and sensory impairments were generally much more aware of their local ILC when compared to those individuals with psychological impairments. This is consistent with previous findings on this question. Only 27% of consumers with psychological impairments were aware of their local ILC compared to 37% of consumers with physical disabilities, and 39% of consumers with sensory impairments. Regional differences were also discovered as consumers in the West District were more likely to have a much higher level of awareness of the ILC compared to the other two districts. 41% of West District consumers responding to the survey were aware of their local ILCs, compared to 29% from the North District and 24% from the South District. These findings are consistent with previous years’ results.

An association between consumers’ awareness of the ILCs and with satisfaction in IPE development and with opinion on whether MRC is addressing their needs was also found. Consumers who indicated they were aware of their local ILC were slightly more likely to find MRC as meeting both their VR and independent living service needs. Additionally, consumers who are aware of their local ILC were also slightly more likely to be satisfied with their development of their IPE. While the relationship was on the weak side, nevertheless it is an interesting finding. This finding was found in 2013 and 2015 but not in 2014.

These findings suggest the MRC should continue to work to strengthen links between VR and the ILCs for all its consumers, especially for those with psychological disabilities and those in the North and South districts. ILCs remain important partners of the VR program, both for adults and for youth and students with disabilities. Collaborations such as the VR-IL contracts and the Transitional Internship Program are a good example of beneficial collaborations with the ILCs. Once again, these findings illustrate the importance of the ILCs as important partners of the MRC to assist individuals with disabilities in meeting their needs, objectives, and goals to go to work and live independently, and the provision of pre-employment transition services to high school students with disabilities.

**Figure 21**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you aware of the Independent Living Center (ILC) in your area run by people with disabilities?** | | | | |
| **Answer Options** | **2016 Response Percent** | **2016 Response Count** | **2015 Percent** | **2014 Percent** |
| Yes | 30.4% | 425 | 30.4% | 31.6% |
| No | 69.6% | 975 | 69.6% | 68.4% |

**Figure 21a**

**Transportation Service Needs**

Through the CSNA, the Consumer Satisfaction Survey, and other methods, many MRC consumers consistently cite transportation as a primary, persistent barrier to consumers seeking employment. As with housing, transportation is another systemic issue that affects individuals with disabilities. The Needs Assessment Survey includes questions about transportation options currently used by consumers as well as questions on transportation services that consumers need. In 2016, the most common transportation options used reported by consumers were: using their own vehicle (53%), public transportation (41%), family/friends (30%), and walking (29%). The overall pattern of responses is similar to 2015 and other prior years. Many of the transportation options used by consumers have seen peaks and valleys over the past four years. There has been a slight increase in consumers reporting they rely on family and friends, use the Transportation Access Pass (TAP program), use taxis or car sharing services such as Uber and Lyft, and car pools over the last four years while there has been a slight decrease in the number of consumers indicating they use their own vehicle for transportation. There was also a 2nd straight year with a decrease the proportion of consumers reporting they rely on public transportation. 1% of respondents did not select a response from one of the categories provided.

**Figure 22**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Transportation Options Currently Used\*** | | | | | |
|  |  |  |  |  | **4 Year** |
| **Need Area** | **2013 Percent** | **2014 Percent** | **2015 Percent** | **2016 Percent** | **Variance** |
| Own Car | 55.7% | 49.3% | 51.4% | 52.9% | -2.8% |
| Public Transit | 44.0% | 47.7% | 42.8% | 41.3% | -2.7% |
| Family/Friends | 24.6% | 25.8% | 30.6% | 29.8% | 5.2% |
| Walk | 26.6% | 29.6% | 31.6% | 29.0% | 2.4% |
| Taxi/Uber/Lyft | 6.1% | 8.3% | 7.9% | 8.8% | 2.7% |
| TAP Pass | 8.0% | 8.9% | 8.9% | 8.5% | 0.5% |
| Car Pool/Ride Sharing | 4.8% | 8.3% | 7.9% | 7.8% | 3.0% |
| RIDE/Assisted Van | 6.3% | 5.8% | 6.4% | 7.7% | 1.4% |
| Bike | 9.3% | 10.2% | 8.4% | 7.2% | -2.1% |
| None | 3.4% | 4.1% | 4.2% | 4.7% | 1.3% |
| Adaptive Van | 1.1% | 1.5% | 1.0% | 2.0% | 0.9% |
| Other | 1.3% | 1.7% | 1.2% | 1.2% | -0.1% |
| *\* Multiple Response Category: Percentages do not equal 100%* | | | |  |  |

There are some significant differences in the utilization of transportation options based on consumers’ age, primary disability, primary source of support, race/ethnicity, education level, gender, and region. First, a greater number of White consumers reported using their own vehicle for transportation compared to individuals of other ethnic and racial backgrounds. This has been a consistent finding over the past several years. The same was also true for women consumers and those whose primary source of support is personal income. Consumers whose primary source of support is public support or family and friends were also much more likely to rely on family and friends and paratransit services for transportation. Racial and ethnic minorities were also more likely to indicate they use public transportation and the Transportation Access Pass (TAP), particularly African-Americans and Asian consumers.

Consumers in the North and South Districts were much more likely to utilize public transportation and the TAP pass program compared to those in the West District. This is not surprising since many areas of the West District have fewer public transportation options compared to the South and North districts which include the Greater Boston area. Consumers in the West District are more likely to use their own vehicle for transportation than those consumers in the other 2 districts.

Also, a higher amount of individuals with psychological disabilities indicated they use public transportation (37%) when compared to individuals with physical (29%) and sensory disabilities (23%). The opposite was true in terms of consumers utilizing their own vehicles, as more consumers with sensory (53%) and physical (51%) impairments reported using their own car compared to those with psychological impairments (40%). Consumers with psychological disabilities also were more likely to report they rely on family and friends for transportation more often compared to other consumers. Not surprisingly, individuals with physical disabilities also indicated they use lift equipped or adaptive vehicles for transportation more than those with other types of disabilities. These results are consistent with past findings in this area.

Finally, consumers with a less than high school level of education at application for MRC services were much less likely to use their own vehicle and more likely to rely on family and friends for transportation when compared to consumers with higher levels of educational attainment, particularly those with some college education or a college degree. This suggests that lower-educated consumers may be less likely to have a driver’s license or to possess the financial resources to own a vehicle. The same finding was also found for younger consumers (under age 30) and for consumers of transition age.

When it comes to transportation services and options needed by consumers, the most needed services included the Donated Vehicle Program (18%), public transportation (18%), driver’s education and training (13%), the Transportation Access Pass program (8%), The Ride/Assisted Ride (8%), and information about transportation options (8%). About 50% of respondents indicated they did not have any transportation service needs. Not surprisingly, individuals with their own vehicle by far indicated they do not require additional assistance with transportation. These results are consistent with the findings over the past several years. Looking at a four year trend of results on transportation service needs, as seen in the table below, there have been slight variations in service options from year to year. Overall, there has been a slight increase in consumers needing the TAP pass program, taxi/Uber/Lyft service, carpool/ride sharing, public transit and slight up and down variations in other service needs such information on transportation options, travel training, the Ride/paratransit, and driver’s education.

**Figure 23**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Transportation Options Needed\*** | | | | | |
|  |  |  |  |  | **4 Year** |
| **Need Area** | **2013 Percent** | **2014 Percent** | **2015 Percent** | **2016 Percent** | **Variance** |
| None | 49.9% | 50.1% | 50.4% | 50.2% | 0.3% |
| Donated Vehicle | 19.8% | 17.9% | 20.8% | 17.9% | -1.9% |
| Public Transit | 16.3% | 20.5% | 18.2% | 17.6% | 1.3% |
| Driver's Education | 13.1% | 10.3% | 12.1% | 12.6% | -0.5% |
| TAP Pass | 7.5% | 9.7% | 9.8% | 8.4% | 0.9% |
| The RIDE/Assisted Ride | 7.6% | 6.7% | 9.4% | 7.9% | 0.3% |
| Information on Transportation Options | 8.4% | 7.2% | 8.6% | 7.5% | -0.9% |
| Car Pool/Ride Sharing | 4.0% | 4.7% | 5.6% | 6.4% | 2.4% |
| Taxi/Uber/Lyft | 3.7% | 4.8% | 6.2% | 5.5% | 1.8% |
| Travel Training | 3.6% | 2.7% | 4.0% | 4.5% | 0.9% |
| Other | 4.3% | 2.1% | 2.0% | 2.9% | -1.4% |
| Adaptive Vehicle | 1.7% | 2.2% | 2.0% | 2.4% | 0.7% |
| *\* Multiple Response Category: Percentages do not equal 100%* | | | |  |  |

While it has become the 5th most common transportation service need rated by MRC consumers, the relatively low number of consumers indicating they need a TAP pass compared to the proportion of consumers indicating they need public transportation suggest that many consumers may not be aware of the program. It was once again noted in consumer focus groups that information on the TAP program can be difficult to find, while others reported confusion believing it is just an MBTA program, not a statewide program. A fact sheet or informational brochure to MRC counselors and consumers on the TAP program has been developed and placed on the MRC website for dissemination to staff, consumers, and the overall public. This fact sheet will be reviewed and updated as needed during 2017.

As evident from the results above, there is also continued high demand for the Donated Vehicle Program currently operated through a partnership with Good News Garage. Among those consumers who indicated they needed one or more transportation service, 36% indicated they could benefit from assistance through the Donated Vehicle Program. While this is slightly down from 2015, for the second straight year the program was the most listed transportation service needed by consumers. A new RFR was recently issued for this program and it is expected to continue at least through the end of FFY2017. There also appears to be a slightly higher demand for a donated vehicle amongst consumers with psychological and physical disabilities, minority consumers, and those who rely on public benefits.

Not surprisingly, younger consumers under age 30 were far more likely to indicate a need for driver’s education. In addition, there were variations in the need for driver’s education based on race/ethnicity and education. Respondents with a high school or less than a high school education, as well as African-American and Hispanic consumers, were more likely to see driver’s education as a needed transportation service. Individuals whose primary source of support is family and friends also showed a higher need for driver’s education services. All of these have been consistent findings in past Needs Assessment surveys.

Consumers of diverse ethnic and racial backgrounds also indicated a higher degree of need for public transportation. This has been a consistent finding in this area. The need for public transportation was highest amongst African-Americans (27%), Hispanics (16%), and Asians (29%) compared to 11% for White consumers. This is also true as well regarding need for the TAP pass, as White consumers were less likely to need a TAP pass compared to those from other ethnic and racial groups. Consumers with less than a high school level of education and those in the South District were more likely to see public transit as a transportation need.

Not surprisingly, consumers with physical disabilities demonstrated a greater need for an adaptive vehicle and paratransit services. Finally, White consumers, consumers with higher levels of educational attainment, and those whose primary support is personal income were more likely to have no transportation service needs.

**Consumer Opinion on Transportation and Does it Pose a Barrier to Employment**

Consumers are asked specifically in the Needs Assessment survey if they see transportation as a barrier to obtaining employment. Overall, 33% of consumers responding to the survey indicated they believe transportation poses a barrier to them obtaining employment. This was a decrease of 1 percent compared to 2015, however, the percentage is still up 3.5% from the 2012 survey. Consumers were then asked to elaborate on their answer. As demonstrated in many other areas of the Needs Assessment, it is very evident from responses that transportation presents a significant challenge to many MRC consumers across the Commonwealth.

There were significant variations in consumer opinion on this question based on consumer opinion on whether MRC is meeting their needs, age, primary disability, race/ethnicity, primary source of support, gender, and education level.

First of all, consumers that see transportation as a barrier to employment are somewhat less likely to feel that MRC is meeting all or some of their needs. In terms of disability, greater number of consumers with psychological/cognitive (34%), see transportation as a barrier to employment compared to consumers with sensory impairments (24%) and physical disabilities (30%). Individuals with a high school equivalent or less level of education at time of application for MRC VR services were also more likely to find transportation as a barrier to employment compared to consumers with higher levels of education, particularly those with a bachelor’s degree or higher. Finally, a slightly higher level of minority consumers, male consumers, youth consumers of transition age, consumers under age 30, and those who rely on family and friends or public support as their primary source of support tended to find transportation as a barrier compared to other consumers.

Open-ended responses demonstrate a variety of different reasons as to how consumers see transportation as a barrier to employment. The most common reason specified by consumers was the inability to access employment opportunities in areas with limited or no public transportation access. This was the most common response for the 4th consecutive year. Other common reasons listed by consumers include the cost of transportation, including the price of gasoline, the costs to maintain, register, and insure a vehicle, and increases in public transportation and paratransit fares; the distance required to travel to access available jobs; the reliability and time needed to travel via public transit or paratransit; health conditions and/or the nature of the consumer’s disability; the fact the consumer does not own or have access to a vehicle; the consumer lacks a driver’s license or needs driver’s education; and the fact many available jobs require a car or a driver’s license. The pattern and frequency of these responses is similar to 2015, with a slight increase in the frequency of consumers indicating they cannot access jobs in areas with limited public transportation options and those indicating the cost of transportation as a barrier as the most notable changes. A table of common responses and their frequencies are listed below in Figure 25.

**Figure 24**

**Figure 25**

|  |  |
| --- | --- |
| **Open Ended Responses: Reasons for Why Transportation Is A Barrier to Employment** | |
| **Reason** | **# of Responses** |
| No Access to Jobs in Areas Without Transportation | 65 |
| Cost of Transportation/Cost of Maintaining a Vehicle | 38 |
| Distance to Jobs/Location | 32 |
| Reliability/Time to Travel on Public Transit/The RIDE | 30 |
| Health Conditions/Nature of Disability | 29 |
| Need a Car | 27 |
| Not A Barrier | 26 |
| Available Jobs Require a Car | 22 |
| Need Driver's Education/Need Driver's License | 18 |
| Must Rely on Others for Transportation | 12 |
| Fear of Driving/Using Public Transit | 8 |
| Sometimes/Potentially a Barrier | 7 |
| Need Travel Training | 5 |
| Other | 4 |
| Weather Conditions | 3 |
| Lost License Because of DUI | 2 |
| Only Can Telecommute | 2 |
| MRC Addressed Transportation Needs | 2 |
| No Parking Available | 2 |
| Need Adaptive Vehicle | 1 |

**Consumer Needs for Additional Services and Open-Ended Responses**

The final section of the Needs Assessment survey instrument revolves around consumer needs for additional services, and includes four additional open-ended questions about service needs. The first question asks consumers whether they require any additional services or supports not addressed in the survey. A total of 19% of respondents indicated they need additional services and supports not addressed in previous questions, up 0.7% from 2015; 34% felt they did not require other services, and 48% were unsure or did not know whether they needed other services. This year’s results were consistent with the findings from the past few years’ surveys and the four year trend in this area is nearly completely flat.

**Figure 26**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Does Consumer Need Other Services?** | | | | | |
|  | **2013 Percent** | **2014 Percent** | **2015 Percent** | **2016 Percent** | **4 Year Variance** |
| Yes | 18.4% | 18.1% | 17.8% | 18.5% | 0.1% |
| No | 33.9% | 37.1% | 36.4% | 34.0% | 0.1% |
| Unsure/Don't Know | 47.6% | 44.8% | 45.9% | 47.5% | -0.1% |

There were significant variations in consumer opinion on this question based on answers to other survey questions. No significant variations were found this year in terms of demographic categories except for level of education. Individuals with a bachelor’s degree or higher were more likely to indicate they have additional service needs.

A relationship was again found between the need for additional services and consumer opinion on how MRC is meeting their needs. Those consumers who were most satisfied with the development of their IPE as well as those consumers who indicated that MRC is sometimes or always meeting their VR needs were much less likely to respond that they require additional services. The opposite is true for consumers less satisfied with their IPE development and those who feel MRC is rarely meeting their VR needs, as they were more likely to indicate they need additional services. Also, those consumers indicating that transportation is a barrier to employment were much more likely to feel they require additional services. On the other hand, those consumers who do not need any additional transportation services were much less likely to indicate they need additional services. These results are consistent with 2015.

This question was followed by an open-ended question asking consumers to list these needed services not addressed in the survey. The distribution of responses to this question is listed below in Figure 27 below. Affordable and accessible housing was again the most commonly listed additional service need, followed by job placement services, financial assistance, Other frequent service needs listed by consumers included transportation, assistive technology, job search assistance/networking, MRC counseling and guidance, benefits planning, information about available services, and mental health counseling. The order of responses varied slightly from 2015, but the frequencies of responses are generally comparable, however there was a notable increase in the frequency of job placement services, benefits planning, and job training and education, and a decrease in the frequency of information about available services, and job search assistance/networking.

**Figure 27**

|  |  |
| --- | --- |
| **Need** | **# of Responses** |
| Affordable, Accessible Housing | 35 |
| Job Placement Services | 23 |
| Financial Assistance | 17 |
| Job Training/Education | 17 |
| Transportation | 13 |
| Assistive Technology | 12 |
| Job Search Assistance/Networking | 10 |
| MRC Counseling | 9 |
| Benefits Planning | 9 |
| Information About Available Services | 8 |
| Mental Health Counseling | 8 |
| Home Care Services | 8 |
| Communication with MRC | 8 |
| Other Supportive Services (DMH, DDS, etc.) | 7 |
| Services from Independent Living Centers | 7 |
| Budgeting Assistance/Classes | 6 |
| Self-Employment/Assistance Starting a Business | 6 |
| CORI Support | 5 |
| Social/Recreation Opportunities | 3 |
| Improved MRC Employer Partnerships | 3 |
| Child Care | 3 |
| Computer Skills Training | 3 |
| Books/Supplies | 3 |
| Health Insurance/Information about Health Care | 2 |
| Support Groups | 2 |
| Ongoing Support Services | 2 |
| LD/ADHD Services | 2 |
| TAP Pass | 2 |
| Driver's Education | 2 |
| Training for MRC Staff | 2 |
| Vocational Evaluation | 2 |
| Home Accessibility Modifications | 1 |
| Counseling in Post-Secondary Education | 1 |
| Job Coaching | 1 |
| Soft Skills Training | 1 |
| Service Dog | 1 |
| Life Map Coaching | 1 |
| Anything | 1 |
| Brain Injury Services | 1 |
| Durable Medical Equipment | 1 |
| On-The-Job Training | 1 |
| Time Management Courses | 1 |

The second open-ended question asks consumers to list the most important service they are currently receiving. Job placement and job search services was the most frequent response this year, up from #3 in 2015, followed by education and job training, and assistance with college tuition and other related expenses. All 3 of these responses have been consistently ranked among the most important services being received by consumers over the past 5 years. Other frequent responses included MRC counseling and guidance, assistive technology, financial assistance, transportation, job readiness training, supplies for school and work, and ongoing support services. Specific frequencies varied slightly from 2015, but all of these were amongst the most frequent responses last year with the exception of ongoing support services which increased notably over prior years.

Once again, there were a number of consumers listing “not receiving services” as a response. Once again, this was one of the top 5 responses, ranking5th, the same as last year, but down from other past years. The frequency of this response dropped this year after increasing in 2015. Despite the decrease, the continued prevalence of this response is notable because the sample is drawn from consumers in active service statuses. Given the sample includes consumers in Status 12 (completed service plan), there may be consumer respondents who have not received any paid services to date. However, these consumers received counseling and guidance services (a core VR service) from their counselor in order to create their Individualized Plan for Employment. This may also be a result of misunderstanding of what consumers perceive as receiving services, and may reflect the concept that active consumers are in various stages of their IPEs and likely not all services have either been delivered and/or completed at the time of the survey. Also, it is important to realize that particular services may be delivered to consumers more intermittently (i.e. tuition support) while others are ongoing. Nevertheless, this should still be monitored closely. The frequency of responses is listed below in Figure 28.

**Figure 28**

|  |  |
| --- | --- |
| **Open Ended Responses: Most Important Service Receiving** | |
| **Most Important Service Received** | **# of Responses** |
| Job Search/Placement | 149 |
| Education/Job Training | 147 |
| Tuition Assistance/Waiver | 101 |
| MRC Counseling & Guidance | 86 |
| Not Receiving Services | 55 |
| Did Not Specify | 47 |
| Assistive Technology | 45 |
| Financial Assistance/Support | 28 |
| Transportation Services | 21 |
| Job Readiness Training | 19 |
| School/Work Supplies | 18 |
| Ongoing Employment Support Services | 14 |
| Driver’s Education | 14 |
| Benefits Planning | 12 |
| Affordable, Accessible Housing | 11 |
| Case Management/Services from Other Agencies and Providers | 11 |
| Assistance Starting a Business/Self-Employment | 11 |
| Referral to Other Services | 11 |
| Donated Vehicle Program | 11 |
| Job Coaching | 10 |
| On-The-Job Training | 8 |
| Vocational Assessment | 7 |
| Job Driven Training Programs (CVS, etc.) | 4 |
| CORI Assistance | 4 |
| Information on Services | 3 |
| Home Care Services | 3 |
| Computer Training Programs | 3 |
| Independent Living Services | 2 |
| Transition from High School to School and Work | 2 |
| LD/ADHD Support Group | 2 |
| Adaptive Vehicle/Vehicle Modification | 1 |
| Tutoring | 1 |
| Job Club | 1 |
| Individual Consumer Consultant Program | 1 |
| Physical Restoration | 1 |
| Computer Resource Room | 1 |
| Development of IPE | 1 |
| Employer Hiring Event | 1 |
| Home Modification | 1 |

The third question asks consumers to list the single most important service that they do not currently receive (see Figure 29). Consistent with previous needs assessments, many of the top frequently cited responses revolved around, affordable/accessible housing, job placement, education/job training, financial assistance, and career counseling, guidance and job search support.

It must be noted that nearly two-thirds of respondents to the survey were in job training and education status at the time of the survey. Therefore, this level of response is likely a function of consumers moving toward completion of their training and education programs who are looking ahead to placement into employment opportunities. In addition, this may be an indication of the difficulty in finding employment for those coming out of training due to an inconsistent job market or possible mismatches between consumer skills and interests and available jobs in the market.

However, the large number of consumers served by MRC coupled with high demand for job placement and contracted employment services is also a likely factor. The need and importance of job placement and job search services to MRC consumers is strongly evident throughout the whole survey. It also must be noted that there was a notable decrease in consumers listing job placement as an unmet need compared to 2015. In addition to job placement, other highly cited responses included affordable and accessible housing, education and job training, financial assistance and public support, transportation, career counseling, MRC counseling and guidance and tuition support. This is generally consistent with last year’s findings. A slight increase was seen in consumers listing vocational counseling and guidance, the Donated Vehicle Program, affordable housing, and computer skills training as unmet needs. In addition to the decrease in those listing job placement as an unmet need, transportation, and MRC counseling and guidance also saw year-to-year decreases from 2015.

It is interesting that many core VR services were again highly cited as important service needs which are not being provided given the sample for the Needs Assessment consists of consumers in active service statuses. One reason may be that consumers have not reached the point in their service plan where they are receiving these services. It also could be that some consumers’ IPEs may need to be modified to add in additional services they need which may not be contained within the original or current IPE. Staff should be reminded when conducting an annual review of each case as required to determine if the IPE should be modified to add additional services based on the consumers’ needs. An additional question or modification to a question in the survey to ask about updating of consumers IPE may be beneficial in collecting more information in this area. This finding may also be related to limitations caused by annualized budget and staffing resources. MRC is also impacted by the federal funding formula for VR resources which penalizes Massachusetts as it is a slow growing state with a high cost of living. Consistent with results from other questions in the survey, there were also consumer comments about difficulty maintaining contact with their MRC counselor. This is consistent with the last several year’s results for this question.

**Figure 29**

|  |  |
| --- | --- |
| **Open Ended Responses: Most Important Service Not Receiving** | |
| **Need** | **# of Responses** |
| Affordable/Accessible Housing | 63 |
| Job Placement Services | 56 |
| Education/Job Training | 56 |
| Financial Assistance/Public Support | 32 |
| Career Counseling/Job Search Assistance | 29 |
| Transportation | 29 |
| MRC Counseling and Guidance | 28 |
| Donated Vehicle Program | 24 |
| Tuition Assistance/Waiver | 22 |
| Information on Services | 17 |
| School/Work Supplies | 14 |
| Benefits Planning | 13 |
| Meeting with Counselor | 12 |
| Computer Skills Training | 10 |
| Driver's Education | 9 |
| Services from Other Agencies | 8 |
| Assistive Technology | 7 |
| Employer Networking | 7 |
| Self-Employment Assistance | 6 |
| Job Coaching | 6 |
| On-The-Job Training/Job Driven Training Programs | 6 |
| Mental Health Counseling | 5 |
| Home Care Services | 5 |
| Internships/Work Based Learning Experiences | 5 |
| Job Readiness Training/Soft Skills | 4 |
| Independent Living Services | 4 |
| Health Care | 4 |
| Ongoing Support Services | 4 |
| Vehicle Modification | 3 |
| Budgeting Assistance/Financial Planning | 3 |
| Child Care | 3 |
| Support Groups | 3 |
| Legal/CORI Assistance | 2 |
| Vocational Assessment | 2 |
| Social/Recreational/Networking Opportunities | 2 |
| Travel Training | 2 |
| Peer Mentoring | 2 |
| Service Dog | 2 |
| Transportation Access Pass | 1 |
| Career Advancement | 1 |
| Personal Care Attendant | 1 |

Finally, the survey included a question asking consumers to list any additional feedback or suggestions to the MRC they might have. As with the other open-ended questions, there were many positive comments about how the MRC and its staff have assisted consumers in their efforts to seek employment and to live in the community. Many of the responses to this question illustrate themes revealed elsewhere in the survey, including the gratitude many consumers have for MRC and its staff; struggles consumers are having with health, the economy, and the high cost of living; that some consumers may have difficulty getting in touch with their counselors; that transportation poses a barrier to some consumers; and consumers may benefit from information and referral to other resources and services outside MRC.

Common suggestions listed by respondents included the following:

1. Efforts to improve communication between counselors and consumers.
2. Providing MRC offices with information on other agencies and resources which can assist individuals with disabilities including information on transportation and housing resources.
3. Improved communication with affected consumers during the process of filling counselor positions due to vacancies and retirements.
4. Continued enhancement of MRC’s employer partnerships, continued utilization of hiring fairs and other employment events to connect consumers with employers and employment opportunities.
5. Assistance with budgeting and financial planning, including workshops.
6. Improved supports to clients with higher levels of education and those seeking more advanced jobs.
7. Increased access to computer and technology skills trainings for consumers
8. Increased use of text messaging between counselors and consumers
9. Phone call and email reminders in addition to letters for appointments with MRC
10. Increased MRC presence and communication between MRC and one-stop career centers, community colleges, state universities, and UMass.
11. Increased information for consumers on available job leads and job leads that better match consumer skills, abilities, and interests.
12. Improved assistance with issues related to seeking employment with a CORI history.
13. More information and explanations about the financial need formula/requirements.
14. Utilization of electronic forms of communication such as email, social media, and Skype.
15. Increase availability of computer and technology skills trainings or web-based trainings and assessments.
16. More ongoing support services to assist consumers after they obtain a job.
17. More pre-employment and career exploration options, including pre-employment transition services for high school students with disabilities.
18. More consistent information on services offered, such as a catalog of services and updated information on the MRC website.
19. Increase access to MRC offices in terms of public transportation and parking or increase in-home meetings between consumers and counselors. Some consumers feel some offices are hard to access.

**Pre-Employment Transition Service Survey Section for Students Aged 16-22**

This year’s Needs Assessment survey included a section of the survey which was sent to all individuals age 16 to 22. This section of the survey included specific questions related to pre-employment transition services provided by MRC, its partners, and local educational agencies under the Individuals with Disabilities Education Act (IDEA). A total of 281 responses were received by MRC consumers aged 16 to 22 with these additional questions.

**Figure 30**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Pre-Employment Transition Service Needs** | | | | | | |
| **Service Area** | **Very Important or Important** | **Very Important** | **Important** | **Somewhat Important** | **Not Important** | **No Opinion/**  **Not Applicable** |
| Internships/Work Experiences | 87.4% | 56.8% | 30.6% | 6.5% | 2.5% | 3.6% |
| Assistance with College Education | 85.3% | 64.0% | 21.2% | 10.8% | 2.5% | 1.4% |
| Work Readiness Training/Soft Skills (Resume Writing, Interview Skills, etc.). | 83.2% | 50.9% | 32.3% | 9.0% | 3.9% | 3.9% |
| Assistance transitioning from High School to Work/College | 83.1% | 62.6% | 20.5% | 6.1% | 6.1% | 4.7% |
| Learning about Education, Training, Careers, and Jobs | 82.8% | 56.3% | 26.5% | 9.3% | 5.0% | 2.9% |
| College/Career Counseling | 81.2% | 53.8% | 27.4% | 12.3% | 4.0% | 2.5% |
| Mentorship/Job Shadowing/Peer Counseling | 72.3% | 45.3% | 27.0% | 19.1% | 4.0% | 4.7% |

Youth consumers were asked to rate the importance of 7 pre-employment transition services which 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). Consumers were asked to rate how important these Pre-ETS services are to them on a 5 point rating scale (very important, important, somewhat important, not important, or not applicable).

Overall, the vast majority of responding consumers of transition age indicated that all of the listed Pre-ETS services were very important or important needed services. Over 80% of responding consumers found 6 out of the 7 service options to be very important or important. Consumers rated work-based learning experiences as the most important/needed Pre-ETS service (87.4% very important/important), followed by assistance with college education (85.3%), work-readiness training (83.2%), transitioning from high school to college/work (83.1%), learning about education/jobs/careers (job exploration counseling) (82.8%), and college/career counseling (81.2%). Only mentorship/peer counseling/self-advocacy was under 80% with 72.3% of respondents rating it as very important or important.

These findings suggest a strong need for Pre-ETS service amongst MRC consumers of transition age, a theme which is evident throughout the Needs Assessment Survey.

**Figure 31**

|  |  |  |
| --- | --- | --- |
| **Have You Received any Pre-Employment Transition Services from MRC?** | | |
| **Response** | **Response Percent** | **Response Count** |
| Yes | 77.3% | 214 |
| No | 22.7% | 63 |

Consumers aged 16 to 22 were asked to indicate whether they had received any of the Pre-ETS services discussed in the prior question (related to the 5 required Pre-ETS service categories) from MRC as of the time of the survey. A total of 77% of respondents in this age group noted that they had received Pre-ETS services from MRC. Given at the time of the survey that MRC was still ramping up its Pre-ETS initiatives, this response is quite high and suggests that MRC’s new pre-ETS services are reaching many of its current consumer base. It may also be possible that consumers of transition age receiving Pre-ETS services were more likely to respond to the Needs Assessment survey than consumers in the same age group who had not received Pre-ETS services as of the time of the survey. It is recommended this be looked at in more detail in the 2017 survey.

**Figure 32**

|  |  |  |
| --- | --- | --- |
| **Consumer Survey Responses: Did They Receive Pre-Employment Transition Services through a high school or other educational agency outside of MRC?** | | |
| **Type of Service** | **% of Responding Consumers Receiving Service from LEA** | **# of Responding Consumers Receiving Service from LEA** |
| Assistance transitioning from High School to Work/College | 36.9% | 83 |
| Internships/Work Experiences | 35.1% | 79 |
| Assistance with College Education | 34.7% | 78 |
| Learning about Education, Training, Careers, and Jobs | 33.3% | 75 |
| College/Career Counseling | 32.9% | 74 |
| Work Readiness Training/Soft Skills (Resume Writing, Interview Skills, etc.). | 26.7% | 60 |
| Mentorship/Job Shadowing/Peer Counseling | 15.6% | 35 |

Consumers age 16 to 22 were also asked whether they received any Pre-ETS services from high schools or other educational agencies (Local Educational Authorities or LEA’s) outside of MRC. The responses indicate that fewer MRC consumers of transition age are receiving pre-ETS services from LEAs. Based on the particular service, the proportion of respondents indicating they receive Pre-ETS services from schools ranged from 36.9% for assistance transitioning from high school to work, 35.1% for internships/work experiences, to 26.7% for work readiness training, and only 15.6% for mentorship/peer counseling/self-advocacy.

It is possible that the terminology used in the survey related to these services may be confusing to consumers and it is possible the way these services are provided by LEA is different than how they are provided by MRC. Therefore, it is possible the prevalence of consumers receiving these services from LEA’s is higher than reported by this sample of responding MRC consumers. This should be looked into further. Nevertheless, these findings reinforce the high need for Pre-ETS services amongst MRC consumers and the need for MRC to continue collaborating with LEAs on the provision of Pre-ETS services, including those provided under IDEA.

**Figure 33**

|  |  |
| --- | --- |
| **Satisfaction with Pre-Employment Transition Services provided by MRC and its partners in meeting needs towards preparing for future education and employment** | |
| **Satisfaction Level** | **# of Responding Consumers of Transition Age (16 to 22)** |
| Very Satisfied | 38.3% |
| Satisfied | 33.3% |
| Somewhat Satisfied | 18.9% |
| Dissatisfied | 5.7% |
| Very Dissatisfied | 3.8% |

**Figure 34**

|  |  |  |
| --- | --- | --- |
| **Have the services you have received from MRC (such as summer internships, resume preparation, college/career counseling) helped you prepare for your future/job career?** | | |
| **Answer Options** | **Response Count** | **Response Percent** |
| Yes | 121 | 44.0% |
| No | 47 | 17.1% |
| Not Applicable | 107 | 37.9% |

Consumers of transition aged were asked to rate their satisfaction with Pre-Employment Transition Services provided by MRC on a five point scale (very satisfied, satisfied, somewhat satisfied, dissatisfied, very dissatisfied). Overall, the majority of transition age consumers indicated they are satisfied with pre-employment transition services provided by MRC and their partners in meeting their needs towards future education and employment. A total of 72% of respondents were satisfied or very satisfied, and 91% were somewhat satisfied, satisfied, or very satisfied. Consumers were also asked if the Pre-ETS services they are receiving from MRC are effective in preparing them for their future job/career. When factoring out those who answered not applicable, the majority who are receiving these services (72%) indicated the Pre-ETS services provided by MRC are effective in preparing them for their future career.

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.

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

* “I am enrolled as full time college student thanks to the college prep services provided by MRC.”
* “MRC helped me get in touch with a couple other agencies to help me live more independently with my disability. MRC also helped pay for college and discuss how to approach my future education with my life circumstances due to my health issues. Without MRC I don't know where I'd be.”
* “I learned how to work in a team and I was helped to write my resume. Our counselor was detailed, knowledgeable and provided us with many useful options.”
* “The services at MRC have helped me to open up a huge door for me with finding different jobs I would be interested in working at.”
* “I believe it would be helpful to students and youths to have more time to practice interviewing with counselors.”
* “I think it would be helpful to spread the word about Mass Rehab to people because I had never heard of it until I signed up thanks to the GAP High School in Gloucester. A lot of people that I have talked to say they haven't heard of it.”
* “The counselors didn't seem to be in-tune with the various internship opportunities. There was a TIP internship they told us about, but we did all the legwork for it, and they knew very little about it. At least they helped in that we knew about it.”
* “Better communication. More interviews and job shadowing experiences.”
* “MRC helps people to figure out what the students are interested in doing for their future job/career. I do recommend that MRC should get to know the students even better so they will know what they want to do when they grow up.”
* “MRC has been extremely helpful, I really appreciate all the resources and the help they have provided. I believe a time table and follow up would help out MRC and also the student keep them on track. Thank you for all your help.”
* “The MRC worker has been kind, supportive and very helpful. (My Counselor) is quick to respond to emails and phone calls. However, I think there is a shortage of partnering agencies that provide great pre-employment, job shadowing experiences, and employment services.”
* “I feel as though there was a lack of communication between me and MRC. Though it may have been just me.”

Overall, results throughout the CSNA demonstrate a strong need for pre-employment transition services (Pre-ETS) among high school students with disabilities and youth consumers of transition age and MRC is working to address this need through its various transition and Pre-ETS initiatives. MRC is working closely with local school districts on transition and Pre-ETS service, including coordinating services with those provided under the Individuals with Disabilities Education Act (IDEA). MRC has a counselor assigned to every public high school in the Commonwealth, has developed strong working relationships with the Department of Elementary and Secondary Education (DESE), and has hired a Transition Manager to oversee transition and coordination with educational authorities. MRC has also been awarded a 5 year demonstration grant on work-based learning experiences by RSA for students with disabilities entitled Transition Pathway Services which will also assist with needs in this area. This grant is in the process of being ramped up and rolled out.

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) (**See** [**http://profiles.doe.mass.edu/state\_report/selectedpopulations.aspx**](http://profiles.doe.mass.edu/state_report/selectedpopulations.aspx)**).** According to DESE data, there are 167,530 students with disabilities enrolled in public high schools in Massachusetts as of October 1, 2016, all who may be potentially eligible for VR services and/or who may benefit from Pre-ETS services. Based on this data and the high need for Pre-ETS services demonstrated throughout the CSNA as described above, MRC forecasts that its entire 15% reservation of VR funding set aside to provide Pre-ETS services as required under WIOA is necessary (approximately $7.2 million) 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 set-aside is required, 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.

**Findings from Focus Group**

In 2016, MRC heldits fourth annual VR Needs Assessment Focus Group at the Annual Consumer Conference in collaboration with the SRC Comprehensive Statewide Needs Assessment Committee. Once again, MRC and the Needs Assessment Committee worked together to construct a logistical plan for the focus group and to review and revise the guiding questions to be used in the session. The detailed logistical plan outlined the focus group guiding questions, the format and structure of the session, materials to be distributed, the exhibition table, recruitment, and accommodations for consumers such as CART reporting, ASL interpreters, and other important logistical topics.

The focus group was held at the 2016 Annual Consumer Conference on June 23, 2016 at the DCU Center in Worcester. MA. Once again, the focus group was intended to complement the annual vocational rehabilitation needs assessment survey by providing an additional source for gathering consumer opinions on their needs as well as to make use of the opportunity to engage with a large number of MRC consumers. The focus group was conducted by staff of the MRC Research, Development, and Performance Management Department (R&D).

The focus group started on time at 2:30pm with an introduction by Theresa Casey from the MRC Consumer Involvement Department and a brief welcome from Richard Colantonio, Chair of the Needs Assessment Committee. The focus group lasted approximately one and a half hours, and ended at approximately 4:50pm. A total of 15 consumers participated in the focus group. This remained the rough number of participants for the bulk of the focus group, with some people joining the session after it started or leaving prior to its completion. The 15 participants were comprised of a diverse group of individuals in terms of gender, race/ethnicity, and disability.

For the second straight year the Focus Group was officially on the agenda and program for the Consumer Conference as a choice-optional workshop which assisted with recruitment as it allowed attendees to pre-register for the focus group as one of their breakout workshop selections. To ensure accessibility for all participants, CART reporting was available in the room for attendees and there also were a series of interpreters in the room to assist those who were deaf or hard of hearing. The Chair of the SRC Needs Assessment Committee acted as an observer, Graham Porell, from the MRC R&D Department acted as the moderator and Lola Akinlapa and Jim Sullivan from R&D took field notes and observations, and assisted with collecting evaluations, distributing materials, and passing around microphones. The room was setup in an auditorium style setup including a projection screen, easel with flip chart paper and magic markers, and wireless microphones. A brief PowerPoint presentation outlining the intent and ground rules of the focus group as well as a review of actions taken from the previous year’s Needs Assessment Report was reviewed at the start of the focus group.

The overall discussion during the course of the focus group was in-depth and covered many topics related to MRC’s mission and programs as well as overall issues facing individuals with disabilities. The moderator guided the focus group discussion based upon the themes and questions in the questionnaire handed out at the beginning of the focus group. A number of the themes and topics raised in the focus group were consistent with many of those raised in this year’s Needs Assessment survey and other areas of the CSNA, such as many consumers feel the services and supports provided by MRC and its staff are very effective and useful, that some consumers would like to see improved communication between MRC counselors and consumers, that consumers may have different experiences with MRC services by area office, that some consumers may not be aware or need more information on service options provided by MRC (both VR and Community Living, and that MRC should expand its network of employer partners and expand the variety of jobs available with their employer partners, among others. Participants also voiced their appreciation to MRC for conducting the focus group to provide them with a forum to provide input, discuss their experiences, and provide suggestions to the agency. Consumers also provided constructive comments and feedback about their experiences with MRC and with particular services, including communication with MRC and its staff.

* Differences in experiences and services across different MRC VR offices was reported by some consumers. Some consumers indicated that they received different messages on service availability and service guidelines from different offices. There were a number of questions and comments about MRC policies, guidelines, and processes. These questions suggest that refresher trainings or webinars/E-learnings on MRC policies and procedures to MRC counselors and other VR staff may be beneficial to ensure that adequate and consistent information is being provided to MRC consumers on services, policies, and procedures.
* Some consumers may not be aware of all the services and resources provided by MRC and/or may require additional information on service options, including those offered by the Community Living Division. This is consistent with findings from the 2015 Needs Assessment report that not all MRC consumers are aware of the service options available to them. Particular services consumers were not aware of included many services provided by the Community Living Division and there was confusion about MRC’s new pre-employment transition services. It was recommended that MRC ensure that its VR counselors are fully aware of the full range of MRC services and that additional information on available services be provided to consumers.
* Communication was a theme that also was discussed during the focus group. Some consumers voiced a need for improved communication between consumers and MRC counselors. This is consistent with findings from the 2016 Needs Assessment survey. Specific examples given by consumers included difficulty contacting their local MRC VR office, difficultly contacting and/or staying in touch with their counselor, and the need for improved communication regarding annual reviews and updates to consumers’ Individualized Plans for Employment (IPEs). It was also noted that communication may vary by specific office and counselor. Improved communication and more follow-ups between counselors and consumers was recommended by focus group participants.
* Staff turnover and its impact on communication between MRC consumers and counselors was also discussed. Once again, It was suggested that MRC increase communication to consumers in situations where their counselor has changed.
* Participating consumers indicated transportation remains a large issue for many MRC consumers. Consistent with the findings of the 2015 Needs Assessment, several consumers’ comments indicate that transportation needs deeply impact some consumers’ ability to pursue MRC services and obtain employment.
* Other recommendations and suggestions from consumers included:
  + Counselors should inform consumers about their opportunities to provide input through the Needs Assessment, Consumer Satisfaction Survey, and through the SRC’s committees and subcommittees. The moderator noted the SRC is always looking for new members for its Needs Assessment and Consumer Satisfaction Committees.
  + MRC should work to expand its relationships with employer partners to have a greater variety of jobs covering all levels of skill sets and job interests. Some consumers felt MRC’s current employer relationships are limited in scope.
  + More job fairs and hiring events with employers to assist with job placement.
  + More supports and assistance to consumers in terms of resume development and completing online job applications.
  + Improved services for deaf and hard of hearing consumers, including hiring a deaf Job Placement Specialist to provide specialized placement services to deaf and hard of hearing consumers.
  + Speed up the process to complete an IPE for consumers.
  + MRC consumers can benefit from additional trainings to address the skills gap between consumers’ skills and available jobs – this could include additional OJTs and Job-Driven Trainings.

Overall, the 2016 focus group was once again successful in achieving its goals in obtaining consumer input to incorporate as part of the Comprehensive Statewide Needs Assessment process. The focus group provided the ability to gather rich qualitative data, and the opportunity to speak directly with diverse MRC consumers, and once again demonstrated genuine efforts towards outreach and opinion-gathering efforts on the part of MRC. The information gathered through the focus group clearly complements that collected in the Needs Assessment survey, the Consumer Satisfaction survey, and other Needs Assessment components. The results once again suggest that the focus group can be executed in varying circumstances using basic preparation and strategies, however this year’s results demonstrate that inclusion of the focus group on the formal agenda with pre-registration is the preferable strategy. It is recommended that MRC and the VR Needs Assessment Committee continue to hold focus groups for the Needs Assessment annually at the consumer conference or annually at an area office or other site if the conference is not held during a particular year.

**Other Findings:**

**MRC 2016 Consumer Satisfaction Survey: Summary of Results**

The Massachusetts Rehabilitation Commission (MRC) Research, Development and Performance Management Department works with the Consumer Satisfaction Committee of the State Rehabilitation Council (SRC) to implement the annual Consumer Satisfaction Survey and Survey Report. The Consumer Satisfaction Committee is a standing committee of the SRC that meets regularly to monitor developments and results with regard to the mandated MRC Consumer Satisfaction Survey.

The annual MRC Consumer Satisfaction Survey measures consumer satisfaction with the agency’s VR programs and services. The survey supports the quality improvement activities of the MRC and makes up a part of the Comprehensive Statewide Needs Assessment (CSNA) process.

The 2016 online MRC Consumer Satisfaction Survey was administered in January of 2017. Overall, 86% of consumers were satisfied with MRC services in 2016. Of these, a very high 48% were very satisfied with MRC services. There were 346 survey responses out of a possible 2,140 survey recipients, achieving a response rate of 16% and statistical validity (at a confidence level of 95% and a 5% margin of error). Out of the 350 online survey responses received 312 (89%) were closed in either status 26 or Status 28. Out of the 312 cases, 73% or 228 respondents were closed out in Status 26 while the remaining 26% were closed out in Status 28. This is consistent with response patterns in previous surveys.

The 2016 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.

1. A large majority of MRC consumers, 86%, were satisfied with MRC services overall. About 48% (very close to half) were very satisfied, 24% were satisfied, and 14% somewhat satisfied.
2. Approximately 78% of respondents would encourage others with disabilities to go to the MRC for training or employment services.
3. About 82% of respondents were satisfied that MRC services assisted them in becoming more independent (40% were very satisfied, 27% were satisfied, and 15% somewhat satisfied).
4. 65% of respondents (215 individuals) reported that they had a job.
5. 90% of respondents with a job were satisfied with their job. (39% were very satisfied, 22% were satisfied, and 22% being somewhat satisfied.)
6. About 86% of respondents were satisfied that their job matched the goals developed in their MRC employment plan (40% of responses were very satisfied).
7. As part of the satisfaction survey respondents were asked to identify how many hours they work per week. A majority of respondents (33%) identified working more than 35 hours per week, 18% worked 16-20 hours a week, and 10% identified working 11-15 hours and 21-25 hours per week.
8. The majority of respondents with jobs earn between $11 and $21 per hour. (33% earn $11 an hour, 25% earn $12 to $14 an hour, and 16% earn $15 to $17 an hour.)
9. Approximately 80 % of survey respondents were satisfied with the ability of the MRC to identify their interests, strengths, and employment goals (37% were very satisfied in this regard).
10. Overall, 78% of respondents were satisfied with the employment plan that they developed with their MRC counselor (32% were very satisfied, 30% were satisfied, and 16% were somewhat satisfied with their employment plan).
11. Overall, 81% were satisfied with their level of participation in their employment plan (32% were very satisfied, 34% satisfied, and 15% somewhat satisfied).
12. A majority of respondents were very satisfied with/ the kinds of job leads they received through the MRC. Overall, about 73% of respondents were satisfied with their job leads.
13. A majority of respondents (68%) were very satisfied with the number of job interviews they received through the MRC.
14. About 80% of survey respondents were satisfied with the promptness of services at the MRC. This is a 4% increase from last year’s results.

Some comments from consumers:

* “I have had numerous positive experiences with Mass Rehab. The organization helped organize and fund adaptive driving lessons for me, so that I could get a license with accommodations, which was infinitely helpful. I am currently working with Easter Seals through Mass Rehab to find equipment that may alleviate pain and increase efficiency in an office setting, which would be wonderful.”
* “I received a lot of encouragement from the MRC personnel especially form Amelia De Gregorio in Salem. She helped me a lot and gave me support to continue in the College and now I have been taking classes, and my goal is to finish my BS. I work part time and taking classes at the same time.”
* “The Massachusetts Rehabilitation Commission increases and improves the quality of life of any disability person they are dealing with. It educates, and promotes equality, empowerment and independence of the individual to our day to day activities. It helps us to make a suitable choice of work by giving us induction training, preparing us for a better interview and how to answers to questions when it's arises.”

**MRC Counselor Satisfaction Survey Findings**

MRC’s Research, Development and Performance Management 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. 43% of MRC counselors and unit supervisors responded to the most recent counselor survey conducted in late Fall 2016. The 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, 98% of responding counselors indicated they were at somewhat satisfied, satisfied, or very satisfied with the services provided by their office. This is higher than 2015 (96.7%). 83% of responding counselors were satisfied or very satisfied with services provided by their office, a 13% increase from 2015.
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 areas, 70% or more of respondents were at least somewhat satisfied, consistent with 2015 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 two case-management related areas, including consumer understanding of the appeals process (77.6% very satisfied/satisfied), consumer involvement in developing services in their IPE (77.6%), consumer ability to choose their own vocational goal (76.4%), providing information and referral to other resources and programs (76.3%), and assessment of vocational rehabilitation needs (67.3%). There also was high satisfaction with post-secondary education services (78.6% very satisfied/satisfied), job search skills (69.4%), soft-skills trainings (68%), initial job placements made for consumers (61.5%), job leads available for consumers (61.2%), post-employment and ongoing support services (60.8%), and promptness of service delivery (55.7%).
4. In terms of transition services to students (including WIOA Pre-Employment Transition Services), 45.9% of counselors were very satisfied or satisfied (with 88.8% at least somewhat satisfied). Additionally, 53.1% of counselors were satisfied with the amount and availability of pre-employment transition services (with 81.7% being at least somewhat satisfied).
5. Areas with lower satisfaction levels included the amount and availability of skills training for consumers (38.5% very satisfied/satisfied), the ability to adequately serve caseloads (37.5%), and on-the-job training for consumers (36.7%), and the availability and amount of on-the-job supports (32.7%). 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 fell by 5.2% to 41.8%. Additionally, 42.7% 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 (73.7 %), and nearly all indicate they are at least meeting some of their consumers’ expectations (94.5%). These are consistent with 2015 with a slight increase in the area of counselors indicating they meet most of their consumers’ expectations. The range of services and supports available to VR consumers allow 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, 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, 88% are at least somewhat satisfied and 56.7% are very satisfied or satisfied with internal placement resources. These both are slight increases from 2015 (the second year of increases in this area). 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 the desire for more use of informational interviews was expressed by some counselors. Once again, the team model used in some offices where the JPS, ESS, and the counselor work together to assist consumers in obtaining employment should be considered as a best-practice model that can be adopted across offices.
9. The majority of responding counselors (89.8%) 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. 57% were satisfied or very satisfied. Satisfaction in this area increased 5% from 2015, and is up 20% from 2013, demonstrating MRC’s efforts to add additional resources to 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 situational 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. 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, 96.8% of counselors were at least somewhat satisfied, and 58.7% very satisfied or satisfied in this area, consistent with 2015. 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-aged 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.
12. Counselors were highly satisfied (91.9%) with products and materials purchased from vendors for consumers. This was consistent with 2015 in this area. A total of 72.5% 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.
13. Counselors provided a variety of suggestions for how MRC could assist them in their efforts to assist consumers in their efforts 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.
* More opportunities to provide input on policy and practice changes and more trainings 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.

**Community Rehabilitation Provider Satisfaction Survey**

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 to Community Rehabilitation Providers (CRPs) 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.

A total of 39 provider organizations responded to the most recent provider satisfaction survey for a response rate of 38%.

1. Most Community Rehabilitation Providers (CRPs) are satisfied with the services they are providing to MRC consumers referred for services through the Competitive Integrated Employment Services (CIES) program. Overall, 99% of providers were at least somewhat satisfied with services delivered by their agency/organization. This is a 7% increase from the previous provider survey (92%). Additionally, 90% of respondents were satisfied or very satisfied with CIES services they delivered.
2. The findings of the survey demonstrate that CRPs play a significant role in assisting MRC consumers towards obtaining and maintaining competitive employment. Many CRPs are able to provide significant employment and other services to consumers with very complex needs, including one-on-one services that lead to strong job matching and placement ability.
3. Given these strengths, the large majority of CRPs feel they are meeting the expectations of consumers referred for CIES services. 84.6% of providers indicated they believe they are meeting these consumers’ expectations all or most of the time, and nearly all (97%) feel they are meeting at least some consumer expectations. Reasons why consumer expectations are being met includes strong communication between MRC counselors/offices and providers, and providers’ strong commitment to consumer involvement and consumer choice. Reasons why expectations may not be met included complex needs or difficulty on the part of the consumer remaining engaged for various reasons, that consumers may require other support services, and issues with placement of consumers with criminal backgrounds, among others.
4. Nearly all providers responding to the survey provide services in the CIES Job Development and Placement, Assessment, Initial Employment Supports, and Ongoing Supports program components. Only 56% of providers provide services in the Skills Training component, and about 75% provide Interim Supports. This is consistent with the fact that these components have lower utilization compared to the other components. Referral for CIES component services are based on consumer need. Some consumers may require all components while others may only need one. Other associated services that can be provided as part of the CIES components that providers indicate they deliver to MRC consumers included job search assistance (67%), information and referral (41%), and vocational counseling (44%).
5. The majority of CRPs were satisfied or very satisfied with their agency’s delivery of services to MRC consumers in all six CIES components. Satisfaction was highest for Initial Employment Supports Component (89.5%), Ongoing Employment Supports (84.2%), Assessment (81.6%), and Job Development and Placement Component (76.9%). Lower levels were found for Interim Supports (67.6%), and Skills Training (55.6%). However, a number of providers chose “not applicable” for these components, which is consistent with component utilization as these components are not heavily utilized compared to the other components.
6. In terms of serving and supporting MRC consumers referred for CIES services, 80% or more of providers were satisfied or very satisfied in all 5 question areas, an increase from past years. Satisfaction was highest in terms of the ability to assist consumers in overcoming employment barriers (100%), ability to assess consumers’ vocational rehabilitation needs (97.4%), and prompt service delivery to consumers (82%). A total of 92% of providers were also satisfied or very satisfied with their ability to adequately serve MRC CIES referrals. This was an increase of about 10% from the prior survey. This change may be related to MRC’s recent increases to available CIES resources to meet consumer needs and the recent cost of living increase to the CIES rates.
7. Providers were very satisfied with job search skills, their capacity to match consumers to available jobs based on their skills and interests, job leads available for consumers, and soft skills trainings provided. Somewhat lower levels of satisfaction was found in terms of the number of job opportunities and job interviews available for consumers. However, in all of these cases, over two thirds of providers were satisfied or very satisfied.
8. Just over two thirds of providers were satisfied or very satisfied with the number of initial job placements (73.7%) and successful employment outcomes (73.7%) achieved for MRC consumers through the CIES program. These both increased about 5% from the previous survey.
9. In the most recent survey, providers reported they are very satisfied with their level of communication with MRC consumers. 100% of responding CRPs were at least somewhat satisfied with the level of communication with MRC consumers, while 82% indicated they were satisfied or very satisfied. This amount did decrease slightly from the prior survey.
10. Most providers appear to be satisfied with communication with MRC counselors, supervisors, and other agency staff. Overall, 92.3% of providers were at least somewhat satisfied with communication from MRC, and 84.6% were very satisfied or satisfied in this area, consistent with prior years’ results. It is clear from open-ended responses that many providers are satisfied with communication with MRC staff. A number of providers expressed that they have an excellent relationship with MRC due to professional and timely communication. There appears to be some differences in satisfaction with communication with MRC between individual providers in some instances. Some providers did express a need for improved communication with MRC and its staff, and some indicated they have difficulty contacting MRC counselors at times.
11. Responding CRPs provided a variety of suggestions and recommendations for how MRC can assist them in improving CIES service delivery to MRC consumers. The most common suggestions included:

* More information and documentation on referred consumers from MRC VR counselors.
* More CIES referrals who are job ready and/or strongly motivated to work.
* Ensuring that Contract Orders and fiscal documentation related to CIES is processed efficiently and delivered to providers in a timely fashion.
* Continued improvement in communication between MRC staff and providers.
* Increased use of the assessment and skills training components.
* Continued opportunities for vendors to present to groups of MRC counselors on their programs and to improve communication.
* Ensuring MRC counselors attend initial meeting between provider and consumer.

1. Once again, a team process of communication should be emphasized with CRPs and MRC staff. This team process involves the counselor, their supervisor, the District Contract Manager, and representatives from the provider. Continued utilization of this team process will improve communication between MRC and the provider and ensure any issues or questions are easily resolved.
2. Improvements in the flow of documentation and contract materials was also suggested as an area of improvement. MRC has reminded staff on the need to process contract orders and other documentation in a timely fashion at all times, including around the beginning and end of each fiscal year.

**Performance Based Contract Review and Evaluation**

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 servicecomponents, 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. Provider performance has improved significantly since the program began in 2010 and the proportion of consumers obtaining successful employment outcomes increased by 8% between SFY2013 and SFY2016. In SFY2016, 91% of all placements in the CIES program resulted in successful employment outcomes for consumers.

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. The reopening of the CIES procurement in 2014 and 2015 allowed recruitment of a handful of additional CRPs. MRC has also expanded existing vendors into new geographic locations. These new vendors and expansion of existing vendors were brought on in the 1st and 2nd quarters of SFY2015. MRC saw a 16% increase in successful employment outcomes in the CIES program during SFY2016, as momentum continued from the SFY2015 increase in resources and continued focus on performance improvement. Even with the new and expanded vendors, 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 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 16 to 22 enrolled in high school or post-secondary education or training programs.

MRC currently contracts with 20 providers who were first awarded contracts which began in early 2016. The structure for managing and monitoring these contracts is based on MRC’s CIES process 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 has released a second modified Pre-ETS RFR to bring on additional providers to meet consumer demand and to provide additional service capacity. MRC anticipates making 15 awards under this new RFR with contracts beginning in late Spring 2017.

MRC will be conducting a performance evaluation of results from the first year in mid-2017 to determine which provider models for Pre-ETS work best and what does not work, and to determine best practices and to evaluate outcomes and results.

**Employer Survey**

MRC conducted a survey of MRC employer partners through MRC’s account management system. The survey focused on statewide and regional employer accounts managed by MRC’s Job Placement Specialists and Employment Service Specialists. A total of 16 employers responded to the pilot for a response rate of 18%.

The survey results indicates a very high level of satisfaction with MRC job placement services amongst responding employer partners (88% satisfied/very satisfied, including satisfaction with the job performance of employees hired through MRC). 93% satisfied/very satisfied in terms of meeting the needs of employers, the vast majority of responding employers (87%) indicated that they are satisfied with MRC meeting their recruitment needs and 94% would recommend MRC to other businesses for employment and recruitment. These findings suggest that MRC’s efforts to work with employers are effective towards accommodating the needs of our consumers and employer partners. MRC has reviewed the pilot survey findings with its Job Placement team and will refine the survey and discuss on how it can be expanded to additional employer partners going forward.

MRC is also seeking ways to partner with its WIOA core partners to gather additional feedback and information from its employer partners.

**Summer Internship Program Pilot Survey**

In September 2015, MRC conducted a pilot survey with high school student consumers participating in the 2015 MRC Summer Internship Programs. The Survey consisted of 5 questions regarding the need for pre-employment transition services, satisfaction with the internship program, and satisfaction and effectiveness of MRC’s services in assisting them in preparing for employment, and recommendations for how MRC can improve services to youth. The survey was originally designed to be a pilot to supplement the MRC Comprehensive Statewide Needs Assessment Survey.

While the survey did have a low response rate, overall the responses received were very positive in relation to consumers’ experiences in the 2015 Summer Internship programs, and one could surmise that other consumers also had positive experiences in the program. Additionally, the positive comments received from the Needs Assessment Survey regarding internships plus the positive testimonials from employers and parents support the notion that the summer internship programs were an effective and beneficial program to MRC consumers who are high school students.

It is recommended in the future, to help boost the response from participating consumers, that a hard copy survey be distributed to Summer Program participants by a counselor or employer a week prior to the end of the internship. This could help increase the response rate as individual follow up such as this was found to be effective with the Transition Works survey. Counselors could also be surveyed to get their impression on the program and its benefit. This could be conducted as part of the existing annual Counselor Satisfaction Survey or as a stand-alone survey. Finally, it is recommended that evaluation of the PETS RFR contracts include some type of consumer satisfaction component.

**Pre-Employment Transition Service Survey and Transition Survey of MRC Counselors**

The Massachusetts Rehabilitation Commission administered a Pre-Employment Transition Services (PETS) Survey to MRC VR counselors during 2015 and conducted a follow up transition survey in 2017. The survey was designed for counselors who are actively working with high school students with disabilities. The purpose of the survey was to gather information on if the high schools provide Pre-Employment Transitional Services (i.e. internships, career counseling, and work readiness training) to students, if they provide enough PETS services, and the quality of PETS services the schools provide to students. The survey results are based on the opinions and experiences counselors have working with high schools and is limited to the schools chosen by responding counselors.

MRC administered the survey using Survey Monkey to all MRC VR counselors who are currently working with high school students. Counselor participation in the survey was completely voluntary. The survey was active for two weeks, allowing all MRC VR counselors the opportunity to partake in the survey. There were a total of 12 questions on the survey on Pre-Employment Transitional Services in high schools. The survey received a total of 103 responses out of 223 possible responses (46%), from MRC VR counselors not including VR counselors who are 960 post-retirement employees. A comprehensive list of 403 high schools in the Commonwealth of Massachusetts was obtained from the Massachusetts Department of Education website, using the most up to date list provided by the website. Counselors were asked to identify the top 3 schools they work with and answer the survey questions based on their opinions of PETS services provided by each of the high schools they had selected. It should be noted that some counselors may have been assigned to one high school while other counselors may have worked with more than one high school, which is reflected in some of the data results.

Based on the responses, the majority of counselors responded that the high schools they work with provide some form of pre-employment services to high school students. Based on the pattern of responses, many counselors appear to be principally working with one high school. Additionally, counselors who are working with more than one high school were generally more knowledgeable of services provided by their first high school choice, which may be attributed to the counselors’ familiarity of that high school. We see this pattern reflected throughout the survey responses. A total of 181 schools were selected by responding counselors as schools they work with. We noted, some counselors may be assigned to the same schools. Additionally, 61 schools in the North District, 56 in the West District, and 61 in the South District were identified as providing some form of Pre-Employment Transitional Services to high schools students with disabilities. Furthermore, the counselors had identified in their comments that some schools may provide different services to students depending on their needs and may not have knowledge on some pre-employment transitional services available in the high schools. Additionally, counselors identified that some schools may need improvement on effectively communicating to parents and students the types of services that are actively available to the student. Future research could include further analysis of school data provided by the Massachusetts Department of Education website for additional information on PETS services or best practices available to high school students with disabilities.

**Follow Up Transition Survey**

Massachusetts Rehabilitation Commission (MRC) has conducted its first MRC Transition survey on January 2017. The principle idea of this study is to provide MRC management with comprehensive information regarding the needs of the transitioned aged students served by the MRC. The survey was programmed into survey monkey and then generated a survey web link sent to allMRC staff. All staff were given the opportunity to complete the survey through alternative formats or method upon request. All Survey responses were downloaded from SurveyMonkey.com and were then analyzed using statistical software (SPSS and Excel) for fixed response questions. Additionally all open-ended questions were analyzed using text analysis to create categories or themes from the most common responses received. The survey was sent out January 20th, 2017 and received a total 129 responses (out of a possible 400) for a response rate of 30%.

Below are the key highlights from the survey:

A total of 129 respondents participated in the survey. Most respondents were QVRC-I & II (65%), followed by QVRC-III (23%), Area Directors (5%), and other (7%).

* **How many schools are you assigned to?** 
  + Most survey respondents (33%) identified working with 2 schools, followed by 28% who identified working with more than 3 schools, 18% with no schools, 14% working with 3 schools, and 6% working with one school.
* **What is your comfort level working with students?**
  + 93.7% of respondents identified being comfortable working with students (with 57% identifying being very comfortable working with students).
* **On average how much time do you spend per week in your assigned school(s)?**
  + On average most respondents (24%) identified spending 1-2 hours at the schools, followed by 22% spending 3-4 hours, 14% spending 0 hours, 11% spending less than an hour at their assigned schools, another 11% of respondents spending 7-8 hours, 9% spending 5-6 hours and 6% spending more than 8 hours.
* **What is your caseload size of students?** 
  + On average, 74% of respondents identified having less than 50 students on their caseloads; 21% having 50-100; 4% having 101-300 students.
* **How do you connect with students?**
  + A majority of respondents identified using multiple methods of communications (i.e. in person, email, phone calls, or mail) to connect with their students. Most respondents identified the need to have texting capabilities in order to be connected with their students.
* **In terms of Pre-ETS services, do you provide individual student services or group student services?**
  + In terms of providing Pre-ETS services, 49% of respondents identified provided individual services compared to 36% of respondents who provide both individual and group services to students.
* Most respondents (53%) identified spending less than an hour per week performing assessments, 48% spend 1-2 hours per week attending meetings with students and families, 31% spend between 1-4 hours working on paperwork or emails related to transition, and 50% spend 1-2 hours per week working with a student.
* Approximately 62% of survey respondents reported spending between 1-4 hours on paperwork or emails related to transition, 53% exhausting less than an hour performing assessments followed by 50% spending 1-2 hours working with a student, and 48% spending 1-2 hours meeting with students and families
* **How much time do you spend on average per week providing the following services** 
  + Most respondents reported spending less than an hour providing the following services: job coaching (90%), peer mentoring (82%); job mentoring (79%); benefits planning (73%); skills training (66%); job assessment and evaluations (56%); and work based learning experiences (52%).
* **Please rate the following services and supports that you believe to be most important for students ages 16-22.**
  + 70% of respondents believed work-based learning experiences and work readiness training were the most important services for students ages 16-22, followed by job exploration, and assessments (both 56%).
* **How confident do you feel in your abilities to meet your student’s needs:**
  + 95% of respondents were confident in their abilities to meet their student’s needs (33% being very confident and 50% being confident).

**Recommendations from 2017 Transition Survey**

* **Parental Involvement:** The MRC should advocate for more communication and collaboration between counselor, schools, students and their families. In this year’s survey, some consumers expressed difficulty in connecting with families, students, and sometimes schools. It was suggested that the agency should get both parents and students on the same page about how MRC services might assist the student and offer a “bi-annual parents’ night” at local area offices to facilitate parental involvement in the process.
* **Staffing Resources:** Staffing resources one of the many prominent themes in the survey. Staff identified the need for a dedicated department or counselors that would only focus on Transition caseloads. Further discussion regarding staffing resources would need to be properly assessed by the Senior Leadership team.
* **Information on services to families:** The MRC should continue to work to enhance its awareness among all new and existing consumers of the recently created online MRC Consumer Handbook, to increase consistency and uniformity of VR and Pre-ETS services across area offices and schools as well as to ensure that students and families are made aware of all services available to them.
* **Timely/Appropriate Referral:** Timely/appropriate referral was also referred to through the survey commentary, in regards to understanding the transition process and referring students among schools. It was suggested that MRC develop a guide or tool to assist schools in determining which referrals are Pre-ETS and VR appropriate.

**Analysis of Staff Training Needs**

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 Training 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 Training 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 Training Department to inform on the development of trainings.

In conjunction with agency management and the training advisory committee, the Training 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 strategic planning, CSNA, and Unified/Combined State Planning process.

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

* More trainings on Pre-Employment Transition Services and the implementation of WIOA.
* Job readiness/job placement activity trainings (resume writing, local job markets/labor market information, career assessments, etc.)
* Using Infor Talent Science
* Technology trainings: Accessing MRCIS, Infor, 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
* Mental 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
* 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.

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. In addition, the agency continues to work on developing a series of e-learnings for staff on a variety of topics including agency policies, soft skills, and VR best practices, among others.

**Case Review Process**

As part of its quality assurance processes and to assist with the CSNA process and the development of the State Plan, MRC conducts regular 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. MRC most recently conducted a case review on active cases for consumers who are deaf or hard of hearing.

Based on the findings of the most recent case reviews, it was recommended that follow up training should be conducted on the procedure of presumption of eligibility for consumers receiving SSI and SSDI benefits.

Refresher staff trainings should also be conducted as needed on MRC policy and procedure on eligibility standards, timeliness, WIOA pre-employment transition services, and substantiality of services. Improvement was seen in most of these areas from past years. Supervisory staff should be reminded to routinely evaluate cases to ensure proper documentation of services and supports.

**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. Through early 2016 MRC utilized a tool known as EHSResults, a web-based performance scorecard system developed by the Massachusetts Executive Office of Health and Human Services (EOHHS), MRC’s parent agency. This system was decommissioned in early 2016 and replaced with a new system with agency strategic measures. MRC has one agency strategic measure for each of its three divisions.

**Figure 35**

|  |  |  |  |
| --- | --- | --- | --- |
| **AGENCY** | **METRIC** | **FY2017 PROGRESS TO DATE** | **FY2018 TARGET** |
| **MRC (VR Division)** | % annual growth in the number of high school and post-secondary education students with disabilities aged 16 to 22 served by MRC’s Vocational Rehabilitation Program. (1,567 baseline for FY2017) | As of January 2017, MRC is serving 3,094 students with disabilities in its VR program. This represents a 97% increase/growth from FY16. MRC continues to focus on outreach to school systems to identify students with disabilities who require VR and/or pre-employment transition services. MRC anticipates meeting or exceeding its goal for FY2017 by the end of the fiscal year. | 20% annual increase in the number of high school & post-secondary education students aged 16 to 22 with disabilities receiving VR services, including pre-employment transition services. |
| **MRC (CL Division)** | % annual growth in individuals with disabilities transitioning from skilled nursing homes and facility-based care to the community and receiving ongoing support services in the community (697 baseline for FY2017) | Through the end of December 2016, 853 individuals had been transitioned from skilled nursing homes and facility-based care and are receiving ongoing supports in the community. This is a 22.4% increase from the baseline FY2016 data. MRC’s goal is to continue providing effective and efficient quality services to assist people with disabilities living in the community. MRC anticipates meeting or exceeding its target for FY2017 by the end of the fiscal year. | 15% annual growth in individuals with disabilities transitioned and supported in the community. |
| **MRC (DDS Division)** | Processing time of SSA disability claims for Massachusetts citizens | Through the end of December 2016, MRC-DDS processed 86.4% of SSA disability claims at 90 days or less based on the number of days the claim was open. MRC-DDS focuses on providing prompt and quality claims services to MA citizens. MRC anticipates meeting its target for this measure by the end of the fiscal year. | 97 % of SSA disability claim decisions for Massachusetts Citizens processed accurately by MRC Disability Determination Services. |

MRC also has a comprehensive internal report known as the Benchmark Report which has been enhanced with former EHS Results measures and reformatted to maintain MRC’s performance measurement system. The benchmark report also provides additional comments and analysis on performance measures to further inform senior management on performance and trends and patterns to inform decisions. The Benchmark Report has performance measures based on program level, division level, agency level, and state-level strategic goals which are tracked on a monthly, quarterly, or annual basis based on the availability of data. There are measures for each division, including VR. Performance on these standards is reviewed regularly by MRC management and is used to inform decision making.

**MRC Strategic Plan**

MRC has used findings from the CSNA to prioritize the agency’s strategies and goals for SFY2017 to SFY2019 and update MRC’s Strategic Plan. A total of 3 strategic objectives were developed, one for each division of the agency based on input from agency senior management. Specific outcome measures towards these goals were developed for the FY2017 to FY2019 period and strategies were developed to lead the agency towards meeting these objectives.

This is part of MRC’s continuous improvement process to continually improve the effectiveness and efficiency of agency operations and services to MRC consumers utilizing the Plan. MRC will update and refine strategic plan and goals as needed on a regular basis. Finally, MRC’s strategic plan and results are shared with management, staff, and other stakeholders on a regular basis. MRC will publish a progress report on the FY2017-FY2019 Strategic Plan.

**RSA Standards and Indicators**

The Provisions in the Rehabilitation Act for Vocational Rehabilitation Programs require the Rehabilitation Services Administration (RSA) to determine if each VR State Program (including MRC) is in compliance with applicable performance standards.

As a result of the enactment of the Workforce Opportunity and Investment Act of 2014, the existing VR Standards and Indicators were replaced by the WIOA Common Performance Measures. These new measures took effect July 1, 2016 with VR agencies reporting data on these new measures through the revised RSA-911 report starting on July 1, 2017. MRC is currently in the transition period between reporting on the old Standards and Indicators and the new common measures, therefore MRC conducted an **analysis to review the agency’s performance on the Standards and Indicators for Federal Fiscal Year 2016 (October 1, 2015 to September 30, 2016.**

Going forward, for historical tracking purposes and for quality assurance, it is recommended that MRC continue to track its performance on some of the old Standards and Indicators as many are key quality indicators. The measures we will continue to track include Total Employment Outcomes (1.1), the Rehabilitation Rate (1.2), and Primary Source of Support as Personal Earnings (1.6).

**Under the Standards and Indicators, in order to achieve successful performance,** state VR agencies must **meet or exceed four of the six performance indicators** in standard 1**; including meeting or exceeding** the performance levels for **two of the three primary indicators. The three primary indicators are as follows: 1.3, 1.4, and 1.5\*. Performance levels for each indicators were set by RSA for all VR General/Combined and for all VR Blind agencies. MRC must also exceed its previous federal fiscal year employment outcome total by at least 1**.

**In FFY 2016, MRC was successful in passing these performance standards for a fourth consecutive year. MRC exceeded the standards for 4 out of the 6 overall indicators and for 2 out of the 3 primary indicators.**

**Summary:**

**MRC passed 2 of 3 of the Primary Indicators and passed 4 of 6 Indicators overall. Therefore MRC passed the RSA Standards and Indicators performance measures for the 4th consecutive year in FFY2016: Furthermore:**

* **Standard and Indicator 1.1 (Employment Outcomes):** In FFY2016, MRC had an outstanding year in terms of successful employment outcomes, as 3,924 consumers achieved successful employment outcomes. These outcomes were made possible by the combined hard work and effort of MRC counselors, job placement specialists, employment service specialists, other staff, and contracted vendors. As a result, MRC was able to continue to improve its performance and increase the number of successful rehabilitations achieved in FFY2016, exceeding prior year results by 135. This marked the sixth straight year MRC passed this measure and increased its number of successful outcomes from the prior year.
* **Standard and Indicator 1.2 (Rehabilitation Rate):** MRC’s performance on the Rehabilitation Rate during FFY2016 improved notably from FFY2015 (increasing from 49.05% to 54.9%), however the agency fell just 0.6% short of the rate required to pass this indicator (55.8%).

MRC will continue to monitor and evaluate Status 28 closures and focus on Status 26 closures on an ongoing basis to maintain and improve our level of performance as we move into the Common Measures. It is important to note that Status 28 closures will be included in the calculations for the WIOA Common Measures for 2nd and 4th quarter employment rates after exit from the VR program. Therefore, Status 28 closures will impact MRC performance on the Common Measures going forward. Therefore, the Rehabilitation Rate remains an important quality measure.

* **Standard and Indicators 1.3 and 1.4 (Competitive Employment outcomes overall and for Significant Disabilities):** MRC continues to pass these Indicators as MRC continues to focus on employment of consumers with significant disabilities in competitive, integrated employment and is phasing out Homemaker Closures as required by WIOA.
* **Standard and Indicator 1.5 (Ratio of consumer wage to overall state wage):** Historically, MRC struggled to pass this indicator in a large part due to the fact that Massachusetts has a very high state average wage. Given that MRC serves many consumers who have no or limited work histories, and may not be able to work full time due to their needs, it continues to be difficult for MRC to change this historical pattern. However, MRC can improve its performance in this area by ensuring that wages are accurately coded in the MRCIS system, focusing on employment outcomes in high growth industries, and through initiatives such as the Employer Account Management System, the Federal Contractor Hiring Event and job-driven trainings such as the CVS Pharmacy Technician Training Program. MRC has continued to integrate greater amounts of information on labor market conditions and employment desired by consumers into our decision making. These continued efforts will assist towards improved performance in this area. MRC did see an increase in consumer wages in FFY2016, achieving the highest average hourly wage in the past 10years, and performance on this indicator improved from the prior year (increasing from .416 to .424) for the first time in over 5 years.
* **Standard and Indicator 1.6 (Primary source of support – income):** MRC successfully passed this indicator again in FFY2016. MRC’s efforts to ensure the accurate coding of the primary source of income of employed consumers both in and without the presence of other income such as SSA or other public benefits have assisted MRC in continually improving performance under this indicator. MRC has conducted staff in this area and have added validations in the MRCIS case management system to avoid potential coding errors. MRC achieved its highest performance under this indicator in the past 5 years.
* **Standard and Indicator 2.1 (Minority Service Rate):** In FFY2016, MRC passed this indicator once again with a strong score. MRC continues to make a strong commitment to achieve equality in service delivery and serves a diverse base of consumers that is generally reflective of the overall state population. MRC counselors should be commended for their good work in dealing with the challenges and needs associated with diversity, and keeping it a priority.

**WIOA Common Performance Measures and Massachusetts Proposed State WIOA 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 will be establishing baseline data on these measures for the first two program years and reporting data to RSA. MRC will begin reporting data on these new measures effective July 1, 2017.

**Quality Committee/Manual**

In 2011, MRC developed a quality assurance manual documenting all the aspects of its quality improvement system for the VR and CL Divisions, including the CSNA process. The goal was to bring all of the various aspects of quality assurance into one, comprehensive manual outlining all processes and how they relate together based on a recommendation from the RSA 2009 review of MRC. The manual represents the MRC’s response to the RSA in accomplishing the organization and documentation of various parts of the MRC’s quality assurance and performance management activities. The CSNA is a key component of MRC’s quality assurance system. The manual was developed with input from all stakeholders including senior management, program managers, and all levels of staff. The Research, Development, and Performance Management department managed the process in collaboration with a quality assurance advisory committee developed to provide input and feedback on the development of the manual as well as to provide ongoing input on agency quality assurance activities.

A comprehensive update of the manual was completed in early 2014. The manual was updated to account for enhancements and updates to the quality system since it was first developed. The quality assurance committee provided input on these updates. The manual will be updated continuously going forward. MRC Research, Development, and Performance Management staff also worked closely with other New England VR programs to develop a framework for VR performance evaluation and quality assurance. Future updates of the MRC QA Manual will incorporate best practices from this framework. MRC will continue to work closely with other New England VR program evaluation and quality assurance staff as part of a workgroup meeting quarterly via conference call to discuss best practices and to share ideas on quality assurance, including the implementation of WIOA. MRC will also be updating the manual to account for WIOA implementation later in 2017.

**Workforce Planning/Succession Planning**

MRC has developed a workforce planning initiative to address future workforce needs for the agency. MRC has determined through a retirement risk analysis that the agency will face a large challenge throughout the current decade with a large portion of its workforce eligible to retire by 2020. MRC has a workforce which is comprised of many older, long term employees, many who are approaching retirement. Since 2008, this impact has been felt with many employees retiring and many employees changing roles and moving up to fill open positions, and many new employees have been brought in to fill vacancies. The continued aging of the MRC workforce, combined with funding limitations for programs and an uncertain economic climate, pose significant challenges to workforce planning. These factors prompted the agency to develop a long-term strategic plan in 2009 to ensure coverage for critical job functions going out through FY2015 and beyond. MRC has developed a report and project management plan outlining the scope of the problem, and proposing concrete steps the agency can take to recruit qualified applicants from outside the agency, retain skilled employees, and report on progress made to date since the plan was first developed. The plan was most recently revised in 2014 and will be updated again in 2017. The plan is incorporated into MRC’s CSNA, Strategic Planning, and State Plan processes.

The most recent retirement risk analysis demonstrates the scope of the problem for MRC’s VR Division (See Appendix document). The analysis indicated that nearly one-third of 2012 employees would be projected to retire by 2019. In addition, 52% of 2012 VR employees will be over the age of 60 and over 68% would be eligible for retirement by 2019. A new analysis of retirement risk is scheduled to be conducted during 2017, including an analysis of attrition over the past 5 years.

There are several main goals of MRC’s workforce plan: recruit qualified candidates through outreach and development of a paid VR counseling internship program; retention of employees in critical job titles through expanded staff development opportunities, ongoing planning to ensure coverage of critical functions, and using the 960 Post-Retirement option to allow retiring staff to train new employees; increased opportunities for career advancement through increased awareness of promotional opportunities and management and aspiring supervisor trainings for line staff to prepare them for advancement, and to develop mentoring programs in collaboration with the state HR Division.

MRC has undertaken a number of initiatives as a result of its workforce plan. These include initially using ARRA and then reallotment funding to hire new staff members and roll them over into regular positions as vacancies develop due to retirement. In addition, the agency has developed a paid VR counseling intern program with several local institutions with a Rehabilitation Counseling Graduate program as a way to recruit and retain new counselors. Since this program began in 2009, MRC has offered over 90 internship opportunities and have hired over 45 new counselors as a result of these individuals participating in the internship program.

In addition, a series of trainings have been developed to assist with the workforce planning process. This includes a series of trainings for managers, supervisors, as well as aspiring supervisors. These trainings are ongoing. MRC has also worked with the state HR Division to develop a certificate program for aspiring managers and supervisors where staff works to gain leadership and management skills guided by a supervisor or manager serving as a mentor. Finally, MRC has developed and has operated an annual new staff orientation since 2011 to also assist with educating and retaining staff. MRC will look for additional efforts as part of its upcoming 2017 update to the workforce plan.

**Analysis of Facts and Statistics: Massachusetts and MRC:**

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 the 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.

**Figure 36:**

**Overall Facts and Statistics: Massachusetts**

|  |  |
| --- | --- |
| **Overall Demographics, Massachusetts** | |
| Population Statistics |  |
| Population, 2016 estimate | 6,811,779 |
| Population, percent change, April 1, 2010 to July 1, 2016 | 4.0% |
| Persons under 5 years, percent, 2015 | 5.4% |
| Persons under 18 years, percent, 2015 | 20.4% |
| Persons 65 years and over, percent, 2015 | 15.4% |
| Female persons, percent, 2015 | 51.5% |
| **Race and Ethnicity** |  |
| White alone, percent, 2015 | 82.1% |
| Black or African American alone, percent, 2015 | 8.4% |
| American Indian and Alaska Native alone, percent, 2015 | 0.5% |
| Asian alone, percent, 2015 | 6.6% |
| Native Hawaiian and Other Pacific Islander alone, percent, 2015 | 0.1% |
| Two or More Races, percent, 2015 | 2.3% |
| Hispanic or Latino, percent, 2014 | 11.2% |
| White alone, not Hispanic or Latino, percent, 2014 | 73.5% |
| **Education, Language, and Other Related Facts** |  |
| Living in same house 1 year & over, percent, 2011-2015 | 87.1% |
| Foreign born persons, percent, 2011-2015 | 15.5% |
| Language other than English spoken at home, pct. age 5+, 2011-2015 | 22.5% |
| High school graduate or higher, percent of persons age 25+, 2011-2015 | 89.8% |
| Bachelor's degree or higher, percent of persons age 25+, 2011-2015 | 40.5% |
| Veterans, 2011-2015 | 355,083 |
| Mean travel time to work (minutes), workers age 16+, 2011-2015 | 28.7 |
| **Housing and Income** |  |
| Housing units, 2015 | 2,845,699 |
| Homeownership rate, 2011-2015 | 62.1% |
| Median value of owner-occupied housing units, 2011-2015 | $333,100 |
| Households, 2011-2015 | 2,549,721 |
| Median Gross Rent, 2011-2015 | $1,102 |
| Persons per household, 2011-2015 | 2.53 |
| Per capita money income in past 12 months (2015 dollars), 2011-2015 | $36,895 |
| Median household income, 2011-2015 | $68,563 |
| In Civilian Labor Force, % of population aged 16+, 2011-2015 | 67.5% |
| Persons below poverty level, percent, 2011-2015 | 11.5% |

Source: US Census Bureau

**Figure 37**

**Disability Prevalence Statistics: Commonwealth of Massachusetts**

* In 2015, there were 6,718,090 individuals living in the community in Massachusetts, of which 785,118 were persons with disabilities; a prevalence rate of 11.7%.
* In 2015, there were 316,450,569 individuals living in the community in the U.S., of which 39,906,328 were persons with disabilities; a prevalence rate of 12.6%.
* The prevalence of individuals with disabilities ages 18-64 living in the community in Massachusetts is 9.1% (393,251 state residents out of a total of 4,328,437 residents ages of 18-64), and 10.4% nationally.

**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 | 191,579 | 4.4% | 48.7% |
| Ambulatory Disability | 177,389 | 4.1% | 45.1% |
| Independent Living Disability | 148,689 | 3.4% | 37.8% |
| Self-Care Disability | 69,086 | 1.6% | 17,6% |
| Hearing Disability | 68,467 | 1.6% | 17.4% |
| Vision Disability | 62,365 | 1.4% | 15.9% |

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

|  |  |  |
| --- | --- | --- |
| **2014** | **2015** | **2014 to 2015 % Change** |
| 773,146 | 785,118 | +1.5% (11,972 more individuals) |

**MA & U.S. Employment For Individuals With Disabilities** (age 18-64, living in the community)

|  |  |  |  |
| --- | --- | --- | --- |
| **2015** | **# With Disability** | **# With Disability & Employed** | **% With Disability Who are Employed** |
| **MA** | 393,251 | 137,895 | 35,1% (-0.4% from 2014) |
| **U.S.** | 20,411,546 | 7,117,518 | 34.9% (+0.5% from 2014) |

**MA & U.S. Employment For Individuals Without Disabilities** (age 18-64, living in the community)

|  |  |  |  |
| --- | --- | --- | --- |
| **2015** | **# Without Disability** | **# Without Disability & Employed** | **% Without Disability Who are Employed** |
| **MA** | 3,935,186 | 3,127,728 | 79.5% (+0.5% from 2014) |
| **U.S.** | 176,110,070 | 133,913,764 | 76.0% (+0.6% from 2014) |

* Employment rates for individuals with disabilities lag far behind those for individuals without disabilities.
* The information above is taken from the 2016 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>

**Figure 38**

|  |  |
| --- | --- |
| **Prevalence of Languages Other than English Spoken at Home Statewide - 2016 Update** | |
| **Language** | **Percentage** |
| Spanish | 8.5% |
| French/Creole | 2.1% |
| German | 0.4% |
| Slavic | 1.1% |
| Portuguese | 2.9% |
| Russian | 0.6% |
| Other Indo-European | 1.8% |
| Khmer | 0.4% |
| Korean | 0.3% |
| Chinese\* | 2.1% |
| Vietnamese | 0.6% |
| Arabic | 0.5% |
| Other Asian | 1.0% |
| **Source: US Census Bureau, 2015 American Community Survey** | | |

**MRC Facts and Statistics**

MRC Vision

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

MRC 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 in the pursuit of independence and employment in the community.

About Us

The MRC consists of 3 divisions, Vocational Rehabilitation Division (VR), Community Living Division (CL) and the Disability Determination Services Division (DDS).

* **The Vocational Rehabilitation (VR)** Program assists individuals with disabilities to obtain and maintain, and advance in employment. In SFY2016, 25,125 individuals with disabilities actively received Vocational Rehabilitation services from the MRC.
* **The Community Living Division (CL)** 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. In SFY2016, 12,267 individuals with disabilities were served through MRC’s Community Living programs.
* **The Disability Determination Services (DDS)** is funded by the Social Security Administration (SSA) and determines the initial, reconsideration (first level of appeal after a denial), and continued eligibility for federal SSI and SSDI benefits. Special outreach efforts are made to homeless clients, individuals with HIV/AIDS, and veterans injured during military service. In FFY2016, there were 91,337 SSI/DI claims with Disability Determination Services.

**VR Year in Review Facts, July 1, 2015 to June 30, 2016**

Here is a brief synopsis of facts about the MRC’s Vocational Rehabilitation program. Additional data from fact sheets can be found in the Appendix document.

In the most recent State Fiscal Year, the MRC’s Vocational Rehabilitation program actively served 25,125 consumers in Statuses 12 to 22 (IPE development to job placement). A total of 16,513 consumers were enrolled in education and training programs. **A total of 3,816 consumers were successfully placed into competitive employment for 90 days or greater based on their choices, interests, needs, and skills.**

These consumers earned an average hourly wage of $13.18 per hour and worked an average of 26.8 hours per week. The earnings of these consumers in the first year of employment are $70.1 million. 95.9% of these consumers had medical insurance at the time of closure. Overall, 84% of MRC consumers whose cases were closed in SFY2016 indicated they were satisfied with the services they received from the MRC. The average age of consumers served by the MRC is 33. In SFY2016, the MRC served slightly more men (54%) than women (46%).

**MRC Consumer Disability Profile, SFY2016**

**Main Categories**

**Figure 39**

|  |  |
| --- | --- |
| **Category** | **% of All Consumers Served, SFY2016** |
| Psychiatric Disabilities | 40.0% |
| Substance Abuse | 8.7% |
| Orthopedic Disabilities | 10.2% |
| Learning Disabilities | 22.2% |
| Developmental Disabilities (RSA Cause Code) | 1.8% |
| Deaf/Hard of Hearing | 6.0% |
| Neurological Disabilities | 2.4% |
| Traumatic Brain Injury | 1.4% |
| Other Disabilities | 7.4% |

**Figure 40**

**Breakout by RSA Disability Impairment Codes**

|  |  |
| --- | --- |
| **Description** | **% of Consumers Served, FY2016** |
| Blindness | 0.1% |
| Other Visual Impairments | 0.4% |
| Deafness, Primary Communication Visual | 2.7% |
| Deafness, Primary Communication Auditory | 0.7% |
| Hearing Loss, Primary Communication Visual | 0.5% |
| Hearing Loss, Primary Communication Auditory | 2.0% |
| Other Hearing Impairments (Tinnitus, Meniere's Disease, hyperacusis, etc.) | 0.1% |
| Deaf - Blindness | 0.0% |
| Communicative Impairments (expressive/receptive) | 1.2% |
| Mobility Orthopedic/Neurological Impairments | 4.0% |
| Manipulation/Dexterity Orthopedic/Neurological Impairments | 1.0% |
| Both mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments | 2.0% |
| Other Orthopedic Impairments (e.g., limited range of motion) | 1.4% |
| Respiratory Impairments | 0.5% |
| General Physical Debilitation (fatigue, weakness, pain, etc.) | 3.0% |
| Other Physical Impairments (not listed above) | 3.6% |
| Cognitive Impairments (impairments involving learning, thinking, processing information and concentration) | 28.3% |
| Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping) | 42.6% |
| Other Mental Impairments | 5.9% |

**Figure 41**

**Breakout by RSA Disability Cause Codes**

|  |  |
| --- | --- |
| **Description** | **% of Consumers Served, FY2016** |
| Cause Unknown | 3.9% |
| Accident/Injury (other than TBI or SCI) | 3.6% |
| Alcohol Abuse or Dependence | 3.3% |
| Amputation | 0.2% |
| Anxiety Disorders | 8.4% |
| Arthritis and Rheumatism | 1.2% |
| Asthma and other Allergies | 0.3% |
| Attention-Deficit Hyperactivity Disorder (ADHD) | 6.1% |
| Autism | 6.4% |
| Blood Disorders | 0.2% |
| Cancer | 0.5% |
| Cardiac and other Conditions of the Circulatory System | 0.6% |
| Cerebral Palsy | 1.1% |
| Congenital Condition or Birth Injury | 3.3% |
| Cystic Fibrosis | 0.1% |
| Depressive and other Mood Disorders | 21.7% |
| Diabetes Mellitus | 0.6% |
| Digestive | 0.2% |
| Drug Abuse or Dependence (other than alcohol) | 5.4% |
| Eating Disorders (e.g., anorexia, bulimia, or compulsive overeating) | 0.0% |
| End-Stage Renal Disease and other Genitourinary System Disorders | 0.3% |
| Epilepsy | 0.8% |
| HIV and AIDS | 0.4% |
| Immune Deficiencies excluding HIV/AIDS | 0.2% |
| Mental Illness (not listed elsewhere) | 1.3% |
| Developmental Disabilities | 2.3% |
| Multiple Sclerosis | 0.5% |
| Muscular Dystrophy | 0.3% |
| Parkinson's Disease and other Neurological Disorders | 0.3% |
| Personality Disorders | 0.5% |
| Physical Disorders/Conditions (not listed elsewhere) | 3.3% |
| Polio | 0.1% |
| Respiratory Disorders other than Cystic Fibrosis or Asthma | 0.2% |
| Schizophrenia and other Psychotic Disorders | 3.3% |
| Specific Learning Disabilities | 16.2% |
| Spinal Cord Injury (SCI) | 0.6% |
| Stroke | 0.7% |
| Traumatic Brain Injury (TBI) | 1.6% |

**Figure 42**

**MRC Race and Ethnicity of Served Consumers, SFY2016**

|  |  |
| --- | --- |
| **Race/Ethnicity\*** | **% of Consumers** |
| Asian/Pacific Islander | 3.4% |
| African-American | 17.6% |
| Hispanic | 11.8% |
| Native American | 1.0% |
| White | 79.7% |

*\*Multiple response category: Answers may add up to more than 100%*

**Summary of MRC Vocational Rehabilitation Long Term Trends and Patterns**

**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. Over the past six fiscal years, MRC has achieved and exceeded its previous year’s results for successful consumer employment outcomes. The average hourly wage for FY2016 was the highest achieved during the past 10 years. The average number of hours worked per week by employed consumers has remained relatively flat over the past five years. As a result of increased outcomes and wages, the aggregate annual earnings for successfully employed consumers in their first year of employment has increased by 11.7% or $8.2 million since FY2012.
2. The number of consumers successfully employed increased by 329 or 8.6% from 3,487 in FY2012 to 3,816 in FY2016. The average hourly wage for employed consumers increased by 40 cents or 3% from FY2012 to FY2016. The average number of hours worked per week remained steady, climbing by 0.1 hours from 26.7 hours in FY2012 to 26.8 hours in FY2016.

**Figure 43**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Changes in Employment Outcomes, FY2012 to FY2017** | **FY2012** | **FY2013** | **FY2014** | **FY2015** | **FY2016** |
| # of Consumers Successfully Employed for 90 days or Greater (Status 26) | 3,487 | 3,509 | 3,653 | 3,737 | 3,816 |
| Average Hourly Wage for Employed Consumers | $12.78 | $12.79 | $12.67 | $12.98 | $13.18 |
| Average Hours Worked Per Week by Employed Consumers | 26.7 | 26.4 | 26.5 | 26.8 | 26.8 |

1. After five years of yearly increases, initial job placements in Status 22 dropped slightly in FY2016. However, Status 22 placements still are up 6.3% since FY2012. The number of Status 22s in FY2016 is higher than all years over the past 10 except for FY2006, FY2007, and FY2015. This trend should be monitored closely as 22s can be a predictor of successful employment outcomes in the near future.
2. Continued high demand for MRC VR services remains evident in the data on consumers served over the past five to ten years. The number of consumers actively served (Status 12-22) reached a new 10 year peak in FY2016 and has increased by 12% since FY2012. One reason for this increase is likely due to the fact that more consumers are being served in education and training programs (Status 18) in more recent years than in the past. The number of consumers served in all statuses increased significantly between FY2009 and FY2011 but has been generally steady since then.
3. In FY2016, the number of annual new VR referrals (Status 00s) increased by nearly 12% from FY2015. However, referrals have decreased by 21.6% over the past five years after reaching a peak between FY2010 and FY2012. During this period, annual referrals exceeded 20,000. This period coincided with the aftermath of the 2008 economic crisis and significant changes at other state agencies such as DMH. While referrals fell back from their peak, new referrals remain very high, suggesting continued high demand for services.
4. In FY2016, There was also significant year to year increases in new VR applicants (Status 02s) (+12.7%), and new eligibilities (+10.7%). This reversed a 4 year trend of a slow decline in applications and new eligibilities as applications reached a 5 year high and eligibilities moved back up close to the FY2012 level.
5. The number of consumers served annually in Status 18 continues to grow, increasing by 9.8% since FY2012. Additionally, there has been a 16% increase in consumers served annually in Job Ready Status (Status 20) between FY2012 and FY2016. The number of consumers in Status 20 at any given point in time has also concurrently increased over the same period of time. There has also been a 15% increase in consumers being put in interrupted status (Status 24) over the past 5 years.
6. The number of consumers receiving physical and mental restoration services in Status 16 increased by 7.6% in FY2016 over the previous year, this reverses a trend of a decline in consumers in this status seen between FY2013 and FY2015.
7. The number of consumers served annually in post-employment services increased in FY2016 after remain flat for several years after reaching a 10 year peak in FY2010. There has also been a notable increase (29.3%) in consumers receiving state-funded ongoing support services through SES since FY2012.
8. MRC has seen an increase in both revenue and expenses since FY2012. Total revenues increased mainly as a result of the availability of significant federal reallotment resources and a recent increase in Social Security reimbursements. The amount of reallotment funds requested and received was $8.5 million in FY2016 compared to $5.5 million in the prior year. As stated before, Social Security reimbursement revenue once again reached a 10 year high in FY2016 (increase of 75% from FY2012).
9. Expenses have increased in proportion to revenue (+10.6% since FY2012), with the highest increases in expenses being in the area of personnel costs (+18% from FY2012), and purchase of service expenses (+5.8% from FY12), while general administration costs have fallen during the past two years (-3.2% 5 year trend). Due to the increase in expenses, the simple average cost per active case and per successful employment outcomes have increased somewhat over the past years.
10. The amount of carryover funds were added to the report in FY2014 to provide additional context as FY2014 and FY2015 carryover funds led FY2015 and FY2016 expenses respectively to be slightly higher than revenue. In their last monitoring visit, RSA asked MRC to reduce its carryover balance.
11. The disability profile of MRC consumers (based on primary disability) continues to change over time. Over the past decade, psychiatric disabilities has consistently remained the highest category (+3.2% since FY12). There have also been increases in consumers served with learning disabilities (+2.8% since FY2011) while has been a decrease over the past five years in consumers with primary disabilities related to substance abuse issues, traumatic brain injuries, developmental disabilities, and more recently individuals who are deaf/hard of hearing.
12. MRC continues to serve a greater number of transition-aged youth at time of intake for services. This is expected to continue as MRC places a strong emphasis on providing Pre-Employment Transition Services to high school and post-secondary students as required by WIOA.
13. Both the number and proportion of transition-youth aged consumers aged 16 to 24 at application has increased steadily over the past decade, and has increased by 23.75% since FY2012, while consumers age 16 to 22 at application has increased by 22.5% over the same time period. The number of high school students served by MRC has been added to the report beginning with FY2016. Pre-Employment Transition Services will be added to the report beginning in FY2017.
14. 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 African-American, Hispanic, and Asian consumers. There also has been a slight growth in the proportion of Native American consumers, reaching a 10 year high of 1% in FY2016. Numerically, the largest growth is in Hispanic and African-American consumers. Proportionally, the largest growth in MRC’s consumer population over the past decade has been among Asian and Hispanic consumers, which is consistent with the 2010 Census figures for Massachusetts.
15. Hispanic consumers have been growing the fastest over the past 5 years (+2.6%), while African-Americans served has grown by 1.4% 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 FY2012, MRC has seen a slight decrease in Asian consumers served (falling from 3.8% in FY2012 to 3.4% in FY2016 after seeing a major increase in Asians served between FY2006 and FY2012. It continues to appear that Asians are slightly underserved in comparison with their rate in the overall state population (3.2% of MRC consumers compared to 6.6% for all MA population)
16. Over the past 5 years, there continues to be a trend of a slight but steady increase in consumers applying for MRC services with at least some post-secondary education, and a slight decrease in consumers with a high school or below level of education. This may be as a result of recent economic challenges, increased unemployment, and other factors. This trend continued in FY2016. However, the largest group of applicants remains consumers with a high school or lower level of education.
17. 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. 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 in FY2016.
18. The numbers of consumers closed unsuccessfully after receiving services in Status 28 has increased over the past decade. The number of Status 28s has negatively impacted MRC’s ability to achieve the federal rehabilitation rate performance goal of 55.8%. Overall, in the past year, Status 28 closures increased by 6.9%, but are down 2% when looking at a five year window. MRC passed the Rehabilitation Rate in FFY2013 and FFY2014, and came very close in FFY2016 as 28s dropped during the last 3 months of the Federal Fiscal Year (This is not evident in SFY2016 results as this was during the beginning of SFY2017).
19. The new WIOA Common Performance Measures will include both Status 26 and Status 28 closures in looking at employment rates at 2nd and 4th quarter 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. Therefore, the Rehabilitation Rate remains an important quality measure. In order to increase the rehabilitation 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.
20. During FY2016, there was a major decline in the number of cases closed after eligibility but before service delivery (Status 30), representing a 61% decrease from FY2015, and a 45% decrease from FY2012. This change is likely related to two factors, the new WIOA law that IPEs have to be completed in 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 – this will need to be watched over the next few years.
21. Since FY2012, there has been a 22.8% decrease in the number of cases closed before plan development in Status 08, after peaking between FY2010 and FY2012. However, Status 08 closures remain higher than they were a decade ago. The 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.
22. In FY2016, the Competitive Integrated Employment Services (CIES) program completed its 6th year with component rates. The number of successful employment outcomes in the program is up 14% from FY2012 and increased from 899 to 1,064 in FY2016. The number served through CIES is slightly down looking at a 5 year trend due to reductions in CIES resources in FY2013 and FY2014. Additional resources were added to the program during FY2015. These seem to have met consumer need and assisted MRC counselors, as there were many fewer remarks regarding the need for additional CIES capacity in the most recent annual counselor satisfaction survey conducted during FY2016.
23. The number of consumers participating in On-The-Job trainings (OJTs) and successful outcomes for consumers participating in OJTs fell slightly in FY2016. However, utilization has increased by 31% since FY2012 while successful employment outcomes for these consumers have increased by 24.6% over the past 5 years. The decrease in OJTs in FY2016 may be associated with the increased use of job-driven training programs conducted directly with employer partners such as CVS, Advance Auto Parts, Home Depot, Lowe’s and other employers. There are more tools available for counselors to utilize in assisting consumers in obtaining employment.
24. Unemployment in Massachusetts dropped to 4.2% in June 2016 and has converged towards the national average rate which decreased in FY2016 to 4.9%. Subsequently, the Labor Force Participation Rate has dropped slightly despite improvement in unemployment although it flattened out in FY2016. This is true for both individuals with and without a disability. Individuals with disabilities have a significantly lower Labor Force Participation rate and higher unemployment rate when compared with the rate for those without disabilities. As of June 2016, labor force participation for those with disabilities (20.6%) was almost 50% below that of individuals without disabilities (69%).
25. 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 will allow establishment of a baseline for ongoing monitoring of trends and patterns in these areas going forward.

**Figure 44**

**MRC Statistics by Area Office**

**SFY2016 MRC Vocational Rehabilitation Race and Ethnicity Actively Served Consumers by District and Area Office**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Race and Ethnicity for Consumers by District** | | | | | |
| **District** | **Asian/Pacific Islander** | **Black** | **Hispanic** | **White** | **Native American** |
| South District | 2.6% | 24.7% | 8.9% | 73.2% | 1.1% |
| North District | 6.2% | 12.1% | 11.4% | 82.3% | 0.7% |
| West District | 1.5% | 14.3% | 16.2% | 85.4% | 1.1% |
| **Statewide** | **3.4%** | **17.6%** | **11.8%** | **79.7%** | **1.0%** |

**Figure 45**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Race and Ethnicity for Consumers by Area Office** | | | | | |
| **Office** | **Asian/Pacific Islander** | **Black** | **Hispanic** | **White** | **Native American** |
| Greenfield | 1.5% | 10.3% | 9.8% | 89.2% | 2.6% |
| Holyoke | 0.8% | 11.1% | 17.5% | 89.5% | 0.8% |
| Pittsfield | 1.0% | 9.2% | 4.3% | 91.3% | 0.9% |
| Springfield | 1.4% | 24.7% | 27.2% | 74.7% | 1.2% |
| Fitchburg | 1.1% | 11.0% | 13.2% | 88.5% | 1.1% |
| Milford | 1.2% | 3.3% | 3.0% | 95.6% | 0.2% |
| Sturbridge | 0.8% | 4.8% | 14.2% | 96.2% | 1.2% |
| Worcester | 2.3% | 17.1% | 21.1% | 82.1% | 1.0% |
| Framingham | 2.9% | 12.2% | 5.7% | 85.3% | 1.1% |
| Lawrence | 1.8% | 10.3% | 29.7% | 88.7% | 0.4% |
| Lowell | 9.2% | 7.7% | 8.9% | 83.5% | 0.4% |
| Salem | 13.8% | 11.7% | 8.3% | 75.2% | 0.5% |
| Malden | 3.2% | 15.1% | 5.2% | 83.3% | 0.4% |
| Somerville | 5.1% | 17.2% | 9.5% | 77.8% | 1.2% |
| Downtown Boston | 4.5% | 32.8% | 15.4% | 63.3% | 1.1% |
| Roxbury | 2.0% | 71.7% | 17.4% | 26.7% | 1.9% |
| Braintree | 5.1% | 17.5% | 5.0% | 77.7% | 0.7% |
| Brockton | 3.1% | 25.4% | 9.4% | 73.5% | 1.3% |
| Fall River | 1.8% | 12.5% | 8.5% | 85.9% | 0.7% |
| Hyannis | 1.2% | 8.8% | 2.6% | 89.9% | 2.4% |
| New Bedford | 0.8% | 18.1% | 8.4% | 81.2% | 0.5% |
| Plymouth | 2.3% | 4.8% | 2.1% | 94.0% | 0.5% |
| Taunton | 1.5% | 8.4% | 3.8% | 90.4% | 0.4% |
| SES | 2.1% | 10.8% | 4.7% | 88.5% | 0.7% |
| **Statewide** | **3.4%** | **17.6%** | **11.8%** | **79.7%** | **1.0%** |

**Figure 46**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Massachusetts Rehabilitation Commission** | | | | |  | |
| **VR Primary Disability Impairment by Area Office, Actively Served Clients, SFY2016** | | | | | | |
| **Area Office** | **Sensory/ Communicative Impairments** | **Physical Impairments** | **Psychological/Cognitive Impairments** | |
| Greenfield | 4.0% | 17.0% | 79.0% | |
| Holyoke | 14.6% | 17.2% | 68.1% | |
| Pittsfield | 12.3% | 17.2% | 70.5% | |
| Springfield | 12.2% | 16.6% | 71.2% | |
| Fitchburg | 5.3% | 23.3% | 71.4% | |
| Milford | 3.5% | 17.1% | 79.4% | |
| Sturbridge | 4.0% | 19.8% | 76.2% | |
| Worcester | 12.8% | 13.0% | 74.2% | |
| Framingham | 4.3% | 15.1% | 80.6% | |
| Lawrence | 14.7% | 14.5% | 70.8% | |
| Lowell | 2.8% | 12.9% | 84.3% | |
| Salem | 2.4% | 12.8% | 84.8% | |
| Malden | 2.7% | 16.5% | 80.8% | |
| Somerville | 21.3% | 10.8% | 67.8% | |
| Boston | 2.0% | 16.0% | 82.0% | |
| Roxbury | 1.5% | 20.6% | 77.9% | |
| Braintree | 21.1% | 11.4% | 67.5% | |
| Brockton | 2.2% | 19.1% | 78.7% | |
| Fall River | 1.9% | 15.2% | 82.9% | |
| Hyannis | 1.3% | 20.3% | 78.3% | |
| New Bedford | 9.3% | 12.9% | 77.7% | |
| Plymouth | 1.6% | 18.4% | 80.0% | |
| Taunton | 12.2% | 12.8% | 75.0% | |
| SES | 3.5% | 10.1% | 86.4% | |
| **Statewide** | **7.6%** | **15.6%** | **76.8%** | |

**Massachusetts Employment and Labor Market Synopsis**

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 also develops Labor market summaries on a metropolitan, state, and national level which are shared with staff on a monthly basis. As of February 2017, data from the Massachusetts Office of Labor and Workforce Development indicated the state’s seasonally adjusted employment rate was 3.4%. This is 1.3% below the national rate of 4.7% from the same time period. The state’s unemployment rate has dropped by 0.8% over the past 12 months. The state and federal unemployment rate have generally been moving further apart after spending a period of closer proximity during 2015-2016. Both during and in the period after the recession, Massachusetts had an unemployment rate lower than the Federal rate. During 2012 Massachusetts began moving back towards the federal rate, and in November 2012 the state rate exceeded the federal rate for the first time in several years. In the last several years, both the State and Federal unemployment rate decreased, but the State Rate declined faster during 2016. In February 2016, Massachusetts gained 10,100 jobs and has achieved a net gain of 57,700 jobs in the past year. This is higher than the net job gain of 48,900 jobs in 2015. There is a notable spread between unemployment rates across Massachusetts between and within geographical statistical areas, although the spread has narrowed considerably in the past two years, ranging from 3.3% in the Nashua-NH-MA metropolitan division to 3.4% in the Boston-Cambridge-Quincy metropolitan division, and 3.5% in the Framingham metropolitan division to 5.1% in the Springfield NECTA, 5.5% in the Lawrence-Methuen-Salem (NH) metropolitan division and 6.7% in the New Bedford NECTA. Based on Workforce Investment Area (WIA), unemployment rates range from 3.1% in Metro North Boston to 7.5% in the Cape and Islands WIA. Massachusetts has in past years had one of the largest spreads between the lowest and highest unemployment rates of all national metropolitan employment divisions. The good news is that the unemployment rate remained steady or fell in 2016 across most geographical statistical areas in Massachusetts.

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 exploring ways to collaborate with other WIOA core partners on Labor Market information.

**Consumer Occupational Interests in IPE versus Occupations Consumers are Obtaining**

In 2012, MRC’s Research, Development, and Performance Management Department began developing annual data reports seeking to examine the differences between the types of occupations consumers are seeking versus the types of occupations consumers are becoming successfully employed in. Comparisons are conducted using Standard Occupational Code (SOC Code) 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 SFY2016.

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 along 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. An update is planned for 2017.

Here are some summary findings from the FY2016 analysis looking at the statewide level. More details can be found in the Appendix document.

1. Looking at specific occupations on a statewide level, the top 3 SOC codes of occupational goals in consumers’ plans in SFY2016 were Social and Human Service Assistants (3.4% of consumers), Retail Salespersons (2.7%), and Substance Abuse and Behavioral Disorder Counselors (2.7%). All three were in the top 3 SOC codes in consumer IPEs in SFY2015 (Substance Abuse Counselors was #2 in SFY2015 and fell to #3 in FY2016). Of these three, only Retail Salespersons was among the top 3 SOC codes for occupations consumers were placed and successfully employed in during SFY2016. Substance Abuse and Behavioral Disorder Counselors was the 11th most common placement and 13th most common employment outcome SOC code in SFY2016 amongst MRC consumers (1.8% of placed consumers and 1.5% of successfully employed consumers). This was slightly higher than SFY2015, where it was the 16th most common placement and 14th most common employment outcome.
2. Bureau of Labor Statistics data continues to indicate Substance Abuse Counselors and Social and Human Service Assistants occupations have much higher demand in Massachusetts than in other states, suggesting that there may be numerous available jobs for consumers interested in these occupations if they possess the skills and qualifications.
3. Retail Salespersons was one of only 2 occupations which fell into the top 5 SOC codes for consumers in terms of occupational goals, at job placement, and at successful closure (the other is Stock Clerks and Order Fillers). Retail Salespersons was the top SOC code for placed and successfully employed consumers in SFY2016 (5.7% of all placed and 5.6% of all successfully closed consumers). Demand for this occupation in Massachusetts is consistent with levels in other states. Stock Clerks and Order Fillers was the #2 SOC code for placed and successfully employed consumers in SFY2016 (5.4% of placed and 4.8% of successfully closed consumers). Demand for this occupation in the Commonwealth is also consistent with levels in other states.
4. Nursing Assistants is also consistent as a very common occupation as an IPE goal, placement, and successful outcome. (#7 SOC code at placements and successful closures and #6 for occupational goals on consumer IPEs). Demand for this occupation in previous years was notably higher in Massachusetts than other states, although the most recent data shows it is now just slightly higher.
5. When looking at SOC code categories, which look at occupational areas in a broader sense; statewide, in SFY2016, the top 5 SOC groups for vocational goals of actively served consumers were Office and Administrative Support (12.4%), Community and Social Service (11.3%), Personal Care and Service (7.0%), Healthcare Support (7.0%), and Sales and Related Occupations (6.7%). Among these 5 categories, three (Office and Administrative Support, Sales and Related Occupations, and Community and Social Service Occupations) were amongst the top 5 SOC groups for placed and successfully employed consumers during SFY2016.
6. The top 5 SOC group categories for consumers at placement and at successful closure during SFY2016 were Office and Administrative Support Occupations, Sales and Related Occupations, Food Preparation and Serving Occupations, Transportation and Materials Moving, and Community and Social Service Occupations. Of these 5 categories, three (Office and Administrative Support, Sales and Related occupations, and Community and Social Services) were in the top 5 for both placement and closure amongst the top 5 SOC categories of jobs consumers have as vocational goals in their plans (#1, #5, and #2 categories, respectively).
7. The most notable change between FY2015 and FY2016 were a slight decrease in the number and proportion of placements and successful outcomes for Healthcare Support Occupations, and a slight increase in the proportion of placements and successful closures for Community and Social Service occupations. There were few other notable variations in the SOC group areas. In the SOC code area, notable changes included an increase in the number and proportion of placement and successful outcomes for consumers in Customer Service Representatives, Stock Clerks and Order Fillers, Substance Abuse Counselors, Security Guards, and Childcare Workers, and a decrease in placements and successful outcomes for Nursing Assistants, Home Health Aides, and Personal Care Aides.
8. Analysis was conducted to look at the average and range of weekly hours worked and average hourly wages for successful employment outcomes for SOC detailed codes and SOC high level categories. There was a notable range in wage and hours worked for all top SOC categories and specific occupations, more in certain areas than others. Average hourly wage also varied, especially in the SOC high level categories. Not surprisingly, occupational categories which tend to have higher educational and/or higher technical skills had higher average wages. Overall, Architecture and Engineering Occupations had the highest hourly average wage, but only 18 or 0.5% of employment outcomes were in this category. Community and Social Service, Education and Training, and Healthcare Support occupations had the highest average hourly wages amongst the top 10 SOC categories for employment outcomes.
9. Once again, there is consistency between most of the top occupational categories in consumers’ IPEs and between consumer responses on occupational areas of interest from the Needs Assessment survey.

**Figure 47**

**TOP 10 JOBS AND OCCUPATIONAL CATEGORIES ON IPE, IN PLACEMENT, AND IN SUCCESSFUL EMPLOYMENT, SFY2016, WITH DEMAND FACTOR AND MEDIAN HOURLY WAGE FOR MASSACHUSETTS, 2016**

**TOP 10 JOBS**

**IPE**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOC Code** | **Top 10 Jobs Written on IPEs** | **LQ\*** | **Median Wage** |
| 21-1093 | Social and Human Service Assistant | 1.89 | $15.02 |
| 41-2031 | Retail Sales | .97 | $11.42 |
| 21-1011 | Substance Abuse Counselor | 2.23 | $20.15 |
| 43-5081 | Stock and Order Clerks | .99 | $11.76 |
| 21-1099 | Community and Social Services Specialist | .55 | $18.47 |
| 31-1014 | Nursing Assistant | 1.09 | $14.31 |
| 15-1199 | Miscellaneous Computer Occupations | 1.03 | $44.09 |
| 43-9199 | Misc. Office & Administrative Support Workers | .52 | $23.22 |
| 43-9061 | Office Clerks, General | .87 | $17.22 |
| 41-9099 | Sales and Related Workers, All Other | .58 | $25.71 |
| **Total** | **Average** | **1.07** | **$20.14** |

**Placement**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOC Code** | **Top 10 Jobs for Initial Placement** | **LQ\*** | **Median Wage** |
| 41-2031 | Retail Sales | .97 | $11.42 |
| 43-5081 | Stock and Order Clerks | .99 | $11.76 |
| 41-2011 | Cashiers | .83 | $10.81 |
| 41-9099 | Sales and Related Workers, All Other | .58 | $25.71 |
| 35-9099 | Misc. Food Preparation and Serving Workers | .56 | $17.81 |
| 37-2011 | Janitors and Cleaners | 1.01 | $15.73 |
| 31-1014 | Nursing Assistant | 1.09 | $14.31 |
| 43-4051 | Customer Service Representative | .93 | $18.86 |
| 35-2021 | Food Preparation | .82 | $11.62 |
| 21-1099 | Community and Social Services Specialist | .55 | $18.47 |
| **Total** | **Average** | **.83** | **$15.65** |

**Successful Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOC Code** | **Top 10 Jobs for Successful Employment Outcomes** | **LQ\*** | **Median Wage** |
| 41-2031 | Retail Sales | .97 | $11.42 |
| 43-5081 | Stock and Order Clerks | .99 | $11.76 |
| 41-9099 | Sales and Related Workers, All Other | .58 | $25.71 |
| 41-2011 | Cashiers | .83 | $10.81 |
| 35-9099 | Misc. Food Preparation and Serving Workers | .56 | $17.71 |
| 37-2011 | Janitors and Cleaners | 1.01 | $15.73 |
| 31-1014 | Nursing Assistant | 1.09 | $14.31 |
| 43-4051 | Customer Service Representative | .93 | $18.86 |
| 35-2021 | Food Preparation | .82 | $11.62 |
| 21-1099 | Community and Social Services Specialist | .55 | $18.47 |
| **Total** | **Average** | **.83** | **$15.65** |

**Figure 47a**

**TOP 10 OCCUPATIONAL CATEGORIES**

**IPE**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOC**  **Category** | **Top 10 Occupational Categories on IPEs** | **LQ\*** | **Median Wage** |
| 43-0000 | Office and Administrative Support | .92 | $19.29 |
| 21-0000 | Community and Social Services | 1.64 | $20.28 |
| 39-0000 | Personal Care and Service | 1.11 | $13.51 |
| 31-0000 | Healthcare Support | 1.09 | $15.17 |
| 41-0000 | Sales and Related | .90 | $14.14 |
| 27-0000 | Arts, Design, Entertainment, Sports & Media | 1.08 | $26.86 |
| 29-0000 | Healthcare Practitioners & Technical | 1.17 | $37.08 |
| 25-0000 | Education and Training | 1.11 | $28.60 |
| 35-0000 | Food Preparation and Related | 0.91 | $11.43 |
| 15-0000 | Computer and Mathematical | 1.39 | $44.80 |
| **Total** | **Average** | **1.13** | **$23.12** |

**Placement**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOC**  **Category** | **Top 10 Occupational Categories for Initial Placement** | **LQ\*** | **Median Wage** |
| 43-0000 | Office and Administrative Support | .92 | $19.29 |
| 41-0000 | Sales and Related Occupations | .90 | $14.14 |
| 35-0000 | Food Preparation and Related | .91 | $11.43 |
| 53-0000 | Transportation and Material Moving | .75 | $15.87 |
| 21-0000 | Community and Social Services | 1.64 | $20.28 |
| 37-0000 | Building, Grounds Cleaning, & Maintenance | .97 | $16.08 |
| 39-0000 | Personal Care and Service | 1.11 | $13.51 |
| 31-0000 | Healthcare Support | 1.09 | $15.17 |
| 51-0000 | Production and Manufacturing | .69 | $17.54 |
| 25-0000 | Education and Training | 1.11 | $28.60 |
| **Total** | **Average** | **1.00** | **$17.19** |

**Successful Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOC Category** | **Top 10 Occupational Categories for Successful Employment Outcomes** | **LQ\*** | **Median Wage** |
| 41-0000 | Sales and Related | .90 | $14.14 |
| 43-0000 | Office and Administrative Support | .92 | $19.29 |
| 35-0000 | Food Preparation and Related | .91 | $11.43 |
| 53-0000 | Transportation and Material Moving | .75 | $15.87 |
| 21-0000 | Community and Social Services | 1.64 | $20.28 |
| 37-0000 | Building, Grounds Cleaning, & Maintenance | .97 | $16.08 |
| 39-0000 | Personal Care and Service | 1.11 | $13.51 |
| 31-0000 | Healthcare Support | 1.09 | $15.17 |
| 51-0000 | Production and Manufacturing | .69 | $17.54 |
| 25-0000 | Education and Training | 1.11 | $28.60 |
| **Total** | **Average** | **1.00** | **$17.19** |

**\*LQ= location quotient, measures extra demand in an area for a particular job category. 1= normal demand, 2= twice as much demand as other places, etc. Baseline is for Massachusetts compared to national average.**

**More detailed occupational employment projections and demand information can be found at:**

[**http://lmi2.detma.org/Lmi/projections.asp**](http://lmi2.detma.org/Lmi/projections.asp)

**Source: MA EOLWD and US Bureau of Labor Statistics**

**MRC Return on Investment (ROI) Facts, SFY2016:**

* Individuals with disabilities successfully placed into competitive employment: **3,816**
* Average hourly wage for employed consumers: **$13.18**
* Average work hours per week for employed consumers: **26.8**
* Total annual earnings for consumers placed into employment: **$70,090,945**
* Estimated public benefits savings from employed consumers: **$28,620,000**
* Projected annual Massachusetts income tax paid by employed consumers: **$2,348,557**
* Projected annual Federal income tax paid by employed consumers: **$4,605,014**
* Consumers placed into employment with medical insurance: **95.9%**
* Return to society based on increase in lifetime earnings for

consumers placed into employment, FY2016\*: **$915,514,332**

* Return to society based on returns to government in the form

of increased taxes and reduced public assistance payments, FY2016\*\*: **$326,969,404**

*\*Based on Commonwealth Corporation Study on ROI that $14 is returned to society based on increases in lifetime earnings for each $1 invested in the MRC Vocational Rehabilitation program.*

*\*\*Based on Commonwealth Corporation Study on ROI that $5 is returned to the government for each $1 invested in the MRC Vocational Rehabilitation program.*

**Conclusion, Recommendations, and Suggested Alternatives:**

MRC’s 2016 Comprehensive Statewide Needs Assessment (CSNA) consisted of a comprehensive process consisting of a web-based survey of active consumers which included additional questions on pre-employment transition services for consumers under age 22, a focus group, and analysis of key facts, trends, outcomes, demographics, analysis of staff training needs and findings from the Consumer Satisfaction Survey of closed consumers, a counselor survey, a vendor/provider survey, an employer survey, and a staff survey on transition services, among other key reports.

Through this analysis, the CSNA has identified the needs of individuals with disabilities in Massachusetts including the need for supported employment, the services of primary importance to active VR consumers, as well as the needs of the overall workforce investment system in the Commonwealth of Massachusetts. MRC has also identified and evaluated the needs of youth with disabilities and students with disabilities, including their need for pre-employment transition services or other transition services, and the extent to which such services are coordinated with transition services provided under the Individuals with Disabilities Education Act,

The data and findings included here will be considered in agency policy on the development of new programs as well as changes to current programs to better serve consumers and individuals with disabilities. In addition, the CSNA is an integrated part of MRC’s Strategic Planning, State Planning, and overall quality assurance activities. Findings, recommendations, and strategies from the CSNA report will be incorporated into any required updates to MRC’s section of the Vocational Rehabilitation portion of the Massachusetts WIOA Combined State Plan, MRC’s Strategic Planning efforts, among others. The findings will be shared with MRC Senior Management, the Statewide Rehabilitation Council, VR staff, other key stakeholders, and will be disseminated through the MRC’s website and with other core partners under the Massachusetts Workforce System.

The results of the 2016 CSNA confirm that a majority of MRC consumers require multiple vocational rehabilitation services and supports to assist them in reaching their vocational and independent living goals. There is also a high need for transportation and Community Living (CL) services amongst many consumers. Once again, there appears to be a higher need for some VR, transportation, and Community Living services amongst individuals of diverse ethnic and racial backgrounds (particularly African-Americans and Hispanics) as well as among consumers with psychological or cognitive disabilities. This theme was more pronounced than in 2015. The results also suggest many consumers require supported employment and ongoing and extended employment supports and a high need for transition services, including pre-employment transition services amongst youth and high school and post-secondary students with disabilities aged 16 to 22 in Massachusetts. The results also suggest many individuals with disabilities in Massachusetts are significantly impacted by economic conditions, a variable job market, and particularly the high cost of living in Massachusetts.

The following services were identified by MRC consumers as most important and needed services:

1. Job placement
2. Vocational/career counseling
3. Benefits planning
4. Supported employment
5. Work readiness training
6. Job/vocational training
7. Ongoing supports to assist to maintain employment
8. Assistance with college education/tuition assistance
9. On-the-job training and job driven training
10. Assistance with information on transportation and public transit
11. Donated Vehicle Program
12. Driver’s education
13. Assistance or referrals to supports for affordable and accessible housing
14. Assistive technology – including home and vehicle modifications
15. Consumer Involvement Program
16. Information and referral to other supportive services from MRC’s Community Living Division as well as other agencies and organizations

The CSNA also confirms that transition services for youth and high school students with disabilities are important and needed services. Results throughout the CSNA demonstrate a high need for these services, including pre-employment transition services among high school students with disabilities and youth consumers of transition age and MRC is working to address this need through its WIOA initiatives. MRC is working closely with local school districts on transition and WIOA pre-employment transition services, including those provided under the Individuals with Disabilities Education Act (IDEA). MRC has a counselor assigned to every public high school in the Commonwealth and have developed strong working relationships with the Department of Elementary and Secondary Education.

MRC is working closely with local school districts on transition and WIOA pre-employment transition services, including those provided under the Individuals with Disabilities Education Act (IDEA). MRC has a counselor assigned to every public high school in the Commonwealth and has developed strong working relationships with the Department of Elementary and Secondary Education (DESE). MRC is also working to coordinate its transition services with local schools and DESE with those transition services by these provided under the Individuals with Disabilities Education Act. MRC is involved in several initiatives in this area, including the B-SET project, and has hired a Transition Manager to oversee transition and coordination with educational authorities. MRC has also been awarded a 5 year demonstration grant on work-based learning experiences by RSA for students with disabilities entitled Transition Pathway Services which will also assist with needs in this area.

Based on an analysis of data from the Massachusetts Department of Elementary and Secondary Education (DESE) (http://profiles.doe.mass.edu/state\_report/selectedpopulations.aspx), there are 167,530 students with disabilities enrolled in public high schools in Massachusetts as of October 1, 2016. Based on this data and the high need for Pre-ETS services demonstrated throughout the CSNA. MRC forecasts that it needs to utilize all of its 15% reservation of VR funding (approximately $7.2 million) to provide the five required Pre-ETS services to students with disabilities across Massachusetts and 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.

The majority of consumers indicate the MRC is providing services to them that are meeting their vocational needs and assisting them with maintaining their independence in the community; and the majority of consumers denoted that they are satisfied with the services they are receiving. There was an increase in satisfaction in particular from 2015. In addition, the vast majority of consumers also appear to be satisfied with the development of their Individualized Plan for Employment (IPE).

Many consumers expressed strong praise and gratitude for the hard work and support provided by MRC and its counseling staff. It is very clear that MRC and its staff make a significant positive impact on the lives of many of its consumers. For the second straight year, the level of positive feedback in the survey in the comments was exceptionably notable. Many consumers indicated that MRC and its staff have assisted them tremendously through assistance going to school, college, or job training programs, providing interview preparation assistance, mock interviews, and job search assistance; referrals to training programs including on-the-job training and job-driven training programs; obtaining assistive devices such as hearing aids and vehicle modification, assistance with transportation, benefits planning, and finding other services and supports, among others. In addition, many consumers described how their counselor’s counseling and guidance, overall positive attitude, and dedication to their work have been very beneficial to them in terms of staying motivated and on target to make progress toward their goals.

Results of the CSNA indicate that many MRC consumer consumers and individuals with disabilities overall have been affected by the overall economy, health issues, and the high cost of living in Massachusetts. Many consumers may also benefit from referrals to services provided by other agencies and organizations that may assist them in addressing some of these challenges.

Some areas for improvement identified by consumers included maintaining communication and regular contact with their counselor, more information about available services, improved communication with consumers impacted by staff turnover, and information and referrals to other agencies and services.

It is also evident there may be a level of misunderstanding amongst some consumers over what the MRC can and cannot do for them. Additionally, some consumers may have a misunderstanding about the importance of their active contribution and involvement to the VR process to assist them in moving towards their goals. It also appears that MRC may benefit from developing a larger variety of job leads from its employer partners matching consumers’ abilities and skills, and that MRC should look into additional job driven trainings.

The results also suggest that long term consumers served over 10 years and consumers with higher levels of education, were more likely to indicate MRC as not currently meeting their VR needs compared to others. On the flip side, a higher proportion of minority consumers, especially African-Americans and Hispanics, felt MRC is meeting their needs. This should be looked into in more depth.

As the Commonwealth’s population continues to become more diverse, MRC continues to serve a higher number of consumers from diverse ethnic and racial backgrounds. Over the past 10 years, MRC has seen an increase in African-American, Hispanic, and Asian consumers. There also has been a slight growth in Native American consumers as well. Through the CSNA process, the MRC again has identified Asian and Pacific Islanders as being slightly underserved by the MRC’s Vocational Rehabilitation program compared to their proportion in the overall state population. African-Americans are served by the MRC at a much higher rate than their rate in the overall population. Hispanic consumers are served by MRC at a rate consistent with their rate in the general population. MRC continues to see numerical and proportional growth of minority populations, particularly among Hispanics. 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. A focus group of Asian consumers and consulting with MRC’s Diversity Committee may be a useful step to obtain some suggestions on additional steps MRC can take in this area.

Overall, mental health, psychological, and cognitive disability impairments make up the largest proportion of MRC consumers. Psychiatric disabilities has remained the largest disability over the past decade. Over the past decade, there have been increases in consumers served with psychiatric disabilities (+3.2% since FY2012) and learning disabilities (+2.8% since FY2011) awhile there has been a decrease over the past decade in consumers with substance abuse issues (as a primary disability), traumatic brain injuries, developmental disabilities, and more recently individuals who are deaf/hard of hearing. The disability profile also varies significantly by MRC Area Office.

The majority of MRC counselors are satisfied with their ability to assist individuals with disabilities in obtaining competitive employment based on their skills, interests, needs, and choices. 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. Communication with consumers and providers was also identified by MRC counselors as an area for improvement. Counselors identified some areas that would assist them in doing their job better, including establishing dedicated transition caseloads, additional job driven training/on-the-job training, additional skills trainings for consumers, more resources for clerical assistance, additional resources for assessments, continued enhancements to the MRCIS system, and additional resources for Pre-ETS. Improved support and resources for job placement, a greater variety of jobs and employers that MRC works with, and additional vendor capacity for VR services, among others.

Most consumers appear to be satisfied with services received from Community Rehabilitation Providers (CRPs). The majority of MRC staff also indicate that they are generally satisfied with CRP services. The recent addition of new CRP and expansion of other CRP programs through the Competitive Integrated Employment Services (CIES) program appears to have addressed many consumer needs. It is apparent there still may be some areas where additional CRP capacity is needed to cover certain geographic areas or specific populations and this should be examined closer by MRC. The addition of additional vendors to provide pre-employment transition services, and the reopening of the Competitive Integrated Employment Services (CIES) RFR in the future or expansion of existing CRPs may assist in addressing this. Finally, improved communication and information flow between CRPs and MRC staff, more information on consumer referrals, and continued efforts to streamline paperwork processing may assist in improving service delivery to consumers and lead to more successful employment outcomes.

The CSNA has also identified areas where additional MRC staff training may assist in improving the quality and effectiveness of VR services delivered to MRC consumers. MRC’s training needs plan, workforce plan, counselors survey, and most recent case reviews, recommend continued trainings on transition services, pre-employment transition services and WIOA implementation, job readiness/job placement activity trainings, labor market trainings, refresher training on the MRCIS case management system; trainings on VR best practices, policies, and procedures, including evidence-based best practices, and proper documentation of records, and refresher trainings on time management and how to effectively communicate with consumers. MRC continues to face high levels of staff turnover due to several recent early retirement packages and retirements are projected to continue at a high rate through the remainder of the decade. MRC’s workforce plan has assisted in alleviating the situation through recruitment of new staff through VR counseling graduate student interns and through manager, supervisor, and aspiring supervisor trainings and workshops to assist in preparing current staff to become future agency leaders. Additionally, MRC has maintained counselor, job placement, and employment specialist positions using reallotment funding with the intent of rolling staff into permanent positions as vacancies open. The agency successfully has used this practice with ARRA funding and reallotment funding over the past decade.

In order to meet the needs of individuals served through other components of the Statewide Workforce Development System, MRC continues 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. MRC continues its efforts 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 participates in numerous workgroups such as the WIOA Steering Committee, WIOA Systems Integration Workgroup, and other committees who are working on the alignment of services under the workforce system.

**Actions Taken from the 2015 Comprehensive Statewide Needs Assessment Through MRC’s State Plan and Strategic Planning Processes:**

In the past year, the MRC has undertaken a number of steps to address the findings and suggested alternatives from the 2015 Needs Assessment. These include the following:

1. **Continued utilization of CSNA results to promote program development and planning, including integration into WIOA implementation, Combined State Plan, Strategic Plan, Performance Management and Quality Assurance initiatives:**

MRC continues to utilize the CSNA, both its findings and recommendations to drive program development and planning. The CSNA has been integrated into MRC’s performance management and quality assurance activities. CSNA findings were incorporated into MRC’s Strategic Plan and the VR section of the Massachusetts Combined State Plan. MRC’s section of this plan incorporated revised measurable goals and objectives based on the findings and recommendations from the CSNA. MRC has revised its strategic plan for FY2017-FY2019 and utilized CSNA findings to drive the process. MRC has also used CSNA findings to help plan for new programs and services as a result of WIOA including the Transition Pathway Services 5 year demonstration grant from RSA.

1. **Efforts to provide better information on services:**

The MRC continues its efforts provide updated and more consistent and comprehensive information on its services with the goal of providing consistent and improved information on available services. MRC continues to work on developing new informational brochures, including those directed at youths and students with disabilities and their families, and continues to revise its consumer handbook for VR consumers as needed. MRC has updated of a uniform consumer orientation video for use by VR area offices and is working on a generic MRC informational video and a youth-centered video. The Needs Assessment Committee has also completed a simple catalog listing all available MRC services to be of assistance to consumers and staff. This has been published on the MRC website for dissemination to MRC consumers and staff. MRC also has increased the use of social media to convey information on the agency to consumers and the general public and is developing new brochures and materials on pre-employment transition services, general transition services, and for the Transition Pathway Services grant.

1. **Focus on improving communication between consumers and counselors including efforts to increase utilization of electronic resources to communicate with consumers:**

Findings from the Needs Assessment Survey, Counselor Survey, Satisfaction Survey, and other elements of the CSNA suggest that some consumers experience some difficulties staying in contact with their counselor and vice versa. This has been shared with senior management and VR staff and the agency is exploring ways to improve communication. MRC has taken steps to increase use of electronic communication through promoting the collection of email addresses in the MRCIS system and new capacity to email correspondence letters to consumers directly from the system. The agency is also promoting the use of e-mail to text message capacity to assist with communication as requested by staff and consumers. This will be covered in future trainings. MRC has also established a workgroup to look at unsuccessful closures, as the most common reason for closure is lack of contact/communication with consumers, this workgroup will also look at improving communication between staff and consumers.

1. **Efforts to increase collection of valid email addresses for VR consumers:**

MRC continues to place an emphasis on the importance of collecting and updating valid consumer email addresses in the MRCIS Case Management System through mentions in trainings and meetings with managers. This focus continues to be effective, as the proportion of actively served consumers with an email address in the system continues to grow, increasing by 5% from 2015 and 10% from 2014. In early 2015, MRC rolled out an enhancement to allow correspondence letters to be emailed directly to consumers. This previously only could be done via regular mail. This enhancement should lead to further increases in email addresses in MRCIS and preliminary results confirm this. MRC also presents at new counselor training on the importance of collecting consumer email addresses and plans to cover this topic at upcoming trainings on a new MRCIS release.

1. **Extension of Donated Vehicle Program through FFY2017:**

Based on the high demand and the demonstrated impact of the program, the MRC has utilized reallotment funding to extend the Donated Vehicle Program through Good News Garage through the end of FFY2017 (September 30, 2017). MRC recently issued a new RFR for the Donated Vehicle Program and has a contract in place to cover services beyond September 2017 based on the availability of funding.

1. **Collaboration with Independent Living Centers:**

MRC continues to work with the Independent Living Centers in Massachusetts in a number of ways. One way MRC works with the ILCs is to provide services to assist consumers transitioning from school to work through short term vocationally oriented pre-employment transition services. Known as the Transitional Internship Program (TIP), the program is designed to assist young consumers with the transition from school to post-secondary education and employment through employment-related soft skills training, guidance, and paid summer internships with various employers. This program is part of MRC’s WIOA pre-employment transition service effort. TIP is conducted by the ILCs in coordination with local schools and VR offices. The program currently operates with seven ILCs across the Commonwealth and is now being administered directly by VR district contract supervisors.

MRC also continues its VR-IL contract program to provide employment-oriented services such as soft skills to VR consumers. A new RFR for this procurement will be issued in summer 2017 as the program transitions to a unit rate structure, and will be used as an opportunity to revisit and improve services. MRC has also issued two multi-million dollar procurement for the provision of pre-employment transition services to high school students with disabilities. 20 community providers, including an ILC, were awarded contracts which began in January 2016, and 13 additional providers, including an additional ILCs, will be receiving contracts effective July 2017. Finally, MRC is partnering with 3 ILCs to provide peer mentoring supports to students served under MRC’s new Transition Pathway Services federal demonstration grant program. MRC continues to explore additional collaboration with the ILCs.

1. **Efforts to improve services to transition-age consumers:**

As transition-aged youth comprise many MRC VR referrals, and with the strong emphasis on serving youth and students with disabilities under WIOA, including pre-employment transition services, the agency continues to focus on how to best serve these consumers. MRC has undertaken numerous efforts to serve youth and high school and post-secondary education students with disabilities and continues its efforts to expand pre-employment transition services (Pre-ETS) to students with disabilities. As mentioned before, MRC has rolled out a multi-million dollar procurement for the provision of pre-employment transition services provided by community-based providers and Independent Living Centers, continues to operate programs such as the Transitional Internship Program (TIP), the Youth Leadership Forum, an internal summer internship program, and other efforts to assist youths and students with disabilities in successful transition from school to post-secondary education, employment, and independent living. MRC has also applied for and been awarded a 5 year demonstration grant from RSA on Work-Based Learning Experiences for students with disabilities. Known as Transition Pathway Services, Students chosen for the initiative will have access to two paid work experiences, vocational counseling and career discovery, access to a pre-employment transition, training through a community vendor, benefits counseling, travel training, assistive technology, industry-based job matching, peer mentoring, family support transition planning, with an end goal of customized job placement. MRC is working with 3 Independent Living Centers, and is partnering with the Institute for Community Inclusion at UMass-Boston as an evaluation and research partner as well as a technical support resource. While many students and youth receive similar services through MRC currently, the interagency teams that will support each student will ensure a stronger transition plan for students that include school, community and state services.

During SFY2016, MRC served 2,897 high school students with disabilities through its VR Area Offices and provided work-based learning/internship experiences for 436 young consumers across the Commonwealth through its Local Area Office Internship Program, CVS Health Summer Internship Program, and the Transitional Internship Program (TIP). These internships provide employment related skills and guidance, and references to facilitate permanent future employment opportunities

MRC continues to work to identify and promote best practices on transition, 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. MRC has developed a strong working relationship and MOU with the Department of Elementary and Secondary Education (DESE) on the provision of individualized transition services for students with disabilities that lead to successful post-school outcomes in competitive integrated employment, postsecondary education and training, and community living.

MRC is also working closely with local school districts and DESE on coordinating transition and WIOA pre-employment transition services, including those provided under the Individuals with Disabilities Education Act (IDEA). MRC is involved in several initiatives in this area, including the B-SET project, and has hired a Transition Manager to oversee transition and coordination with educational authorities.

1. **Continued expansion of employer engagement efforts:**

MRC continues to expand employer engagement, job-driven trainings, and On-The-Job training programs for consumers. MRC has developed recognized job-driven training programs with CVS Pharmacy, Advanced Auto Parts, Enterprise Rent A Car, Home Depot, as well as job-driven human and food service training programs. A graduation ceremony was held in April 2017 for the most recent groups of Job Driven Trainings, with over 100 consumers graduating from the program, with many already obtaining employment or who are seeking employment. Utilization of OJTs also continues to remain strong, and successful employment outcomes through OJTs remain steady.

MRC continues to focus on continued engagement with employers through its employer account management system, OJTs, job-driven training, and efforts such as the Annual Federal Contractor Hiring Event, with the goal of increasing employment outcomes for MRC consumers. These efforts have proven to be successful to date and will continue to assist with WIOA implementation. MRC also held its second employer conference in fall 2016 to strengthen relationships with existing employers and to develop new ones. MRC also participates on a workgroup with other WIOA core partners on employer engagement and business development.

1. **Staff trainings and workforce planning efforts to assist in improving service delivery to VR consumers:**

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. These areas have been shared with the MRC training department and its advisory council and are incorporated into the upcoming year’s training plan. MRC will also be updating its workforce plan in 2017 and continues recruitment of new staff through VR counseling graduate student interns. MRC also developed a best practices manual for job placement to assist in improving job placement services and outcomes for MRC consumers. Finally, a series of new counselor, job placement specialist, and employment specialist positions funded through reallotment funds were added over the past several years to improve service delivery and internal job placement services. The intent is to try to roll as many individuals as possible into permanent positions as vacancies open. This was successfully done in the past with ARRA and reallotment funds and has been a key element of MRC’s workforce plan.

1. **Increase consumer awareness of transportation options available to them:**

The MRC has developed a series of fact sheets to assist consumers in better understanding some of the transportation options available to assist them. One describes recent revisions to eligibility and appeal processes for the MBTA’s The Ride services. Another fact sheet discusses the process and procedure to obtain/apply for a Transportation Access Pass (TAP). Finally, a third fact sheet provides general resources and information on the various Regional Transportation Authorities (RTAs) throughout the state. The fact sheets have been completed and have been publicly posted on MRC’s website and provided to the MRC Training Department. MRC plans to update and refine these fact sheets later in 2017. MRC has attended a disability-related mobility transportation conference in spring 2017 and will brief senior management on best practices and develop a fact sheet on the MBTA’s Uber/Lyft Pilot Program and other ride sharing resources. MRC also works with the Executive Office of Health and Human Service Transportation office on transportation for consumers. MRC will continue to work with transportation agencies to explore other transportation options for consumers.

1. **Outreach to communities of ethnic and diverse backgrounds on vocational rehabilitation and other MRC service offerings:**

The MRC has made a commitment to outreach to individuals with the most significant disabilities who are also ethnic and cultural minorities by hiring bilingual staff to outreach more effectively to those communities, through outreach to local community agencies and organizations, especially those that serve ethnic and cultural minorities, and other methods, including the Asian community.

MRC continues efforts to reach out to minority communities including the Asian community. A Language Access Plan has been developed based on information on language prevalence in the state overall and by county. As part of its plan, MRC materials and brochures have been shared with the bilingual staff committee and have been translated into multiple languages, including Spanish, Mandarin Chinese, Khmer, Vietnamese, Russian, Portuguese, and Haitian Creole. MRC has been proactive in its translation to be able to meet the needs of its consumer population as only Spanish currently meets the 5% language threshold required by state regulation. This year, MRC completed a major effort to translate all MRCIS correspondence letters in the above languages. These have been made available to all staff and the long term goal is to incorporate these translated letter directly into the system through a system enhancement.

MRC’s Statewide Bi-lingual Group recently expanded and updated its website which will also assist in efforts to reach out to these communities. MRC is also considering a focus group for later in 2017 to focus on consumers in the Asian community in Lowell, which has a high Cambodian population.

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

MRC has undertaken several efforts in this area including rollout of the ResuMate software system to allow staff to match consumer skills from resumes to required skills from job leads. MRC is also working with Infor Talent Science to use its talent-science/job-matching software to identify individual interests, abilities, and needs, ensuring a successful employment fit. This program is used by employers to assess job fits and MRC is using the tool to help match consumers to employment opportunities. Infor is working with MRC to make changes to the program so it best meets the needs of VR staff and consumers. MRC also continues to promote 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 as a best-practice model.

1. **Collaboration with Community Rehabilitation Programs:**

The MRC continues to collaborate with Community Rehabilitation Programs through the Partnership Plus Advantage Program. The MRC also continues to conduct an annual survey of Community Rehabilitation Programs (CRPs) as part of the CSNA process, to assess the need to improve these programs within Massachusetts and these findings are factored into the recommendations of the CSNA. MRC also conducted a comprehensive survey in early 2017 on services provided by CRPs to help improve collaboration with CRPs. MRC also brought on several new CRP partners into the Competitive Integrated Employment Services (CIES) program and maintained its expansion of a number of existing providers based on the need for additional vendor capacity identified in the past three CSNA reports. MRC also continues regular meetings with the Statewide Providers Council, representing many CRPs who provide services to MRC consumers, to enhance and improve communication, address concerns, and assist in improving service delivery. MRC also has contracted with 20 CRPs to provide pre-employment transition services to high school students with disabilities across the state. These programs began in early 2016 and 13 additional providers will be added in July 2017.

1. **Collaboration with the Statewide Workforce Investment System:**

MRC is closely working with its core partners in the Massachusetts Workforce System, including the Executive Office of Labor and Workforce Development, including the One-Stop Career Centers (American Job Centers), Statewide and Local Workforce Investment Boards, Adult Education, Department of Secondary and Elementary Education, Wagner-Peyser, among others on WIOA implementation, to increase linkages between programs, and increase collaboration and innovation and to align services in the Workforce System. MRC is a member of numerous WIOA steering committees and workgroups, including the WIOA Steering Committee, and the WIOA Systems Integration Workgroup, and MRC continues to increase collaboration with other core partners in the workforce investment system with the goal of reducing unemployment amongst individuals with disabilities in Massachusetts.

MRC also continues to work closely with other partners on WIOA common performance measures, and developing methods to track shared consumers across the workforce system, among others.

The MRC Commissioner is a member of the State Workforce Investment Boards and the agency maintains a presence at the Massachusetts Career Centers and on State and Local Workforce Investment Boards (WIBs). In addition, area directors or other MRC staff are assigned to all local workforce investment boards. MRC VR counseling staff make frequent visits and often conduct interviews at the local career centers and will be leasing space at all career centers as part of WIOA implementation. MRC is working on aligning its services and increasing its presence at the career centers as MRC is a required partner in the Career Center network. MRC is working on finalizing MOUs and infrastructure funding agreement with local areas and the Career Centers. MRC’s job placement specialists and other assigned MRC staff work closely with local career centers to provide high quality vocational rehabilitation services to persons with disabilities seeking expanded employment opportunities and to increase the effectiveness of the career centers in meeting the needs of individuals with disabilities. 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. MRC subscribes to the established key principles to guide business services amongst key partner agencies and will work closely with WIOA core partners to expand services to employers.

1. **Efforts to enhance extended and ongoing support services to employed consumers:**

For WIOA, MRC updated its Memorandum of Understanding with the Department of Developmental Services to identify day habilitation individuals and provide transition community based services to achieve supported employment outcomes. Under the agreement, the MRC will fund these individuals’ employment initially through supported employment funding, with DDS agreeing to use their state dollars to provide the long term supports these individuals would need to maintain their employment. In addition, the MRC continues to operate the Partnership Plus Advantage Program which provides extended supports to employed consumers receiving SSI and/or SSDI in collaboration with community rehabilitation programs with the goal of reducing recidivism among VR consumers. MRC has also entered into MOUs with the State Medicaid program, the Department of Mental Health, and other programs which provide long term supports for individuals with disabilities to increase collaboration regarding long term supports for individuals with disabilities so they can maintain and advance in competitive employment.

1. **Efforts to Enhance the CSNA Process and Tools:**

Once again, MRC made a number of enhancements to the CSNA process and report to improve its quality, to account for WIOA changes, and to make it a more comprehensive and useful process for the agency, its consumers, its providers, and individuals with disabilities across Massachusetts. MRC uses a continuous quality improvement process with the CSNA process and is always seeking to improve the process so it best assesses the needs of its consumers and individuals with disabilities, including youth and students with disabilities. These enhancements were reviewed and supported by the SRC Needs Assessment Committee. MRC will continue to refine the CSNA process in collaboration with the SRC. MRC is planning on collaborating with its WIOA partners and local schools to collect additional data for the CSNA in 2017 and beyond.

**Suggested Alternatives**

1. **Focus on improving communication between consumers and counselors, including developing strategies to improve communication on caseloads where staff vacancies occur:**

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. It is recommended that MRC continue its workgroup of VR staff focusing on the reduction of Status 28 unsuccessful closures and expand the reach of this workgroup to further review the area of communication and develop strategies to improve communication between counselors and consumers on their caseload.

A focus on reducing Status 28 unsuccessful closures and 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.

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. A separate workgroup or task force could be convened to develop recommendations or solutions or the Status 28 workgroup could also explore strategies in this area.

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

Based on the results of the Needs Assessment survey and 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. The good news is that this theme continues to become less pronounced in the CSNA suggesting that there is continued improvement in this area. MRC’s completion of a basic service list which has been published to its website which had been recommended in previous CSNA’s is a big accomplishment in this area. Despite these improvements, it is suggested that MRC should continue to address this finding. First, it is recommended that MRC update its Consumer Handbook and Orientation Video to make sure it remains up to date and accounts for any policy changes made as a result of WIOA. 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.

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. These efforts should be beneficial to consumers.

1. **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 pre-employment transition services (Pre-ETS) to students with disabilities through its new Pre-ETS procurement with community-based providers and Independent Living Centers, continue its summer Area Office internship programs, the Transitional Internship Program (TIP), the Youth Leadership Forum and consider other efforts to provide services to youth and students. 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 its WIOA Family Service contract and other efforts. MRC is also working to finalize new transition brochures for students, families, schools, and other stakeholders. 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 and come up with strategies to refer additional youth consumers to the Statewide Employment Services office for supported employment services. MRC should also use its new Transition Pathway Services grant to seek out innovative best practices that can be replicated throughout the state in terms of Pre-ETS services.

1. **Continue to develop pre-employment transition services for high school students with disabilities in coordination with local educational authorities:**

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

1. **Continue to utilize findings to promote program development, assist with WIOA implementation, and planning within the agency:**

The findings and recommended alternatives from the CSNA should continue to be used by agency management for planning purposes and remain an integrated 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 WIOA and to drive future agency planning efforts.

1. **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, 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.

1. **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, increase its presence at the career centers, and finalizing MOUs and infrastructure funding agreement with local areas and 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.

1. **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 70% 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 CVS Health, Advance Auto Parts, Home Depot, Lowe’s, and other 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.

1. **Continue staff trainings and workforce planning efforts to assist in improving service delivery to VR consumers:**

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 the implementation of WIOA; job readiness/job placement activity trainings (resume writing, local job markets/labor market information, career assessments, etc.); trainings on the MRCIS case management system; counselor, supervisor and management trainings on VR best practices, policies, and procedures, and effective practices for supervision; training on WIOA common performance measures; and trainings on effective communication with consumers and time management are recommended. In addition, the agency should continue its efforts to create e-learnings 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 continue its successful workforce planning efforts to continue recruitment of new staff through VR counseling graduate student interns 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.

1. **Consider continuing the Donated Car Program beyond FY2017 based on available resources:**

In this year’s Needs Assessment survey, the Donated Car Program currently operated in partnership with Good News Garage was again one of the top transportation resource needs specified by consumers. As mentioned before, the program has been extended through FFY2017. The program has been very successful over the past several years in assisting consumers in obtaining transportation to assist them with going to work based on an analysis of employment outcomes and a satisfaction survey. Consumers receive a donated vehicle that is repaired and inspected for safety and receive training on how to maintain and register a vehicle. Consumers must have the resources to register, insure, and maintain the vehicle.

1. **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 only 30% 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. Given MRC is releasing a new RFR for the VR-IL contracts, and has undertaken collaboration with several ILCs through the Transition Pathway Services grant, now is a good opportunity to increase communication and collaboration with the ILCs. MRC has established a workgroup with the ILCs related to the new VR-IL contracts which could be leveraged in developing new partnerships. In addition, 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, 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.

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

This year’s Needs Assessment demonstrates that transportation remains a significant need for many MRC consumers. MRC should refine and update its transportation fact sheets on MRC’s website and incorporate these into trainings and informational materials based upon its research and what was learned at the Mass Mobility conference in May 2017. There are a number of programs which may benefit consumers which can be incorporated into these materials. 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 the MBTA pilot project with Uber and Lyft. In addition, MRC should continue to research collaboration with MassRides, MassMobility, the Massachusetts Department of Transportation, Career Centers, the HST office, 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.

1. **Continue outreach to communities of ethnic and diverse backgrounds on vocational rehabilitation and other MRC service offerings, especially 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, especially to the Asian community, which has been identified as slightly underserved by the VR program in Massachusetts. MRC should focus on how to reach out effectively to these communities, including conducting outreach to local community agencies and organizations that serve ethnic and cultural minorities, among other methods. MRC should also consult its Bi-Lingual Committee and its Khmer speaking staff for recommendations on how to reach out more to minority communities. MRC has been successfully increasing its numbers in terms of Hispanic community and best practices in this area may assist with outreach to the Asian community.

It is also recommended the MRC continue its efforts through its marketing initiative to reach out to the Asian community and other minority communities, and complete the translation of all letters from MRCIS into all identified languages in the language plan and incorporate them into the system. The SRC Unserved/Underserved Committee should add reaching out to the Asian community to their agenda. Furthermore, it is recommended that the MRC’s Diversity Committee, the SRC Needs Assessment Committee and Unserved/Underserved committee consider meeting jointly to come up with ideas for enhanced outreach to minority communities, including the Asian community.

1. **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. It is recommended that a guide or list of resources providing more information about available vendors for purchasing items for consumers be developed. This guide would list available vendors and the particular products/materials that are provided by each vendor.

1. **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. Counselors also indicated they would like more tools to communicate with consumers including email to text messaging. It is recommended that MRC should continue to consider ways to increase electronic communication with consumers, including text messaging. MRC has sent a bulletin to staff about 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. A series of staff trainings on electronic communication should be considered. This will become more important in the future as consumers are more and more versed in communicating electronically and as MRC moves towards a fully paperless VR case management system. Other states have used text messaging and online dashboards as communication tools. These and other models should researched as potential alternatives.

1. **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, WIOA 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 based on the final rules, 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.

Finally, it is recommended that the MRC continue to work with the Committee to discuss how to reach out to more consumers to identify their needs, especially in underserved populations such as the Asian community, through methods such as population-specific focus groups being considered. The translation of the Needs Assessment survey into Spanish and other languages should also be considered. Recommended refinements for the 2017 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.

1. **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. MRC has undertaken several efforts in this area including rollout of the ResuMate software system to allow staff to match consumer skills from resumes to required skills from job leads. MRC has also begun using the InFor Talent Science system. Both 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.

1. **Continue to assist community rehabilitation programs:**

It is recommended the MRC continue its efforts to assist and improve Community Rehabilitation Programs across Massachusetts. CSNA findings suggest that the recent addition of additional vendor capacity in terms of new CRP vendors and expanded vendors have assisted in meeting needs for CRP capacity to serve MRC consumers, including the addition of Pre-ETS contracts by CRPs. However, it appears additional CRP capacity may be needed in some areas, both geographically and to serve specific populations. Upcoming rate increases to the Competitive Integrated Employment Service (CIES) procurement should assist CRPs. MRC is also working with CRPs to provide pre-employment transition services to high school students with disabilities. MRC should continue to refine and evaluate its Pre-ETS procurement 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 regional contract supervisor, and continue regular meetings and communication with the Providers Council. It is also recommended the MRC continue its collaboration with CRPs through the Partnership Plus Advantage Program.

1. **Continue to evaluate and research computer and technology skills trainings or web-based trainings and assessments for consumers to assist in obtaining employment:**

As the world becomes more mobile and electronic, it becomes increasingly important the MRC assist consumers in preparing for employment by developing and refining skills in using technology. This year, there was a notable increase in the number of consumers indicating their need for trainings and workshops on computer skills and other technology. MRC refers consumers to a web-based system called the Manpower Training and Development Center (TDC) to undergo industry-based assessment, evaluation, and skills development. MRC also recently purchased access to web-based assessment tools for counselor use and is continuing to implement the use of the InFor Talent Science tool. The MRC should continue to evaluate results of its efforts in terms of employment outcomes and its overall benefit to consumers, and continue to research computer and technology skills trainings, and web-based assessment, training, and evaluation solutions to assist consumers with preparing for and obtaining employment.

1. **Continue to focus on collecting valid email addresses for VR consumers:**

MRC should continue its emphasis on the importance of collecting, recording, and maintaining valid email addresses in the MRCIS system. While the proportion of consumers with email addresses has increased significantly over the past five years, notable variations between some area offices in terms of the proportion of consumers in each office with an email address in the MRCIS system still exist. In addition, as job search processes have become more electronic, it is important that consumers have a valid and appropriate email address to apply for positions online and communicate with employers. A certain percentage of MRC consumers may not have an email address when they begin services. In these situations it is important for MRC counselors to assist the individual with setting up a free email account such as Gmail or Hotmail. It is also very likely that many consumers have active email accounts, but this information is not being recorded. MRC implemented an enhancement to the MRCIS case management system which allowed emailing of official letters and other correspondence from counselors to consumers, which has further increased the proportion of email addresses in MRCIS. Obtaining more email addresses will benefit consumers in improving their ability to find competitive employment as well as assisting counselors in maintaining regular contact with their consumers. This will also assist in improving quality of data stored in MRCIS, leading to improved communication with consumers and facilitating higher response rates to electronic surveys. It is recommended that MRC complete an E-learning training for staff on email addresses and continue to emphasize the importance of recording addresses in relevant trainings and bulletins.

1. **Attempt to increase the number of vendors for driver’s education and training the next time the procurement is opened:**

Over the past several years, the CSNA findings demonstrate a number of consumers who indicate they need driver’s education services through survey results and open-ended responses. It is recommended that MRC should research the next time the Adaptive Driver Evaluation and Training Procurement will be opened for new vendors, and at that time should consider attempting to increase the number of qualified vendors under the RFR to assist with improving driver’s education and adaptive evaluation services to consumers.

**Figure 48**

**Key for RSA Primary Disability Impairments**

|  |  |
| --- | --- |
| **RSA Disability Impairment** | **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 Mental Impairments | Psychological/Cognitive |