



**DIVISION OF DISABILITY AND ELDER SERVICES**

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**State of Wisconsin**

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February 15, 2006

Carey Appold  
Project Officer  
Centers for Medicare and Medicaid Services  
Center for Medicaid and State Operations  
Disabled and Elderly Health Programs  
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Dear Carey,

Attached you will find our revised Wisconsin Pathways to Independence strategic plan. We hope we have incorporated your feedback effectively and wish to express our thanks to CMS, your panel of reviewers and yourself for this assistance. We believe the plan is now more conceptually accessible and clear.

We are very happy and honored to report that The Governor accepted the Pathways Plan as “an important initiative” of his “Grow Wisconsin” comprehensive workforce development effort.

The Pathways Plan comes at an opportune time. The Governor recently announced his plan to create regional centers for managed long-term care services. This presents an opportunity to serve individual needs and choices and provide for community inclusion of people with disabilities in school, social endeavors and the workplace. The strategic priorities of the Pathways Plan, the project activities we are now conducting and those we propose under our supplemental request, support the vision, principles and the changes proposed by the Governor. Along with the many executive departments, Wisconsin disability advocates, councils and coalitions and people with disabilities and frail elders, Governor Doyle is creating a more productive, economically sound, and seamless system of services.

The Pathways Plan seeks incremental change and incorporates ongoing process evaluation. This approach in time will advance some efforts, eliminate others, and create new models to be adopted. By 2012, Wisconsin will have created a system that can sustain full inclusion of persons with disabilities in the core activities that characterize community life, including employment.

In response to specific terms and conditions of the 2006 award, Wisconsin offers the following justification that:

- the supplemental funding request is vital,

- the activities proposed will benefit people with disabilities and
- are necessary to support the Wisconsin strategic plan.

The Wisconsin strategic plan reflects a comprehensive attempt to solicit, record and synthesize the thoughts, values, goals and aspirations of people with disabilities who wish to work and those people that support them in that effort. These hundreds of stakeholders were asked to consider factors that currently inhibit employment outcomes and offer solutions leading to improvement. The Design Team, a small group of consumers and stakeholders, was assembled to distill these and other “data inputs” into a set of priorities defining a truly disability diverse workforce system.

The staff time, financial aid and organizational and governmental support are necessary, but not sufficient, to achieve the six priorities established. With the grant’s resources and the many activities they fund, we expect an advancing consensus on approach and desirable outcomes for change among employers, people with disabilities and the existing support system. There will be fundamental and effective practices and policies leading to a disability diverse workforce. Finally, with the grant funds requested, there will be the assessment and analytical tools to measure system changes and outcomes and to determine the factors responsible. These funds are indeed vital.

Wisconsin proposes six strategic priorities. These were promulgated among a wide range of stakeholders to solicit ideas for grant funded activities supportive of the priorities. Stakeholders proposed activities that would fall under one or more of the following four tactical approaches:

- build capacity or develop effective and accepted “best practices” fundamental to plan acceptance and achievement;
- heighten awareness of disability employment issues, establish means of communication between, or develop consensus among, stakeholders;
- build on or leverage resources from the state’s diverse array of ongoing disability employment projects and programs and foster collaboration in achieving the plan’s goals; and
- through demonstration and evaluation, instill confidence in the policy and practice directions envisioned in the plan.

From the project ideas submitted, the grant team, state Medicaid agency executives and Design Team members were engaged in the final selections for funding and submission to CMS.

Full descriptions with work plans and logic models for each project listed below can be found in the appendices to the Plan document. The following is a listing of projects/activities categorized under their most applicable tactical approach. Of course most activities could be categorized alternatively.

**Build capacity, develop best practices:**

- AT Maintenance and Repair (Priority 1)
- Peer Power Youth project (Priority 2)
- Model Communities (Priority 3)
- Rural Employment Transportation (Priority 1)

Capacity Building and Dissemination of Person Centered Planning and Self-directed Supports (Priority 3)

Employer Disability Resource Center (Priority 5)

Great Lakes Inter-tribal Council Employment Project (Priority 6)

Universal Design for Workforce Solutions (Priority 1)

Regional Employment Initiative (Priority 3)

Increasing Vocational Outcomes for Persons' with Brain Injury (Priority 3)

Revitalization of Customized Employment for people with Disabilities (Priority 5)

JOBS (Priority 5)

**Heighten awareness, develop consensus or establish communication:**

Assistive Technology Access Training (Priority 1)

Economic Development for People with Mental Illness (Priority 3)

Information Dissemination (Priority 6)

Local Collaborations (Priority 6)

Mental Health and Stigma Reduction in the Workplace (Priority 3)

**Build on or leverage existing resources, foster collaboration:**

Environmental Scan (Priority 3)

Sensory Impairments project (Priority 6)

**Evaluation and demonstration:**

Youth Transitions Disability Benefits Counseling project (Priority 2)

Medicaid Purchase Plan (MAPP) Evaluation (Priority 4)

Thank you for your time and consideration. Should you have any questions, please contact me directly.

John Reiser

Director, Office of Independence and Employment

Wisconsin Department of Health and Family Services

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**JIM DOYLE**  
**GOVERNOR**  
**STATE OF WISCONSIN**

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February 15, 2006

Carey Appold  
Centers for Medicare and Medicaid Services  
Center for Medicaid and State Operations  
Disabled and Elderly Health Programs Group  
Mail Stop: S2-14-26  
7500 Security Blvd.  
Baltimore, MD 21244-1850

Dear Ms Appold:

In my letter dated November 30<sup>th</sup> sent in support of the Wisconsin Medicaid Infrastructure Grant (CFDA Number 11-P-92410/5-01) I indicated strong correspondence between proposed grant projects and the goals of my Grow Wisconsin economic development initiative. This letter is provided as an indication of my support of the "Pathways to Independence" strategic plan. Like Grow Wisconsin, the Pathways plan provides a road map to connect a wide array of available programs and resources available in order to develop a comprehensive employment system for all the state's citizens.

The six priorities and associated action strategies developed for the Pathways plan are consistent with many of the goals, objectives and approaches of my Grow Wisconsin initiative, and as such, the Pathways plan provides an excellent starting point for discussion and basis of collaboration among disability and workforce system stakeholders.

I wish to express my appreciation for the support your agency has provided and my optimism that the Pathways Plan, an important initiative in my comprehensive Grow Wisconsin agenda, will lead to creating 21<sup>st</sup> century jobs and an inclusive workforce to fill them.

Sincerely,

A handwritten signature in cursive script that reads "Jim Doyle".

Jim Doyle  
Governor

**Proposal**  
*to the*  
**Department of Health and Social Services**

**Centers for Medicare and Medicaid Services**  
**CFDA No. 93.768**

**STRATEGIC PLAN 2006-2008**

**Pathways to Independence**

**Supporting the Competitive Employment of  
People with Disabilities**

Submitted by  
The Wisconsin Department of Health and Family Services  
Madison, Wisconsin

Contact  
Jackie Wenkman, Director  
Wisconsin Medicaid Infrastructure Grant  
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## **VISION FOR WISCONSIN 2012**

In Wisconsin, all residents have the opportunity to participate in the labor force and have the right to fair treatment in exercising that opportunity. Wisconsin values the contributions of people with disabilities in the workplace from entry-level to the most advanced occupations.

In Wisconsin, people with disabilities have unimpeded access to places, information, and communications and are successfully integrated into the community and workplace. Wisconsin supports the development, use, maintenance, and access to effective technologies designed to diminish the limitations imposed by disability. Wisconsin supports the principles of universal design—a framework for the design of places, things and information that focuses on the user, on the most diverse range of people operating in the widest array of situations without special or separate design.

In Wisconsin, people with disabilities are prepared for the world of work. Beginning at the pre-kindergarten level, people with disabilities have access to the education and training necessary to contribute to the 21st century workforce. Individuals have the supports and information needed to successfully transition from school to work.

In Wisconsin, people with disabilities have access to a seamless system of supports and services needed to participate and prosper in the workforce. State, regional, and local agencies collaborate to provide a system that is efficient, user friendly, and responsive to the economic diversity of the state. Supports and services are based in local communities and are designed to match each individual's needs and preferences.

In Wisconsin, people with disabilities have affordable and appropriate health and long-term care, from entry into the workforce and through retirement. Employers, policymakers, insurers and people with disabilities are actively engaged in exploring new options for health insurance and long term supports. Individuals have easy access to information they need to make good decisions about their healthcare and other benefits.

In Wisconsin, employers increase productivity through the intentional and successful employment of people with disabilities. Employers have access to practical training, technical assistance and ongoing customized supports to enhance people with disabilities' contributions to the workplace

In Wisconsin, people celebrate the contributions of people with disabilities, their economic potential and positive impact on the labor force. The public values and preserves the diversity created when people with disabilities are successfully integrated into the community and workplace.

## INTRODUCTION

**The mission of the Pathways to Independence Strategic Plan is to develop a comprehensive system that maximizes employment for people with disabilities, increases the state’s labor force through the inclusion of people with disabilities, and protects and enhances workers’ healthcare, other benefits and needed supports.**

The Pathways Plan was created in 2005 through a broad strategic planning process. The aim was to learn what strategies in Wisconsin’s system are effective and what should be improved in order to increase employment of people with disabilities.

Wisconsin Governor Jim Doyle’s “Grow Wisconsin” plan charts a course to enhance economic development and foster creation of a 21<sup>st</sup> century workforce to fill high-wage jobs in the state. The Pathways Plan and that of Grow Wisconsin share policy goals, strategies and desired outcomes. These plans support each other to assure positive outcomes for people with disabilities and business that employ them.

The Pathways to Independence strategic planning process was designed and implemented as part of the Medicaid Infrastructure Grant (MIG). The MIG is funded by the federal Centers for Medicare and Medicaid Services (CMS) and is administered by the Wisconsin Department of Health and Family Services (DHFS) in collaboration with other state agencies and community entities. The initiatives are commonly referred to as the Pathways to Independence Projects.

The Department of Health and Family Services contracts with the University of Wisconsin—Madison, Waisman Center and the University of Wisconsin—Stout, Stout Vocational Rehabilitation Institute (SVRI) for many project activities. The contracted staff members are co-located with DHFS staff and form the Pathways Team. This group conducted the daily operations of the strategic planning process. (See Appendix E: OIE Organizational Chart)

## WISCONSIN 2005

The State of Wisconsin is a leader in human service systems, including the removal of barriers to employment for people with disabilities. Through inclusive policy-making and collaboration among people with disabilities, employers, state and provider agencies, and University of Wisconsin (UW) researchers, the state is developing a system of comprehensive, integrated and innovative policies and services.

Data from the Current Population Survey indicate that the proportion of people reporting a disability has decreased over the past four years. People who are older, non-white, not high school graduates, and unmarried are more likely to report that they have a disability. Having a disability is also correlated with lower employment levels and earnings. In 2004, 18% of Wisconsin's non-disabled population did not work, while 44.3% of residents with disabilities reported not having worked at all in the past year.<sup>1</sup>

People with disabilities in Wisconsin reported median annual earnings of \$13,272. Non-disabled respondents reported median annual earnings of \$28,100.<sup>2</sup> Other income, including disability payments, tends to make up a higher proportion of the total income of people with disabilities. In Wisconsin, 136,621 residents receive Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI). The rate of employment of Wisconsin SSI recipients has averaged 18% over the past three years, while the national rate was approximately 9%.<sup>3</sup>

### **Economic Outlook**

Wisconsin's employment growth rate is predicted to be 1.3% in 2006, slightly above that projected for the U.S. overall. Like the U.S. economy as a whole, it is uncertain in Wisconsin whether the jobless recovery will "transition to an economic recovery that can provide job growth over the next few years."<sup>4</sup> Wisconsin's strengths include a high quality educational infrastructure and a well-educated workforce. The statewide unemployment rate is 4.8 percent.<sup>5</sup>

Wisconsin faces significant economic challenges. Wages have lagged behind other states, the national trend of manufacturing job loss has severely impacted the state (in which 20.8% of jobs are in manufacturing vs. 13% in the US as a whole), and investments in high growth companies have been slow to be realized. According to demographic projections prepared by the state Department of Administration, Wisconsin will be faced with a significant labor shortage in ten to fifteen years. The number of workers entering the labor force or migrating into Wisconsin is projected to be insufficient to replace workers who are retiring<sup>6</sup>.

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<sup>1</sup> United States Department of Labor, Current Population Survey, October 2005.

<sup>2</sup> Wisconsin Department of Workforce Development, November 2004 Employment Statistics Report, December 2005.

<sup>3</sup> <http://www.ssa.gov>, Social Security Beneficiary Statistics Report, January 2006.

<sup>4</sup> Wisconsin Department of Revenue, Division of Research and Policy (September 5, 2005) *Wisconsin Economic Outlook*.

<sup>5</sup> The unemployment figures used are for December 2005 and are seasonally adjusted. Wisconsin Labor Market Information, Civilian Labor Force 2005. Wisconsin Department of Workforce Development.

<sup>6</sup> [http://www.wisgov.state.wi.us/docs/Doyle\\_Economic\\_Package.pdf](http://www.wisgov.state.wi.us/docs/Doyle_Economic_Package.pdf)



Wisconsin expects growth in trade, transportation, utilities, leisure, hospitality, education, and health services. The fastest job growth is expected in professional and business services. In general, economic growth has been strongest and is expected to remain strongest near Green Bay, Madison, and the outer suburbs of Milwaukee. Slower growth is anticipated in older, traditionally industrial areas or those heavily dependent on extractive activities such as mining and forestry.

The expected increase in demand for job applicants, as well as the expected increase in the working age population<sup>7</sup>, bodes well for the activities described in this proposal.

### **Systems Strengths**

Wisconsin system strengths include:

- A nationally recognized system of One-Stop Job Centers that now house Wisconsin's 11 Disability Navigators. These systems experts help people with disabilities seeking work to navigate the complex network of services that support employment.
- Wisconsin's Medicaid Purchase Plan (MAPP) offers people with disabilities who are working or interested in working the opportunity to buy health and long term care coverage through the Wisconsin Medicaid Program. MAPP has enrolled more than 14,300 people since its establishment in 2001. Current enrollment is 9,600. MAAP has an entry asset limit of \$15,000, an earnings limit of 250% of the federal poverty level, and independence accounts that allow for asset accumulation.
- Personal assistance services (PAS) available in the home and workplace through a combination of the state MA plan, home and community-based waivers and the Community Options Program. A 2003 survey of county case managers did not reveal a single person who lacked funding for needed workplace PAS.
- From 1999-2004, DHFS, DWD Division of Vocational Rehabilitation (DVR), and vocational service providers collaborated on a \$1 million per year SSA-funded State Partnership Initiative (SPI). SPI provided person-centered, team-based employment supports for 956 people who receive SSI and/or SSDI. Two years after program entry at approximately the same level of earnings, project participants (n=506) had mean earnings of \$831 per quarter, while comparison group members (n=610) had mean earnings of \$596. As part of this program, Wisconsin implemented Supplemental Security Income (SSI) waiver that permits a higher cash benefit offset as wages increase, independence accounts, and the suspension of certain continuing disability reviews.
- Successful implementation of Family Care, Wisconsin's innovative, values-based, managed long-term care program.<sup>8</sup> As of July 2005, Family Care served over 2,100 people with

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<sup>7</sup> Egan-Robertson, David, Don Harrier, and Balkrishna Kale, *Wisconsin Population 2030: A Report on Projected State, County and Municipal Populations and Households for the Period 2000-2030*. Wisconsin Department of Administration, Division of Intergovernmental Relations, Demographic Services Center, March 2004.

physical and developmental disabilities in five counties, has eliminated waiting lists in those counties, replaced fee-for-service funding with capitated funding, curtailed incentives for community services to refer for institutional care, and instituted person-centered planning as the basis for services. The program has a commitment to full community and workforce inclusion.

In his January 2006 State of the State address Governor Jim Doyle identified four policy goals for the redesign of Wisconsin's long-term care system: (1) ensure that seniors and people with disabilities are not forced into nursing homes if that is not what they want or need, (2) eliminate waiting lists for community-based long-term care services within five years, (3) utilize creative public-private partnerships that provide cost effective services on a regional basis, and (4) expand access to Family Care quickly within the existing budget to the greatest degree possible.

- Aging and Disability Resource Centers (ADRCs), a central feature of the Family Care program and an integral part of the reform of Wisconsin's long-term care system. The 17 existing ADRCs, serving 23 counties, act as one-stop portals for information and access to services. In 2003, ADRCs received over 66,000 requests for information. Wisconsin is planning an expansion of 20 new ADRCs, which would serve an additional 50 counties in 2007-2009.
- Home and community-based waiver programs that serve over 19,000 people with physical and developmental disabilities and offer reimbursement for person-centered, team-based employment planning.
- An internationally renowned, evidence-based mental health system<sup>9</sup> modeled on the Wisconsin Program of Assertive Community Treatment and several clubhouse programs, with a record of success in employment outcomes.
- The development of Comprehensive Community Services (CCS) increases access to supportive services for children, adolescents and adults with mental health or substance use disorders. CCS aims to provide for a maximum reduction of the effects of the individual's mental and substance abuse disorders, to restore consumers to the best possible level of functioning and to facilitate their recovery. Services are individualized to each person's need for rehabilitation as identified through a comprehensive assessment.
- A statewide network of eight Independent Living Centers (ILCs) that support independence for people with disabilities. Five ILCs directly offer the person-centered Vocational Futures Planning process and other employment services.

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<sup>8</sup> U.S. Department of Health and Human Services (2004) *Promising Practices in Long Term Care Systems Reform: Wisconsin Family Care*. Centers for Medicare and Medicaid Services, Disabled and Elderly Health Programs Division

<sup>9</sup> U.S. Department of Health and Human Services (1999). *Mental Health: A Report of the Surgeon General- Executive Summary*. Rockville, MD: U.S. Department of Health and Human Services, p.286

- An online Comprehensive Healthcare and Earnings Query (CHEQ) calculator that allows people with disabilities to explore the effects of earnings on benefits and net income. CHEQ also provides data for research and policy analyses.
- One of the nation’s largest and most accessible cadre of professionally trained and supported benefits counselors, including more than 40 specializing in work incentives issues. The Wisconsin Disability Benefits Network (WDBN) offers a variety of levels of training and technical assistance to anyone who wishes to learn about employment-related benefits planning.
- A statewide Division of Vocational Rehabilitation (DVR) in the Department of Workforce Development (DWD). DVR’s annual \$66 million budget supports field operations with a staff of over 215 counselors, plus direct-purchased services for DVR consumers. In federal fiscal year 2005, more than 3,000 DVR consumers achieved employment at an average of nearly \$10 per hour. Integrated since 1996 with the One-Stop Job Centers, DVR is currently serving 12,576 people, including 3,461 Social Security Administration (SSA) benefit recipients and 2,346 Medicaid (MA) recipients.

### **New Initiatives**

Wisconsin continues to pioneer new initiatives that include:

- The Governor’s “Grow Wisconsin” plan that lays out a vision and strategy to create well paying jobs and a “high road” economy, with state investment in education, training and infrastructure. The plan outlines a multi-faceted strategy to make more effective use of existing resources to create well paying jobs and to leverage additional private and federal investment in Wisconsin. In total, this plan represents a strategy to put over \$1 billion to work to grow Wisconsin’s economy.

With Grow Wisconsin, the Governor has set eight strategic goals to grow the state’s economy:

1. Retain and create high wage jobs
2. Prepare workers for tomorrow’s economy
3. Add value in Wisconsin’s economic base
4. Create and unleash knowledge to build emerging industries
5. Tap Wisconsin’s full urban potential
6. Implement strategies regionally
7. Lower regulatory burdens, keep standards high
8. Build a world-class infrastructure

In June 2005, Governor Jim Doyle announced the availability of competitive grants to promote regional approaches to linking economic and workforce development throughout Wisconsin. The *Growing Regional Opportunities in Wisconsin (GROW) Region by Region* grants are intended to advance the Governor’s *Grow Wisconsin* initiative. The *GROW Region by Region* program is implementing grants to foster regional efforts to increase workforce development and economic growth. The *Region by Region* grants are

funded through the state Council on Workforce Investment (CWI) and administered by the state Department of Workforce Development (DWD).

Six *Region by Region* partnership grants were awarded in 2005. Three grants are held by existing partnerships seeking to broaden their scope, implement specific program activities, or both. Three additional GROW grant applicants received starter funds intended to enable new partnerships to complete the initial process of regional partnership-building and begin their strategic planning efforts.

- On April 8, 2005, the Office of Independence and Employment received a \$1.5 M grant from the Social Security Administration to design and implement the two-year *Social Security Disability Insurance (SSDI) Benefit Offset Pilot*. Despite an array of work incentive provisions in the Social Security Administration (SSA) regulations, there is only marginal use of these opportunities. As a result, beneficiaries make limited progress toward financial and economic independence. Policy experts and disability stakeholders agree that a key to increasing beneficiary employment may be a gradual, rather than precipitous, reduction in cash benefits as earnings rise. The pilot is designed to eliminate the artificial “cash cliff” that currently exists in the SSDI program.

The Office of Independence and Employment has contracted with 22 community-based organizations to work directly with pilot participants and coordinate the necessary benefits counseling and employment services. Sites will also collect and submit research data on up to 800 participants statewide.

- On September 29, 2004, the Department of Health and Family Services received an award of \$5.5 M from the Centers for Medicare and Medicaid Services (CMS) through the Real Choice Systems Change Grants for its proposal for a "Comprehensive Systems Reform Effort." DHFS will use this three-year funding to build on the learning and outcomes from its five previous Systems Change Grants.

The systems change grant will (1) develop and implement a comprehensive strategic plan for statewide expansion of long-term care reform, (2) provide timely information to Wisconsin citizens about long-term care service options, prevention and financial planning, (3) manage where, when and how people access institutional and community-based care, (4) enhance the availability of cost-effective service options, especially consumer-directed supports, and (5) improve the quality and consistency of long-term care services in Wisconsin.

## PROCESS OVERVIEW

### Structure

(See Appendix A)

#### Planning Consultants

##### **University of Wisconsin-Madison, Office of Quality Improvement**

Pre-planning for the strategic planning initiative began in late 2004. Pathways began by studying large-scale institutional planning processes to find one that would fit its needs. Pathways also researched consultants in Wisconsin who could facilitate the process. The combination of the streamlined strategic planning process and excellent consulting services of the UW-Madison's Office of Quality Improvement (OQI) matched the needs of the Pathways planning process. Pathways' partnership between the Department of Health and Family Services and the Waisman Center allowed a contract with the OQI for strategic planning technical assistance. (See Appendix B: OQI Strategic Planning Model)

##### **Council on Workforce Investment**

The Council on Workforce Investment (CWI) is Wisconsin's Governor-appointed Workforce Investment Board and comprises leaders in education, business, and government. The vision of the CWI is:

***“To ensure qualified workers for quality jobs, Wisconsin’s effective, agile workforce investment system supports career ladder opportunities and prepares a highly educated, skilled, motivated workforce for a vibrant, globally competitive economy and an exceptional quality of life for all citizens.”***

In January 2005, the CWI Executive Committee established a subcommittee to serve as the advisory body for all MIG activities. The CWI-MIG Subcommittee is chaired by State Representative Josh Zepnick (D-Milwaukee) and includes members of the broader CWI as well as others selected for their knowledge and experience in the disability and employment arenas. The Subcommittee structure promotes collaboration between DHFS and the Department of Workforce Development (DWD), which staffs the broader CWI. In 2006, the CWI-MIG Subcommittee membership will be expanded to reflect the strategic priorities of the Pathways Plan. (See Appendix C: CWI-MIG Subcommittee Member List)

##### **Strategic Planning Design Team**

The Strategic Planning Design Team is a group of stakeholders who designed the strategic plan by incorporating stakeholder feedback and other data, in order to develop strategic priorities and action steps of the Pathways plan. The Design Team met monthly from May to December 2005 and completed regular “homework” outside of meeting time. Several of the Design Team members are members of the CWI-MIG Subcommittee. Others were selected for their expertise in the areas of disability, education, and employment.

The Design Team membership included the following:

- A private practice attorney specializing in Social Security Administration (SSA) issues
- A director of personal care services for a community service provider
- A case manager for a community service provider's supportive apartment program
- A member of Wisconsin Manufacturers and Commerce
- State and University staff members
- A State Representative
- A staff member of Wisconsin Association of School Boards
- Members of Workforce Development Boards

In 2006, the Design Team members will be invited to join the CWI-MIG Subcommittee in order to monitor and facilitate progress of the strategic plan. (See Appendix D: Design Team Member List)

## **Information Gathering**

(See Appendix F: Strategic Planning Timeline)

### **Analysis of Existing State Plans**

The strategic planning process began with an analysis of existing state plans. The result was a comparison of the objectives of Wisconsin's State Councils. (See Appendix G: Comparison of State Plans.) Wisconsin state statutes identify six councils representing people with specific disabilities. These statutory councils are:

- Council for the Deaf and Hard of Hearing
- Council on Blindness
- State Council on Alcohol and Other Drug Abuse
- Wisconsin Council on Developmental Disabilities
- Wisconsin Council on Mental Health
- Wisconsin Council on Physical Disabilities

In addition, the Governor's Committee for People with Disabilities, created by Executive Order of the Governor, includes representation from each of the six statutory councils. Title 1 of the Federal Rehabilitation Act and two Governor's executive orders provide for two additional councils, the Wisconsin State Independent Living Council and the Wisconsin Rehabilitation Council. Both include representation of people with disabilities. In the fall of 2005, the Assistive Technology Advisory Council was established to advise the development of programs related to assistive technology in Wisconsin.

### **Findings**

Individually, Wisconsin's councils have identified common barriers for people with disabilities and have identified goals and objectives or established work plan priorities to improve employment opportunities for people with disabilities. Key barriers identified across planning efforts include

- Fear of loss of health and long-term support coverage
- Lack of a cohesive, support/care system that provides incentives to work and coordinates programs and activities in all 72 counties
- Lack of affordable and accessible transportation options, especially in rural areas
- Difficulty locating, obtaining, and maintaining employment
- Lack of access to assistive technology services and devices
- Lack of accessible and affordable housing
- Lack of knowledge about civil rights protections and responsibilities

## **Pathways Planning Questionnaire**

The Pathways Planning Questionnaire was designed to gather broad baseline information from stakeholders. The qualitative survey asked five questions and gathered some basic demographic information. The survey questions were as follows:

- What do you think are three ways to improve the system for people with disabilities who want to obtain and maintain employment?
- What do you think are three ways to encourage employers in the state to hire people with disabilities?
- What existing practices or policies in the state are working well in supporting people with disabilities in obtaining and maintaining employment?
- Beyond existing practices or policies in the state, what innovations do you think could work well in supporting people with disabilities in obtaining and maintaining employment?
- For a plan to be successful in achieving the desired outcomes, in your opinion, what does it have to include or address?

The survey was received by an estimated 1000 Wisconsin stakeholders, including:

- Persons with disabilities
- Employers
- Members of Governor's Councils
- Service providers
- Educators
- Advocacy groups
- State, County and University staff
- Worker's Compensation carriers
- Veterans groups

The Pathways team developed the questionnaire distribution list by including all current partners, workgroup members, and State Council members. The online version of the Pathways Planning Questionnaire was designed and housed on the Wisconsin Health Alert Network website. The questionnaire received more than 600 hits. Recipients were also given the option to respond via e-mail, fax, or post. The total response was approximately 250 completed surveys. Pathways contracted with an external consulting firm (Virchow, Krause, and Company, LLP) to assure a complete, objective analysis of survey responses. (See Appendix H: Planning Questionnaire and Selected Results)



## Findings

As shown in Figure 1, the largest category of survey respondents was state agency staff (41.6 percent), although a significant percentage of respondents described themselves as being rehabilitation specialists, persons with a disability, or social service providers. A relatively small percentage—7.8 percent—of survey respondents were employers. The survey demographic categories were not mutually exclusive, and many respondents identified themselves in multiple categories.

<b>Figure 1</b>		
<b>Survey Respondent Demographic Information</b>		
<b>Category</b>	<b>Respondents</b>	<b>Pct.</b>
State Agency Staff	102	41.6%
Rehabilitation Specialist	87	35.5%
Person with a Disability	71	29.0%
Social Service Provider	61	24.9%
Family Member	53	21.6%
Professional Advocate	52	21.2%
Health Care Professional	20	8.2%
Employer	19	7.8%
Benefits Counselor	19	7.8%
Caregiver	17	6.9%
State Council Member	17	6.9%
Peer Advocate	16	6.5%
Veteran	9	3.7%
University Staff	9	3.7%
Insurance Provider	1	0.4%
Note: Percentage does not equal 100.0% because survey respondents were able to select multiple categories		

When considered as a group, the respondents' most commonly-cited improvement or approach to enhance employment for people with disabilities is to focus greater efforts on employers. As shown in Figure 2, survey respondents also cited the need to reduce waiting lists for employment support services (24.1 percent), improve transportation (20.8 percent), revise Social Security Administration (SSA) income thresholds to allow greater earnings without loss of benefits (20.0 percent), and allow continued health insurance coverage after employment (19.6 percent). When considered together, revising SSA income thresholds and continuation of medical benefits were the single most commonly-cited step to enhancing employment of people with disabilities.<sup>10</sup>

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<sup>10</sup> The DHFS Office responsible for development of the Pathways Plan also administers elements of the state's Medicaid Purchase Plan (MAPP), particularly its evaluation and policies, as well as design, implementation and evaluation of an SSA funded project, the SSDI Cash Benefit Offset Pilot. The single state unit responsibility for the Plan, the Medicaid buy-in and the SSDI pilot is unique and advantageous.

**Figure 2**  
**Top Ten Suggested Improvements to Enhance Employability of People with Disabilities**  
All Survey Respondents, n=245

Description	Responses	
	Total	Pct.
Recruit/educate/provide incentives to employers	71	29.0%
Eliminate waiting lists/increase funding/more resources to DVR	59	24.1%
Improve transportation options	51	20.8%
Revise SSA rules/Benefit income thresholds/continue benefits after employment	49	20.0%
Continuation of medical benefits	48	19.6%
Improve communication to consumers/benefits counseling	45	18.4%
Improve training for consumers	43	17.6%
Focus on wrap-around service delivery/improved interagency coordination/Job Centers	35	14.3%
Improve consumer screening for employment/person-centered planning	30	12.2%
Reduce bureaucracy/red tape	30	12.2%

Note: Excludes five surveys with blank responses.

When the responses of people with disabilities were considered separately, while the top five priorities were the same, the relative rank of each priority was re-ordered, as shown in Figure 3. The new ranking (from highest to lowest) was continuation of medical benefits (28.6 percent), improve transportation (24.3 percent), and revise SSA income thresholds (22.9 percent). Recruiting employers and eliminating waiting lists, while frequently cited by survey respondents with disabilities, were mentioned less frequently than the concerns of lost benefit income and medical benefits, and improving the availability of transportation.

**Figure 3**  
**Top Ten Suggested Improvements to Enhance Employability of People with Disabilities**  
Persons with Disabilities, n=70

Description	Responses	
	Total	Pct.
Continuation of medical benefits	20	28.6%
Improve transportation options	17	24.3%
Revise SSA/Benefit income thresholds/continue benefits after employment	16	22.9%
Recruit/educate/provide incentives to employers	16	22.9%
Eliminate waiting lists/increase funding/more resources to DVR	13	18.6%
Reduce bureaucracy/red tape	12	17.1%
Improve training for consumers	11	15.7%
Improve communication to consumers/benefits counseling	10	14.3%
Focus on wrap-around service delivery/improved interagency coordination/Job Centers	10	14.3%
Improve staff training/staff quality	8	11.4%

As noted above, survey respondents placed consistent emphasis on the role of the employer. However, only 19 survey respondents identified themselves as employers. Although many survey respondents placed a high priority on providing increased financial incentives to prospective employers, most of the 19 employers who responded to the survey did not identify financial incentives as being a key element of a successful plan. Rather, employers tended to mention the need for

- a shared vision or consciousness among employers, agencies, and people with disabilities
- increased information, communication, and improved interagency relationships—between employers, state and county agencies, and between employers, agencies, and service providers—in order to better match candidates with suitable jobs

- more funding for support and employment programs run by both the state and local agencies, including training for people with disabilities wishing to improve their job skills
- better health insurance options for people with disabilities
- improved management information and outcome measures to identify effective strategies and allow more focused use of resources

### **Community Listening Sessions**

Pathways conducted community listening sessions in six cities throughout the state of Wisconsin. Five of those cities—Rice Lake, Ashland, Prairie du Chien, Shawano, and Wisconsin Rapids—ranged in population size from approximately 6,000 to 15,000 people. The sixth city, Milwaukee, has a population of 590,000. The cities were selected based on demographics, location, and recommendations from DHFS and DWD regional staff and the Design Team. Milwaukee was chosen because it has needs that are different from the rest of the state. Otherwise, the focus was on smaller cities that may not typically be included in statewide planning processes. Mailing lists were compiled from regional staff members, Chambers of Commerce, United Way chapters and general internet searches. The invitations had a broad distribution, targeted to anyone who

- lives or works in target cities
- is a person with a disability, an employer, worker, community leader, service provider, elected official, veteran, caregiver, educator, student, health care provider
- works with a business, non-profit organization, school, insurance company, civic organization, government agency, church, Chamber of Commerce, health care organization

Four questions were asked at each listening session:

- What is currently working well for both employers and potential employees in terms of access and services?
- What are the greatest barriers facing people with disabilities regarding accessing employment opportunities and being able to fulfill expectations on the job?
- What incentives work or would work to most influence employers to hire more people with disabilities?
- If this grant could only accomplish one thing over the next four years, what should that be?

(See Appendix I: Community Listening Session Notes and County Profiles.)

## **Findings**

Listening session participation ranged from 12 to 45 community members. The results of the listening sessions were consistent among all of the communities. The following common themes emerged:

- Improve transportation
- Increase local and regional collaboration
- Support and train employers on disability issues, legal issues, and ADA
- Explore options to improve the benefit system and remove disincentives to work
- Revitalize customized employment and job coaching
- Customize services—“one size does not fit all”
- Eliminate waiting lists
- Provide younger students with preparation for the world of work
- Develop community advisory groups
- Expand employment opportunities beyond entry level and minimum wage
- Pilot several communities and do it all
- Create a one-stop, seamless, holistic approach to services
- Design ways to keep people from “falling through the cracks” of the system

## **County Resource Mapping**

In order to provide a more complete profile of each city, an external consulting firm (Virchow, Krause, and Company, LLP) was contracted to gather county-level data on demographics, service provision, and employment to supplement the information gathered in the listening sessions. The community resource mapping project focused on gathering baseline data for programs and activities that support employment opportunities in the six Wisconsin counties that contain the communities selected for listening sessions.

- Ashland County (Ashland)
- Barron County (Rice Lake)
- Crawford County (Prairie du Chien)
- Milwaukee County (Milwaukee)
- Shawano County (Shawano)
- Wood County (Wisconsin Rapids)

The aim of the County Resource Mapping project was to gather information on the following:

- Types of services available to support employment of people with disabilities in each county
- Providers of each type of service available to support employment of people with disabilities in each community
- The number of persons provided each service in support of employment in each community
- Expenditures for providing each service in support of employment for people with disabilities
- The number of persons on waiting lists

- The length of time consumers wait for services
- County demographic information specifically related to employment

Where possible, the information gathered was compiled by the following categories of disability:

- Developmental disabilities
- Physical disabilities
- Sensory disabilities (e.g., people who are blind or deaf)
- Chronic mental illness or severe emotional disturbances, excluding Alzheimer's, senility, and substance abuse
- Brain injuries, excluding strokes or vascular injuries after age 22

### **Findings**

- **Inconsistent Data**

A primary finding of the resource mapping project is that data are not readily available at the state or county level to comprehensively summarize employment services for people with disabilities in each of the six counties. The county agencies included in this project advised that their access to the baseline information requested for the project is limited and that their agencies are focused on providing services directly rather than managing data related to those services. While the Wisconsin Department of Health and Family Services (DHFS) collects information from counties related to employment and other services for people with disabilities, DHFS reports that data are not reported in a consistent manner by counties, thus making comparisons between counties and other basic analysis unreliable or impossible.

- **Varying Level of Services**

The services to support employment that are available to people with disabilities vary by county. Transportation and supported employment are most commonly available in the six counties. Overall, services include:

- Communication
- Day Services
- Group Homes and Adult Family Homes
- Job Coaching
- Prevocational and Vocational Services
- Sheltered Work Programs and Workshops
- Supported Employment
- Supportive Home Care
- Supportive Living
- Transitional Work Training
- Transportation
- Work Sites

- **Higher Unemployment**  
The unemployment rate for counties as a whole ranges from 5.7% to 8.4%, while the estimated unemployment rate for people with disabilities in each county is significantly greater, ranging from 36% to 94%.
- **Inaccessible Transportation**  
A lack of access to transportation was identified by most counties as a major obstacle to employment for people with disabilities. Based on the data provided by counties, it appears that transportation is most needed in rural areas.
- **Concerns Regarding Wait Lists**  
Wait list information was not available in a consistent format from each county in the resource mapping project; therefore, it is not possible to make direct comparisons between the wait lists of each county by service or disability type. Overall, wait lists range from 9 consumers to 172 consumers. Although estimates for the wait duration were not available from all counties, consumers are anticipated to wait 2-15 years for services, based on available information.

### **Environmental Scan**

The environmental scan was designed to provide an inventory of state-run programs that are focused on employment for people with disabilities. These programs are housed in the Wisconsin State Departments of:

- Health and Family Services
- Commerce
- Revenue
- Workforce Development
- Public Instruction
- Veterans Affairs

Conducted by Virchow, Krause, and Company, LLC, the environmental scan includes a summary of targeted programs by funding source, program type, target population served, and lead agency. The summary includes visual representations of the data, resulting in a map of the system of state-run services focused on the employment of people with disabilities. The environmental scan also includes an analysis of overall service provision and resources. (See Appendix J for results of the environmental scan.)

### **Findings**

Wisconsin state agencies fund a wide range of programs and services that support employment for people with disabilities. However, these programs are not, as a rule, coordinated in their approach to serving consumers. There is potential for collaboration among services provided both by multiple state agencies and also by multiple programs within individual agencies.

As an example, three significant state agency programs—DHFS’ Family Care, DWD’s Wagner Peyser (also known as Job Service), and the Division of Vocational Rehabilitation (DVR)—

provide funding for similar categories of services that either directly or indirectly support employment opportunities for people with disabilities. Specifically, all three programs fund

- Job coaching
- Physical rehabilitation
- Transportation
- Vocational training

In all, there are thirteen categories of employment support services are funded by more than one state agency or program. For example, five programs in Commerce, one each in DHFS, DVA, and in DWD fund housing services. In addition, eight programs in two agencies (DHFS and DWD) fund transportation services.

There may be opportunities among these service categories to improve outcomes for people with disabilities by increasing coordination and communication with their counterparts in other programs and agencies. For example, coordination efforts currently exist between staff in the DPI Transitions Program, which provides employment planning and services for students with disabilities in Wisconsin's public schools, and DWD DVR, which is the primary state agency for providing employment opportunities for adults with disabilities.

The following chart shows the thirteen service categories where opportunities for collaboration emerge:

	DHFS	DWD	DVA	DoC	DPI
Accessibility accommodations	Family Care	Vocational Rehabilitation (VR)			
Benefits and case management		Wagner Peyser, VR			
Benefits counseling		Wagner Peyser, VR			
Employment assessment and planning		Wagner Peyser, Job Center/WIA programs			Transitions
Housing	Family Care	Wagner Peyser	Veterans Assistance Program	Homeless Programs, Local Housing Organization Grants, Housing Cost Reduction Initiative, CDBG, HOME	
Job coaching	Family Care	Wagner-Peyser,			

		VR			
On the job training	DHFS Senior Employment	Wagner Peyser, VR			
Personal assistance services	Family Care	VR			
Physical rehabilitation services	Family Care	Wagner-Peyser, VR			
Small business loans or grants				Entrepreneurial Training Grants, Dairy 2020, Early Planning Grant	
Training and education		Wagner Peyser, VR			
Transportation	Community Aids-funded programs, Family Care	Wagner-Peyser, VR			
Vocational Training/Retraining	Family Care	Wagner-Peyser, VR			

### **Employer Training Needs Survey**

The Employer Training Needs Survey was a joint effort of Pathways, the Department of Workforce Development and Stout Vocational Rehabilitation Institute. Distributed through the Society for Human Resource Managers, the survey asks employers to rate their level of interest in areas of training related to the employment of people with disabilities. The survey also gathers information on employers’ preferred format for trainings and information dissemination. (See Appendix K for preliminary survey results)

### **Findings**

Initial analysis includes 62 completed surveys, in which most respondents identified themselves as human resource managers. In preliminary findings, respondents indicated that they were most likely to attend training focusing on “alternative hiring methods to expand your applicant base.”

Survey respondents also indicated that they would be likely to attend trainings on the following topics:

- Projected workforce demographics (age, gender, disability) and how this will impact business in the future
- Best practices-what is working in other locations
- Fair and inclusive hiring practices
- Accessible advertising and job application processes



- Diversifying your workplace-recruitment resources and tools
- Resources specific to recruitment, hiring, managing, and dismissing employees
- Addressing communication barriers (i.e. non-English speaking, hearing impaired, etc.)
- Wisconsin Fair Employment Law
- Implementation of the Family Medical Leave Act and demonstrated cases of compliance
- Implementation of the Americans with Disabilities Act (ADA) and demonstrated cases of ADA compliance
- Understanding the relationship between ADA, EEOC, and Wisconsin Fair Employment laws
- Creating and revising employee handbooks, company policies, and job descriptions to comply with ADA
- Worker's compensation, loss control, and return to work issues
- Low or no cost ergonomic applications
- Ergonomics and accommodations that reduce injuries and increase productivity for all workers
- Common accommodations for differing disabilities

## **STRATEGIC PLAN**

The Strategic Plan Design Team developed strategic priorities, based on the information gathered and their own expertise. Each of these strategic priorities represents a key component of a comprehensive employment system for people with disabilities. The Design Team also developed action steps for each priority. Pathways then collaborated with partner agencies to develop specific workplans for implementing the action steps.

The Pathways Strategic Plan is designed for a six-year timeline, achieving the vision in 2012. Action steps are designed for a one-year timeline. Current action steps will be conducted in 2006. They will be examined and revised annually to assure that they effectively address the strategic priorities. It is expected that action steps will evolve to reflect the changing system.

### **KEY COMPONENTS OF THE STRATEGIC PRIORITIES AND ACTION STEPS**

#### **Incremental systems change**

Throughout the strategic planning process, stakeholders were engaged in discussions about what they would like to see happen in the systems which impact employment for people with disabilities. Stakeholders' visions for high-level systems change are reflected in the plan's six strategic priorities. The resulting challenge was to design systems change through action steps and projects, metered into reasonable activities and expectations for each year. Some of these action steps embark on new focus areas for Wisconsin and will require careful planning in 2006 to assure that they are effectively implemented in subsequent years.

#### **Collaboration and transparency**

Wisconsin's strategic planning process confirmed that there are abundant opportunities for collaboration among local, regional, and state agencies. Collaboration is critical for the strategic plan to be successful in achieving lasting systems change. Linking programs will create economies of scale and allow a streamlining of services. New collaborations will also promote transparency among stakeholders and a strong marketplace of ideas. The strategic plan outlines the dozens of partners who have committed to working together to achieve success. (See Appendix L: Ongoing Strategic Partnerships and Collaborations)

#### **Local solutions**

Wisconsin's stakeholders stress that there is nothing more local than employment. Communities and regions must identify particular demographic, economic, and cultural needs and develop customized local solutions. Wisconsin is regionally diverse, with an urban southeast quadrant, rural and agricultural southwest and central quadrants and a rural northern quadrant that depends on tourism as the major source of income and jobs. The north is home to the majority of Wisconsin's Native American population and the southeast is home to most of its minority populations. Nearly all of state government is in Madison and Milwaukee.

Barriers to employment vary by region. Regional designs and implementation will reflect these differences, consistent with the Governor's Grow Wisconsin plan.

### **Leadership**

Long-term leadership will be provided by the Governor through his Grow Wisconsin plan. This comprehensive economic development effort will incorporate the Pathways Plan as a distinct initiative. The Governor carries out major activities of his plan by directing priorities and actions of the many state executive agencies. Other elements of Grow Wisconsin are carried out through the Council for Workforce Investment (CWI).

The CWI-MIG Subcommittee provides guidance to the Wisconsin Medicaid Infrastructure Grant and in the implementation of the Pathways Strategic Plan. The CWI provides a stable organizational entity that is dedicated to the overarching goal of statewide workforce development. The CWI is composed of high-level departmental executives, university faculty, and business and community leaders. This combination of expertise, leadership, access to financial resources, program planning activities and outcome measurement capacity in combination with the Governor's public linkage to Grow Wisconsin provides the ideal organizational home for the Pathways Plan.

### **Sustainability**

Sustainability of the Pathways Plan is assured through its inclusion in the Grow Wisconsin initiative and its involvement with the state's Long-Term Care Redesign plan and the Governor's Councils and Committees. Wisconsin has made a commitment to ensuring that community integration of people with disabilities commensurate to that enjoyed by people without disabilities. This level of integration requires full access to employment, ability to build and maintain wealth, and guaranteed access to healthcare.

The Pathways Plan focuses on developing collaborations among the local, state and federal agencies that affect the employment and long-term supports of people with disabilities. Collaborations are established through the tactical approaches of the action steps, which are designed to develop capacity and ensure sustainability after grant funding.

The action steps will:

- build capacity or develop effective and accepted "best practices" fundamental to plan acceptance and achievement
- heighten awareness of disability employment issues, establish means of communication between, or develop consensus among, stakeholders
- build on or leverage resources from the state's diverse array of ongoing disability employment projects and programs and foster collaboration in achieving the plan's goals
- through demonstration and evaluation, instill confidence in the policy and practice directions envisioned in the plan
- promote efficiency and cost-effectiveness

Upon successful implementation, the Pathways Plan will be ingrained into the policies, practices and procedures of the major elements of the long-term care, workforce development and public educational systems.

## STRATEGIC PRIORITIES

**At the completion of the Pathways to Independence strategic plan implementation, Wisconsin will be the standard by which other states are measured in regards to:**

1. Support for the principles of universal design and the creation and use of assistive technologies to enhance independence and productivity for people with disabilities.
2. The number of exceptionally prepared and qualified employees available for the workforce of the 21<sup>st</sup> century through the development and implementation of a seamless system of education and training for students with disabilities at all levels, from pre-kindergarten to post-secondary education.
3. A system of unprecedented collaboration among all service providers, with a person-centered focus and a specific plan for a unified system which serves both employers and people with disabilities, resulting in a more productive work environment.
4. The extent to which employers, policymakers, insurers and people with disabilities are actively and effectively engaged in increasing access to long-term care and other benefits for employees.
5. The creation and provision of effective and practical technical assistance and accessible, on-going supports for employers who intentionally and successfully employ and accommodate people with disabilities.
6. The level to which employers and the public are informed and educated about the contributions of people with disabilities, their economic potential and positive impact on the labor force.

**Strategic Priority 1: Support for the principles of universal design and the creation and use of assistive technologies to enhance independence and productivity for people with disabilities.**

### **Issues:**

Successful integration into the community or workplace depends upon having unimpeded access to places, information, and communications. Wisconsin's stakeholders agree that a key component to successful employment is the use of technologies that diminish the limitations imposed by disability. Wisconsin's current allocation of resources is not sufficient to provide these technologies to all who could use them. Users of assistive technology (AT) also face problems with maintenance and repair of their devices, which often leads to missed work or decreased productivity.

While assistive technologies improve access at the personal level, general barriers continue to exist for people with disabilities. People in Wisconsin often face impeded access to buildings, transportation, communications, and information, which may not be alleviated by assistive technologies alone. Public policy must include planning for full inclusion.

### **Actions:**

- **Build state capacity to assure access to procurement, maintenance, and repair of appropriate assistive technology.** Wisconsin’s leaders in assistive technology will continue a collaborative effort begun in 2004, to identify more efficient and appropriate service delivery models in the areas of assessment, access, acquisition, operation, repair and maintenance.
- **Integrate with the new state Assistive Technology Plan, involving businesses and consumers early in the development of assistive technologies.** In accordance with the federal Assistive Technology Act, Wisconsin’s Assistive Technology Plan outlines strategies for increasing access and acquisition of assistive technology in the state. The Pathways Plan action steps will be implemented in conjunction with the state AT Plan to develop a comprehensive system.
- **Develop strategies for supporting the principles of universal design.** Wisconsin will create a task force on universal design—a framework for the design of places, things, information, communications, and policy that focuses on the user, on the widest range of people operating in the widest range of situations without special or separate design. The task force will determine ways to apply these principles to a myriad of activities throughout the state, including education and community planning.

### **Partners:**

Council for Workforce Investment  
Department of Health and Family Services, Bureau of Fee-for-Service Health Care  
Benefits and Office of Independence and Employment  
Durable medical equipment suppliers  
People with disabilities  
Physical and occupational therapists  
University of Wisconsin- Madison Center for Rehabilitation Engineering and Assistive  
Technology (CREATE)  
University of Wisconsin- Stout Vocational Rehabilitation Institute  
Wisconsin Assistive Technology Advisory Council  
Wisconsin Independent Living Centers  
WisTech program

**Strategic Priority 2:** The number of exceptionally prepared and qualified employees available for the workforce of the 21<sup>st</sup> century through the development and implementation of a seamless system of education and training for students with disabilities at all levels, from pre-kindergarten to post-secondary education.

**Issues:** Wisconsin stakeholders consistently emphasize the importance of education in preparing students with disabilities for the world of work. Students with disabilities are not consistently exposed to the same work and life experiences as their peers. School-based programs are primary means of providing those experiences. Participants in the Community Listening Sessions indicated that employment preparation programs are critical for middle and high school students. They also stressed that younger students benefit from an early focus on employment and older students often need post-secondary level employment training programs to prepare for work. Stakeholders believe that preparing all students at all levels for employment reinforces the principle that everyone is able to contribute to the workforce. Education and children's long-term care reform are central themes of Grow Wisconsin.

**Actions:**

- **Engage Wisconsin's PK-16 Leadership Council in a dialogue on the Council's activities concerning students with disabilities.** The Wisconsin PK-16 Leadership Council's mission is to foster collaboration among the four sectors of education and to partner with business, industry and government to enhance learning and learning opportunities throughout the state so that all students are prepared to live in and contribute to a vibrant 21st Century society. This voluntary initiative includes leaders of Wisconsin's state government, state agencies, education sectors, professional associations, as well as business and industry. Pathways will seek collaboration with the Council in order to enhance ongoing activities and develop new ways to support student with disabilities.
- **Inventory and assess community and collaborative partnerships focused on preparing students with disabilities for work.** Wisconsin has many local and regional educational entities that work within communities to enhance education for students with disabilities. An examination of these partnerships will identify promising practices and additional opportunities for cooperation.
- **Develop models of support for students in transition from school to work.** Wisconsin will research and design effective means of providing students with disabilities the information and supports needed to make decisions about their futures after high school and to prepare for the transition to employment or post-secondary education. Topic areas include employment and educational options, the Individual Education Program (IEP) process and rights, person-centered planning, self-determination, self-advocacy and benefits counseling.

**Partners:**

Cooperative Educational Service Agencies (CESA)  
Community-based Benefits Counseling Service Providers  
Department of Health and Family Services-MIG staff

Department of Workforce Development, Division of Vocational Rehabilitation  
Family Assistance Center for Education, Training, and Support (FACETS)  
Independent Living Centers, Center for Independent Living-Western Wisconsin and  
Options for Independent Living  
School Districts  
Social Security Administration  
Statewide Transition Workgroup  
University of Wisconsin-Madison-Waisman Center  
UW-Madison Departments of Rehabilitation Psychology and Special Education  
Wisconsin Association of School Boards  
Wisconsin Council on Developmental Disabilities  
Wisconsin Department of Public Instruction  
Wisconsin Disability Benefits Network

**Strategic Priority 3:** A system of unprecedented collaboration among all service providers, with a person-centered focus and a specific plan for a unified system which serves both employers and people with disabilities, resulting in a more productive work environment.

**Issues:** People with disabilities often rely on an array of services to maintain successful employment. These services include transportation, personal assistance, benefits counseling and job coaching. Stakeholders have indicated that the current system of service providers is frequently fragmented and difficult to navigate.

Community Listening Session participants overwhelmingly cited transportation as one of the greatest barriers facing people with disabilities who seek to work. Further research of the services in each county indicated that while transportation services are available for each targeted community, the programs often do not meet the needs of those who require transportation to work. For example, transportation may only be available within city or county limits and not to those who live in rural areas or who work outside of their local jurisdictions. Respondents to the Pathways Planning Questionnaire echoed this sentiment. The top ten suggested improvements to enhance the employment of people with disabilities included “improve transportation options” and “improve interagency coordination.”

The problems with transportation services reflect the general issues surrounding services to people with disabilities. Quite often, services are available, but are unable to meet all of the particular needs of the people in a specific area. People often are placed on wait lists for months or years. Research suggests that increased collaboration among local, county, state and federal programs providing services would streamline services and be cost effective.

Stakeholders also stress that services should be designed to meet an individual’s specific needs and should include whatever is necessary for that person to meet his or her goals. This ‘person-centered’ approach ranks as one of the top ten suggested improvements from respondents to the Pathways Planning Questionnaire.



### Actions:

- **Through regional employment initiatives, develop partnerships among established local, county, state, and federal programs.** Wisconsin will develop multi-stakeholder coalitions in each of five regions of the state. Regional coalitions will build upon existing partnerships and develop region-specific models to maximize employment for people with disabilities. This approach will enhance collaboration among stakeholders and will develop solutions that are customized to the particular demographic, economic, and cultural needs of the region. The regional framework will also establish a new infrastructure for the replication of best practices and effective models of service delivery. Wisconsin will also continue to examine relevant state agency programs to determine opportunities for collaboration.

The Pathways Plan will partner with Grow Wisconsin and the Long-Term Care Redesign initiatives across the state to develop these progressive regional initiatives. This will align the workforce development and long-term care redesign initiatives to eliminate barriers to employment for people with disabilities and to promote personal choice, financial independence and economic development.

- **Enhance the Wisconsin Disability Benefit Network's (WDBN) ability to effectively promote and disseminate high quality information, training and technical assistance specific to work incentives, employment and public benefit programs.** The WDBN is a statewide system that provides direct assistance to benefits counseling practitioners and seeks ways to reach out to and better serve people with disabilities, their supporters, and professional service providers in Wisconsin.
- **Build organizational capacity for person-centered planning and consumer-directed supports through training, technical assistance and staff dedicated to systems change efforts.** Wisconsin will facilitate collaboration among the state's capitated long-term care services, Comprehensive Systems Change Grant, waiver programs, DVR and other vocational providers. Wisconsin will create funding arrangements and organizational practices that offer people with disabilities one seamless, person-centered process that builds natural community supports and includes 'whatever it takes' to reach the person's employment goals.
- **Innovate effective, replicable best practices and models of service delivery.** Wisconsin will develop, implement, and evaluate new models of transportation, disability-specific career planning, self-directed supports and person-centered planning. These models will emphasize the development of capacity at the local level. Wisconsin will also support selected communities in creating comprehensive development plans aimed at increasing the inclusion and employment of people with disabilities.

### Partners:

Area Agencies on Aging

Grassroots Empowerment Project personnel and sites: PIE, Gathering Place, Cornucopia Independent Living Centers, Center for Independent Living—Western Wisconsin and

North Country Independent Living Center  
Real Choices Grant Team  
Wisconsin communities  
Wisconsin Comprehensive Systems Change Grant team  
Wisconsin Counties  
Wisconsin Department of Transportation  
Wisconsin Departments of: Public Instruction, Workforce Development, Health and Family Services, Commerce, Administration, Corrections, Transportation and Agriculture

**Strategic Priority 4:** The extent to which employers, policymakers, insurers and people with disabilities are actively and effectively engaged in increasing access to long-term care and other benefits for employees.

**Issues:** Successful employment depends on reliable healthcare. Respondents to the Pathways Planning Questionnaire indicated that the continuation of medical benefits is one of the most important factors in obtaining and maintaining employment. When the responses of people with disabilities were considered separately, the continuation of medical benefits was the most frequent response. Stakeholders are concerned with how their eligibility for health and long term care programs is affected by life changes, such as marriage, retirement, increased savings, moving to another county or state, an increase in unearned income or a change in the ability to work due to health or lay-off.

Under present benefit policies, many people with disabilities, particularly Social Security Disability Insurance (SSDI) beneficiaries, receive negative net income returns to earnings. In addition, people who earn over 250% of the federal poverty level are ineligible for MAPP. Former MAPP participants are ineligible for Medicaid if they wish to retain their savings.

Federal entitlement programs provide states with the opportunity to develop new policies to ensure that people with disabilities who wish to work are able to maintain eligibility for health and long-term care services. State policy makers will require low-cost or cost-neutral proposals to address these issues. It will require broad stakeholder collaboration, expert understanding of the rules and policies, and political support to fully develop and implement desired changes to support work and self-sufficiency.

**Actions:**

- **Research new options for maintaining health insurance and long term care services throughout the employment spectrum.** Wisconsin will develop, evaluate and advocate innovative options that allow people to maintain their needed benefits. These options will be effective and low-cost or cost-neutral.
- **Consider alternative policies for the Medicaid Purchase Plan (MAPP)** Stakeholders agree that Wisconsin's Medicaid Purchase Plan (MAPP) is a successful addition to the array

of health and long-term care options in the state. Wisconsin will continue to evaluate the effectiveness and impact of MAPP. Information gathered will be used to address emerging policy issues and to study the effects of any changes made to the program.

- **Engage employers and insurance companies in a dialogue on issues around providing health insurance and long-term care to employees with disabilities.** Wisconsin will encourage public/private collaborations that build on the state's Family Care experience and momentum.

**Partners:**

Centers for Medicare and Medicaid Services

Department of Health and Family Services: Office for the Deaf and Hard of Hearing,  
Bureau of Aging and Disability Resources, Bureau of Mental Health and Substance  
Abuse Services, Division of Health Care Financing, Office of Strategic Finance

Medicare Workgroup

National Consortium for Health Systems Development (NCHSD)

Social Security Administration

Wisconsin Disability Benefit Network

Wisconsin Coalition for Advocacy

**Strategic Priority 5:** The creation and provision of effective and practical technical assistance and accessible, on-going supports for employers who intentionally and successfully employ and accommodate people with disabilities.

**Issues:** When asked how to improve the system for people with disabilities who want to obtain and maintain employment, the most frequent responses to the Pathways Planning Questionnaire centered on recruiting, educating, and providing incentives to employers.

Respondents cited a variety of methods and techniques to increase employers' willingness and ability to hire and retain people with disabilities, including:

- Increased education and communication of benefits of hiring people with disabilities, such as the federal Work Opportunity Tax Credit
- Increased incentives for employers to hire people with disabilities
- Greater efforts to recruit employers, such as increased face-to-face contact with employers or other marketing strategies.

This emphasis was echoed at the community listening sessions and in discussion among the CWI-MIG Subcommittee and Design Team members.

**Actions:**

- **Develop a model of technical assistance and ongoing customized support for employers.** Wisconsin will create a comprehensive resource center for employers seeking information on hiring and accommodating employees with disabilities. The employer resource center will

provide statewide training and technical assistance, as well as targeted regional approaches to allow for local differences and needs.

- **Design effective outreach and education programs for employers.** Following the findings from the Pathways Planning Questionnaire and the Employer Training Needs Survey, Wisconsin will create programs to encourage employers to hire people with disabilities.
- **Create and implement targeted programs to encourage employers to hire people with specific disabilities.** Wisconsin will commence with employer outreach programs centered on hiring people with mental illness and people who are deaf or hard of hearing.
- **Develop an attitudinal survey to determine pre- and post- interaction attitudes of employers.** In order to evaluate the effectiveness of employer outreach, training, and technical assistance programs, Wisconsin will develop a survey to assess changes in attitudes of participating employers.

**Partners:**

Brain Injury Association of America

Department of Health and Family Services: Office of Independence and Employment,  
Office for the Deaf and Hard of Hearing and Office for the Blind and  
Visually Impaired

Department of Workforce Development: Division of Workforce Solutions and Division  
of Vocational Rehabilitation

National Association of State Head Injury Administrators-Technical Assistance Center  
Rehab for Wisconsin, Inc.

Society of Human Resource Managers

University of Wisconsin- Stout Vocational Rehabilitation Institute

Wisconsin Technical College System

Wisconsin Brain Injury Advisory Council

Wisconsin Department of Commerce

Wisconsin Department of Revenue

Wisconsin Manufacturers and Commerce

Wisconsin Workforce Development Areas

**Strategic Priority 6:** The level to which employers and the public are informed and educated about the contributions of people with disabilities, their economic potential and positive impact on the labor force.

**Issues:** Stakeholders often cite “societal attitudes” as a barrier to employment for people with disabilities. People with disabilities face the public misperception that they are unable or unwilling to work. In order to change this attitude, the public must be exposed to the idea that disability is a natural and expected form of the human condition that brings value, diversity and character to our communities and workplaces.

### Actions:

- **Construct a comprehensive communication plan to raise public awareness of the Pathways to Independence strategic priorities, activities, and products.** The Pathways Strategic Plan includes diverse activities and products. To ensure awareness by all audiences, Wisconsin will continue its coordinated effort to release information and products. Consolidating resources and targeting messages to specific audiences will increase public awareness of the strategic priorities and increase the visibility of the Pathways Plan for a comprehensive system of employment for people with disabilities.
- **Build the foundation for a statewide social marketing campaign.** Wisconsin will establish a statewide group to develop marketing techniques to change social attitudes about people with disabilities. The public must learn that people with disabilities are integral parts of their community and have the abilities necessary to participate in many ways, specifically in the workforce. The foundation for this campaign, known as social marketing, requires that the infrastructure, programs and supports are in place to guarantee success for people with disabilities.
- **Establish local dissemination activities targeted to specific populations.** Wisconsin will begin by focusing on MAPP participants and members of the Great Lakes Inter-Tribal Council.
- **Re-engage 2005 listening session communities in a dialogue about the Pathways to Independence strategic plan.** Listening session communities will be asked to provide feedback on the plan and make suggestions for future action steps.

### Partners:

Department of Health and Family Services, Tribal Relations Section  
Department of Workforce Development: Division of Vocational Rehabilitation and  
Division of Workforce Solutions, Disability Navigator program  
EcoNorthwest  
Great Lakes Inter-Tribal Council  
Lac Courte Oreilles Band of Lake Superior Chippewa Vocational Rehabilitation  
Oneida Nation Vocational Rehabilitation  
Social Security Administration  
University of Wisconsin –Extension  
Wisconsin Disability Benefits Network  
Wisconsin Counties  
Wisconsin’s Independent Living Centers

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## MEASUREMENT

Wisconsin has a commitment to learning from the initiatives implemented and to collecting information that allows for refinement of policies and programs, identification of effective strategies, and contribution to the body of knowledge on employment for people with disabilities. All Pathways initiatives will incorporate a mechanism for information gathering that is scaled to the complexity and maturity of the project. For each initiative, learning efforts will be implemented at one of three levels:

- **Assessment** – Assessment is reserved for initiatives that are too small for formal evaluation, are being implemented for the collection of preliminary information to be used in a later, larger project, or are strictly of administrative interest within Wisconsin. Assessments will generally be limited to the collection of feedback on procedures and stakeholder perceptions. This information will typically be collected by operational staff, although researchers may be consulted during the development of information gathering tools.
- **Evaluation** – Evaluation is conducted for initiatives of greater complexity than assessments, which require a more formalized research design to obtain the information needed to achieve project goals. These goals may include the collection of data for use in making program revisions, measuring outcomes for consumers, and/or identifying best practices. Evaluations will typically involve some degree of collaboration between Pathways Research and Operational Team members. This collaboration will range from researchers serving as consultants in the development of the research design and measurement tools to researchers designing the evaluation and having technical direction over team members implementing evaluation activities. Evaluations should not be considered fully independent of operational activities, but will be conducted with a degree of methodological rigor so as to allow for reasonable confidence in the findings. In most cases, findings will be disseminated to external audiences.
- **Research** – Research is limited to initiatives of a magnitude or complexity that necessitate a sophisticated research design conducted by an independent party to gather meaningful information. Findings obtained through research initiatives will not only be informative for the immediate project, but also be more generally applicable to the field of disability and employment policy. Research will be designed with a high degree of methodological rigor and will be fully implemented by members of the Pathways Research Team. Pathways Operational Team members will not have responsibility for any research activities; however, other aspects of the initiative will be managed by the Operations Team.

Initiatives conducted at the evaluation and research levels of inquiry typically include an examination of outcomes and the processes used to achieve these outcomes. Measured outcomes are specific to the initiative in question and appropriate to the expected reach of the initiative. For example, individual level outcomes may include employment or earnings levels of participants. For initiatives that address an earlier step in the process toward employment, outcomes may focus on changes in behavior expected to be intermediate steps toward employment, such as the level of awareness of work incentives or perceptions of barriers to employment.

Collection of outcomes data will depend on the research design of each initiative. Data is likely to include information from administrative data systems, often coupled with additional data gathered through surveys, focus groups, or interviews. Data may also be used from statewide or national levels sources, such as the American Community Survey, that will provide insight into system-level impacts.

To accomplish the information gathering and learning priorities of the strategic plan initiatives, Wisconsin contracts with a team of researchers through the University of Wisconsin system. Members of this team include researchers with a combined 13 years of experience in evaluating Wisconsin disability and employment initiatives. Additional team members include a research specialist, database manager, and research assistant. Research team members bring knowledge from a variety of social science backgrounds, including political science and public policy, social and organizational psychology, and sociology. In some cases, collegial relationships may be established between the research team and external researchers to conduct collaborative evaluation or research activities. Some evaluation or research activities may also be contracted out to fully independent parties.

## OUTCOMES TRACKING SYSTEM

Wisconsin's concept for an outcomes tracking system for the Pathways initiatives involves exploiting systems currently utilized for other purposes within the state. This strategy will allow for the analysis of indicators that are common to large segments of the Wisconsin population as a means of identifying changes that may be associated with Pathways efforts. The Pathways to Independence team views the integration of these indicators into a meaningful system as a task to be addressed in five steps, which will be elaborated below:

1. Defining the population to be measured
2. Identifying the data systems that routinely collect the needed indicators
3. Negotiating agreements to access the identified systems
4. Developing a mechanism for transfer of data draws and management of the integrated data
5. Developing appropriate measures of change

1. **Defining the population to be measured.** Strategic planning efforts in Wisconsin broadly define the target population as persons who do or could meet the Social Security Administration (SSA) level of disability. Within Wisconsin, people who meet that definition include Federal Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) recipients, State SSI recipients, and people receiving Medicaid for reasons of disability, such as through the Medicaid Buy-In or spend down Medicaid. As the focus is on Medicaid recipients, and a considerable proportion of the people in the groups mentioned above receive Medicaid, the population will be limited initially to people receiving Medicaid for reasons of disability.<sup>11</sup>

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<sup>11</sup> In Wisconsin, all SSI recipients, both Federal and State, automatically receive full Medicaid benefits. In addition, a considerable number of SSDI beneficiaries receive Medicaid through the MBI or spend down programs.

Given the further focus on employment, a logical second requirement for inclusion in the outcome population is to be of working age. This range is generally considered to extend from age 18 to the age when an individual is qualified for full retirement benefits, a slightly variable endpoint based on year of birth. While this restriction will quite purposefully exclude labor market participants at the low and high ends of the age spectrum, it will reduce issues of data comparability by making the composition of the target population more homogeneous and matching the population characteristics of the core labor market.

No system-level definition of the population of study will be perfect. It is quite likely that a number of people with no direct or indirect experience with Pathways initiatives will be included in the defined population. Likewise, the defined population deliberately excludes some individuals who are known to be affected by the Pathways initiatives.<sup>12</sup> As a result, there may be reason to reconsider these assumptions as part of the ongoing planning activities or to consider approaches for supplementary outcomes tracking of excluded individuals. The ultimate design goal is to identify a population that will most nearly model the full range of working age persons with disabilities who could potentially benefit from Medicaid Buy-In programs and Pathways initiatives.

**2. Identifying the data systems.** Due to the added challenges associated with gaining access to Federal databases or aggregating information across often inconsistent local databases, state-level data systems will serve as the primary sources of indicators. While state level systems exist for their own purposes and may not be fully inclusive of the target population as defined, efforts will be made to identify and access the most complete sources of indicators. Additionally, once the nature of all data sources has been determined, decisions may need to be made for combining data with differing collection points and/or durations. Currently, the central elements of the data tracking system are expected to be:

- *Outcomes measures* of employment status and earnings levels from the state's unemployment insurance (UI) reporting system from the Department of Workforce Development (DWD). The UI system does have systematic exclusions, such as self-employment. One possible source of supplemental employment and earnings data is the state's program eligibility system. Pathways will conduct analysis to explore the completeness and reliability of these data.
- *Measures of access* to health care coverage will be obtained from the data warehouse within the Department of Health and Family Services (DHFS). In addition, discussions are being held as to possible sources of health status information. One possible source of this information is the functional screen used to determine initial and ongoing eligibility for a number of Wisconsin-based programs (DHFS). The extent of overlap between the target population and the population that has completed the functional screen has yet to be determined.
- *Program participation measures* of Medicaid participation for reason of disability (DHFS). This will include participation in Medicaid waivers and the MBI. Participation in SSI for reason of disability and/or SSDI will also be obtained or imputed (DHFS).

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<sup>12</sup> Notable exclusions include participants in the youth in transition project, most of whom will be younger than age 18 at project enrollment. In addition, as a state with MBI authority under the BBA, approximately 10% of Wisconsin's MBI participants are over the age of 65.



- *Population characteristics* for use in examining subgroups such as age, sex, geographic distribution and other socio-demographic characteristics are available through the DHFS data warehouse. Type of primary disability is also considered to be a characteristic of interest, although a comprehensive source of this information has yet to be determined.

In addition to data collected for the population, *contextual or environmental status data* will be obtained for interpretive purposes. At a minimum, Wisconsin and US unemployment rates (US Department of Labor), Wisconsin rates of 1619 use and income range distributions (SSA), the Wisconsin employment rate for persons with disabilities (American Community Survey, US Census), civilian labor participation rates, and US and possibly Wisconsin economic growth rates are expected to be necessary to aid in interpretation. Finally, a cost of living adjustment will be necessary to standardize monetary values over time.

- 3. Negotiating data agreements.** The Pathways to Independence staff have previously negotiated data exchange agreements with the entities necessary to access the identified indicators. However, new agreements will need to be developed or former agreements will need to be amended to extend data access to the target population.
- 4. Developing a mechanism for data transfer and management.** At present, Wisconsin does not have a system in place to manage information across departments. Intra-department data warehouses do exist, but are not comprehensive enough to meet the needs of the outcomes tracking system. At present, it is anticipated that data will be received by Pathways to Independence staff, and the database to house and manage outcomes tracking data will be maintained by Pathways to Independence staff. Initial modes of data transfer will need to be determined as a part of the data exchange agreements and will be specific to the source of the data. Pathways to Independence staff will explore opportunities for integrating the outcomes tracking database into any larger data warehouses that may arise.
- 5. Developing appropriate measures of change.** Measuring either systemic change or progress toward specific goals requires appropriate measures of change. Changes in raw numbers or even in percentages without consideration of baseline values or poorly conceptualized time periods can lead to inaccurate conclusions. Pathways will explore the most appropriate ways to measure change, including to the extent practicable, adjustment to capture changes in labor market conditions, inflation, and/or environmental factors.

The steps and indicators identified above are primarily focused on the global indicators of economic and health status considered particularly relevant for the target population. While in a general sense these indicators may speak to the progress made toward accomplishment of the priorities identified through the strategic planning process, in a more direct sense, some strategic priorities may require examination of a set of indicators that is not built from data at an individual level. For example, strategic priorities 4 and 5 include change in employer behaviors. Direct measures of progress in these areas would more appropriately be determined by examining outcomes of individual initiatives undertaken to address these priorities or to identify system-level approaches for measuring these goals. Identifying the most effective strategies for providing this level of outcomes-based feedback is part of the dynamic strategic planning process.

## WISCONSIN 2012 CASE STUDY 1

An individual (Stacy) with a diagnosis of cerebral palsy and spastic quadriplegia is a sophomore in high school. She wants to work as a computer programmer in the future and live on her own with some supports. Stacy is exploring various program options at the local university, but also wants to know who to talk to if accommodations need to be made, what financial aid is available, and how her attendant care will work if she lives on campus.

Stacy is referred to the regional center in her community and sets up an appointment to speak to someone about questions and concerns. When she arrives she is directed to the service manager who can best meet her specific needs. The service manager will be able to make the necessary connections to services and supports that will help her to realize her dreams and goals. If Stacy is already familiar with individuals in the system, she will be given her choice of service managers.

Her service manager coordinates a team of professionals that includes at a minimum: **the County Long-term Support Worker, a Division of Vocational Rehabilitation (DVR) Counselor, a Workforce Investment Act (WIA) Counselor, and a High School Counselor.** Stacy is given a list of items to follow-up on and another appointment for the next meeting. The high school counselor is involved in services to ensure the correct course or high school credits will be completed to meet college admission requirements and entrance tests are taken with appropriate supports and preparation.

The one-stop system blends **Medicaid Waivers, the Division of Vocational Rehabilitation, the Department of Public Instruction, Workforce Investment Act Programs, the Social Security Administration, Housing and Urban Development** and other applicable resources so that Stacy can make choices about how and in what manner she enters her post-secondary education.

Her service manager assists her in obtaining the assessment reports necessary for the provision of disability-related services at the postsecondary level and completes them by February of her senior year. This service manager assist the family with financial aid applications and assists in setting up an individualized meeting with the Financial Aid Officer at the college she has chosen. Close contact with **DVR and a Disability Program Navigator** is helpful in accessing funding and ensures that the use of one source of funding does not eliminate another. Services through the disability coordinator at the college are recommended and confirmed in the spring of Stacy's senior year.

All services are provided in a **person-centered approach** and are directed by Stacy. Person-centered refers to a system where the best available resources are accessed based on the personal needs and interests of the individual and that individual's choices regarding resources is respected and supported. This comprehensive system makes long-term supports available for Stacy, while not concentrating on her barriers to work but, rather, her interests and talents. Stacy can work with one individual and her family in setting up an array of services with a team of professionals that meet her individual goals. The supports for those goals are made available allowing Stacy to choose her training and employment based on her talents and interests.

The **Individual Educational Plan (IEP) coordinator** is included among the professionals working with Stacy and this coordinator and the counselor are included in planning and service recommendations in the **IEP**. During school and in any trial work or work experiences, every attempt is made to create **natural supports** and encourage Stacy to develop such. Thus she was independent to the extent possible, when she entered her first professional job.

While in school and employment, Stacy is able to take advantage of **Self-Directed Services** in long-term care for personal care and employment supports. Stacy uses a fiscal intermediary or broker that allows her the opportunity to hire, fire, and train her own employees with assistance, if needed. **Benefit counseling** provides Stacy with the information necessary to continue personal care supports in employment. The **PASS account** established while she was still in high school provides funds for the acquisition of a vehicle and/or driver now that she is working in the community. These services are provided through the same one-stop contact person or position that she started with at age 16. Stacy was placed on a wait list for Section 8 housing so she benefited from reduced rent in school and when she started her first job.

## WISCONSIN 2012 CASE STUDY 2

Bill is 51 years old, acquired a high level spinal cord injury in a motor vehicle accident in March 2005 and would like to return to work. Although he is motivated, Bill has concerns about his ongoing health needs, concerns about losing access to his Social Security Disability Insurance (SSDI) and healthcare coverage and is unsure of how and where to start the process.

After connecting with the *Aging and Disability Resource Center (ADRC)* in his community, Bill receives a comprehensive assessment and finds that he is eligible for several supports and programs. This includes long-term care coordination via the Care Management Organization (CMO) of his choice. Wisconsin promotes a *person-centered approach* to planning and *Self-Directed Supports (SDS)* as an advocacy and financial management, or “brokering”, option. Bill decides to hire a Broker to help him manage his *individualized budget* as well as access the resources necessary to live and work in the community. Using his individualized budget, Bill and his new wife decide to move into an accessible apartment immediately.

Together, they identify individuals that will be helpful in making his goal of employment a reality. In addition to his Care Manager’s assistance with long-term health & service coordination, he and his broker identify a trained *benefits specialist from the Benefits Planning Assistance and Outreach (BPAO)* program to help answer questions related to his Social Security benefits and work incentives, a counselor from the *Division of Vocational Rehabilitation (DVR)* and a *Disability Program Navigator* from the local One-Stop Job Center. Bill and his broker transfer data to the individuals prior to the meeting so they come prepared and Bill’s eligibility to participate in their programs has already been determined.

Bill describes his employment goals and concerns with the group and together they develop a *person-centered plan* which includes employment and estimates the resources needed to reach this goal. Each individual provides information about the resources (financial and otherwise) they have available to contribute to this process. The *complementary funding approach* allows Bill to make choices about what he wants and plan how he can move forward toward his goals given a realistic budget and timeline, without duplicating services or costs. His DVR counselor helps him connect with a qualified Rehabilitation Engineer who outfits him with the appropriate *Assistive Technology* to independently run a computer, phone and other equipment at home and work and the Navigator helps him access funding through a Workforce Investment Act (WIA) *Individual Training Account (ITA)* for a computer class at the local Technical College where he can learn to use current computer programs with his assistive technology.

Once Bill feels comfortable with his assistive technology, his DVR counselor assists him in obtaining a part-time job as a Customer Service Representative at a telecommunications company. Bill decides to purchase a van for *transportation*. His DVR counselor assists with the down payment and his benefits counselor helps him write a *Plan for Achieving Self-Support (PASS)* to pay for the van. Additionally, the account set-up to pay for the van is an *Individualized Development Account (IDA)* which provides a financial match for every dollar Bill saves and allows him to pay off his van in half the time. His DVR counselor helps him hire the temporary services of a job coach at an hourly rate. Bill has the option to purchase these services long-term out of his individualized budget if necessary. However, within 2 weeks, Bill

meets a few of his co-workers and one of them offers to help him set up his station each morning which eliminates the need for the job coach. The *natural support* from his co-worker allows Bill to apply part of his budget to pay for other support needs.

After 6 months, Bill is offered a fulltime position. He consults with his benefits specialist to find out how this might affect his Social Security benefits as well as his healthcare coverage and premium payment through Wisconsin's *Medicaid Buy-In* program. Additionally, moving from part-time to fulltime work requires personal care assistance mid-day. Bill decides to accept the fulltime position and his Care Manager helps him arrange *Personal Assistance Services (PAS)* to assist with his health-care needs at work. As a fulltime employee, Bill is eligible for his employer's benefits including *a retirement* package and healthcare coverage. Bill invests in his employer's *401k plan* and also opts to keep his MA coverage through the Buy-In program as wrap-around coverage.

Bill's boss offers him a promotion, but this will require him to move to the company's headquarters which are located in another county. Bill is excited about the opportunity, but is concerned that he will lose access to the community-based waiver services he relies on to help him live independently. His broker assures him that his *healthcare and waiver services are portable*. Bill decides to accept the promotion.

Between the dramatic increase in his earnings and the savings tools he is able to utilize (*an Independence Account* connected with the Medicaid Buy-In as well as a matching *Individual Development Account (IDA)*), Bill has enough money saved for a down payment on *his own home*. He now lives in the community of his choice, is married, works fulltime, continues to have access to the health and care services necessary to live independently and participate fully as a member of his community and is saving for future retirement.

### WISCONSIN 2012 CASE STUDY 3

Kim is a 20 year old woman with a mild cognitive disability and was recently diagnosed with a bi-polar disorder. Kim's mother helps her apply for Social Security benefits and Kim is found eligible for federal Supplemental Security Income (SSI) due to her lack of income, assets or work history. Because she receives at least \$1 in federal SSI, she also qualifies for the Wisconsin State SSI Supplement and Medicaid.

Kim wants to work, but isn't confident she can do it on her own. Based on a recommendation from her psychiatrist, her mother brings her to their local One-Stop Job Center to start looking for work. Kim sees a poster describing the role of the *Disability Program Navigator* and decides she would like to meet this person. She meets with the Navigator who suggests that she also connect with a benefits specialist and her local *Aging and Disability Resource Center (ADRC)* to discuss long-term support options.

A comprehensive assessment is done and Kim learns she is eligible for an *individualized budget* and *support broker* through the long-term support system. Kim interviews several individuals and chooses to hire a broker that she likes and feels comfortable with.

Together as a team, Kim, the Navigator, her broker, her *Benefits Planning Assistance and Outreach (BPAO) benefits specialist* and her mother (at Kim's invitation) develop a *person-centered plan* to assist Kim in managing her mental health issues, maintain a healthy lifestyle and put a priority on employment. Kim is a key player in developing the plan and officially "owns" the plan. Her broker presents her with information on a variety of support services she can utilize to help meet her goals as needed.

Her Navigator connects Kim with *employers* conducting interviews at the Job Center and an employer offers Kim a *paid work experience* at his clothing store. Kim consults with her benefits specialist to understand how earnings might affect her SSI payment and Medicaid and is happy to learn that she can test her ability to work and not lose access to either benefit. Kim does well during her paid work experience and the employer offers her a permanent, part-time position.

Kim takes on additional job duties when she accepts the part-time position and wants help in getting established on the job. She and her broker talk to her boss and offer to increase one of her co-workers wages by \$1/hour to help as needed. Her boss and co-worker agree to this arrangement and Kim is able to work more productively and confidently with *natural supports* on the job.

Kim decides it is time to move out of her parent's house and into an apartment of her own. Due to time management issues, Kim is nervous because she frequently needs reminders to take her medications, attend therapy appointments, get to work on time, etc and she is afraid that she might have trouble following-through with these responsibilities on her own. Kim's older cousin is also looking for an apartment and agrees to be Kim's roommate. Kim decides to use some of her *individualized budget* to pay her cousin for the hours she spends helping her with

medications and appointments and Kim, her broker and cousin work out a schedule and payment system together.

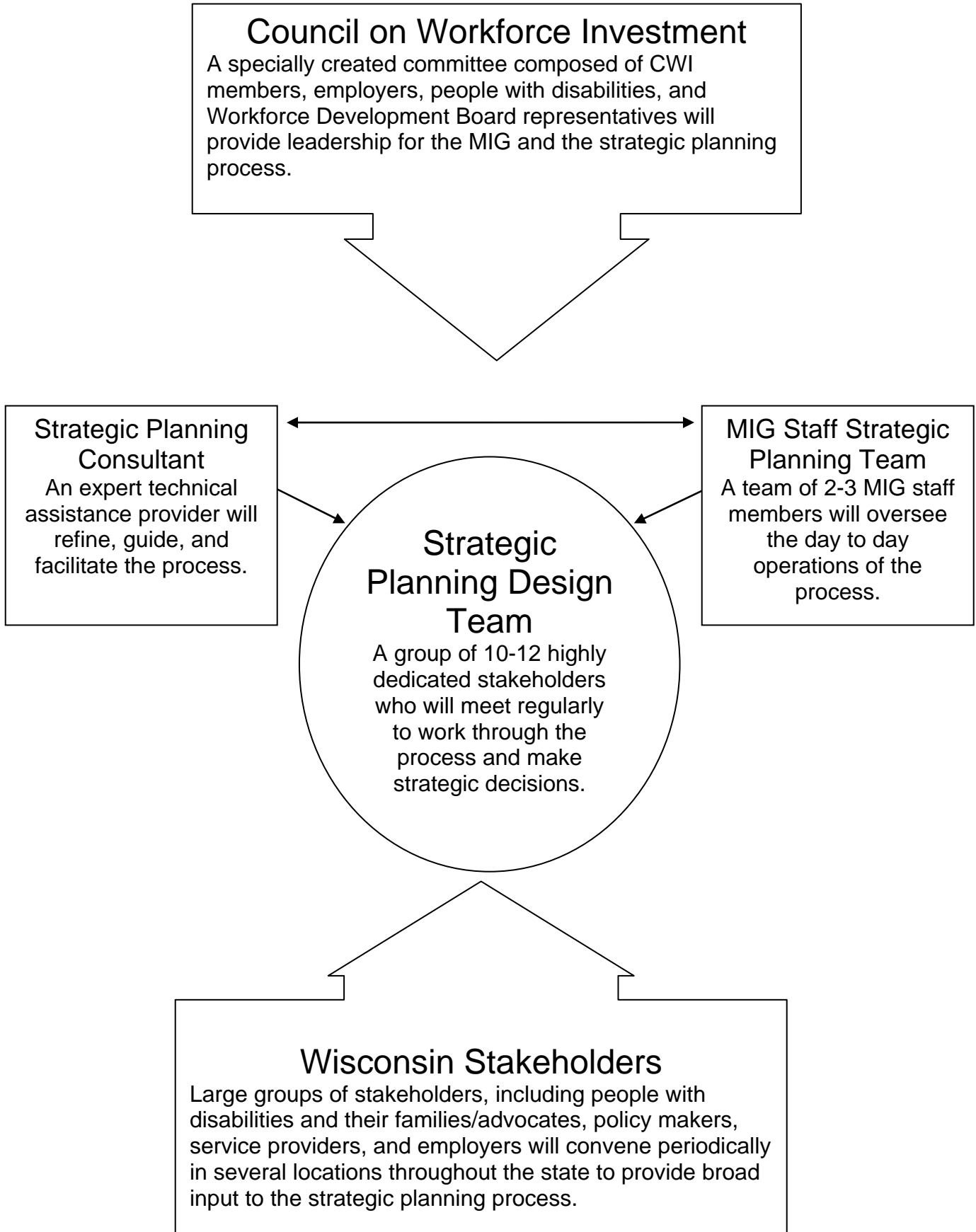
Due to the *person-centered* and *self-directed* nature of the support system in Wisconsin, Kim is able to live, work and participate in her community based on choices she makes.

## **APPENDICES**

Appendix A	Strategic Planning Structure Flowchart
Appendix B	UW-Madison Office of Quality Improvement: Strategic Planning Model
Appendix C	CWI-MIG Subcommittee Members
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Appendix J	Environmental Scan Results
Appendix K	Preliminary Employer Survey Results
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**Appendix A**  
**2005 Wisconsin Medicaid Infrastructure Grant**  
**Strategic Planning Structure**

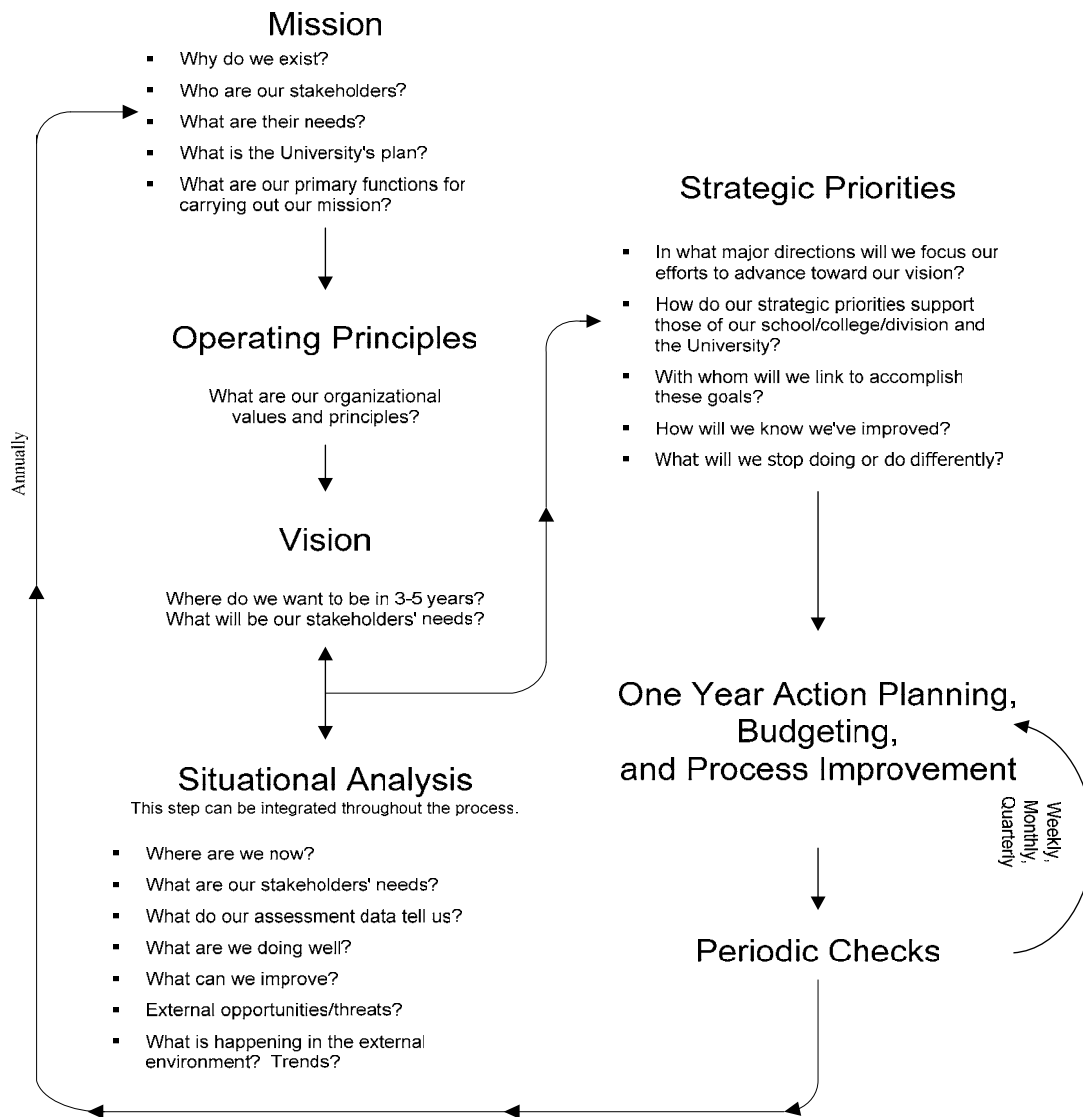


# Appendix B

## UW-Madison Office of Quality Improvement: Strategic Planning Model



### STRATEGIC PLANNING MODEL





**Appendix C:  
Council on Workforce Investment  
Employment and Disability Medicaid Infrastructure Grant  
Subcommittee Membership List**

Honorable Josh Zepnick, Chair  
State Representative, 9<sup>th</sup> Assembly District  
Council on Workforce Investment Representative  
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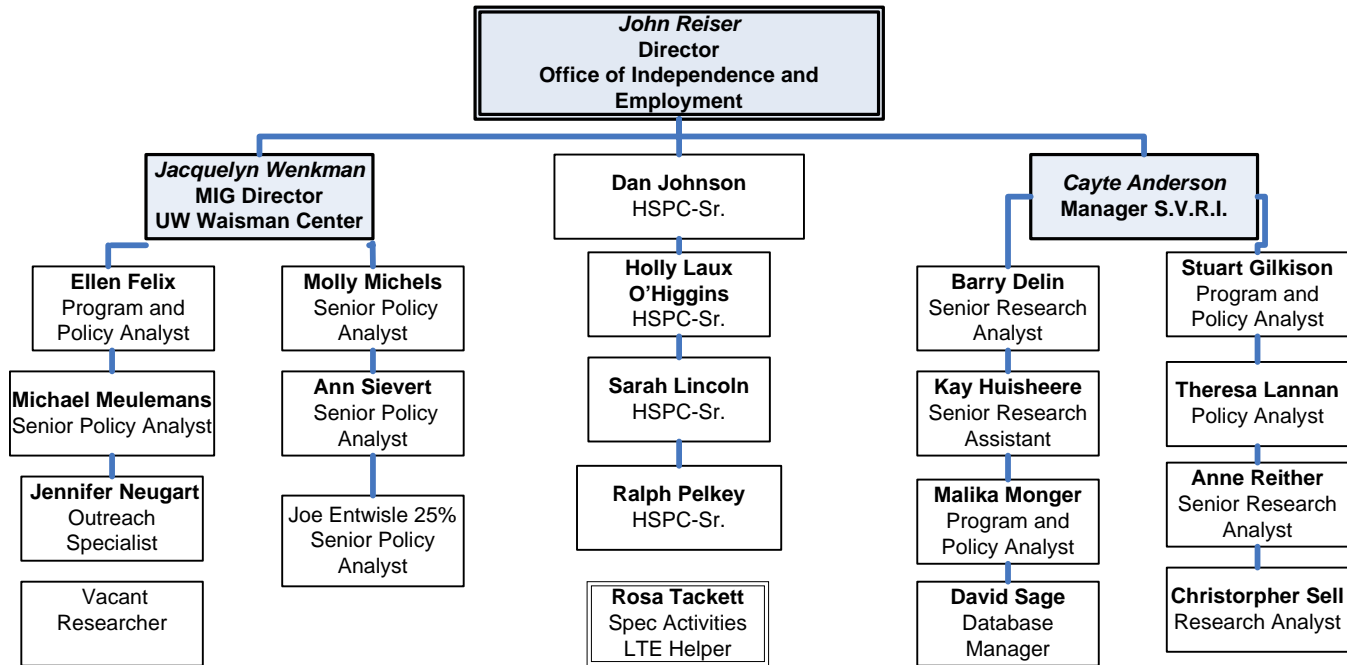
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**Appendix D**  
**List of Design Team Members**

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>TITLE</b>	<b>AGENCY</b>
Becker	Don	Attorney	Becker Law Office, S.C.
Deist	Bob	Director of Personal Care Services	Community Living Alliance
Johnson	Dan	Coordinator of Resources for People with Physical Disabilities	Department of Health and Family Services
Lewis	Randy	Supportive Apartment Program Case Worker	Kenosha Human Development Services
Lui	John	Executive Director	Stout Vocational Rehabilitation Institute, UW-Stout
Michels	Molly	Senior Policy Analyst	Wisconsin Pathways to Independence Waisman Center, UW-Madison
Talis	Annette	Information Services Coordinator	Wisconsin Association of School Boards Inc.
Zanzig	Ann	Consultant/Facilitator	Office of Quality Improvement, UW-Madison
Zepnick	Josh	State Representative, 9 <sup>th</sup> Assembly District Chair, CWI-MIG Subcommittee	Wisconsin State Assembly
<b>OTHER CONTRIBUTORS</b>			
Daniel	Charlie	Education Director	Minority and Retention Services, Wisconsin Technical College System
Duffy	Trey	Director	McBurney Center, UW-Madison
Eide	Pete	Administrator, Marinuka Manor	Western Wisconsin Workforce Development Board (La Crosse area)
Forsaith	Andy	Budget Director	Department of Health and Family Services
Freundlich	Kris	Strategic Planning Advisor	Department of Health and Family Services
Hall	Rick	DVR Project Coordinator	Department of Workforce Development, Division of Vocational Rehabilitation
Metcalf	John	Human Resources Policy Director	Wisconsin Manufacturers & Commerce
Sabatino	Connor	Research Assistant, Office of Representative Josh Zepnick	Wisconsin State Assembly

Department of Health and Family Services  
 Division of Disability and Elder Services-Bureau of Aging and Disability Resources  
 Office of Independence and Employment-Pathways Projects

11/16/2005



## Appendix F Strategic Planning Timeline

<b>Medicaid Infrastructure Grant (MIG) 2005</b>								
<b>ACTIONS / DELIVERABLES</b>	<b>APRIL</b>	<b>MAY</b>	<b>JUNE</b>	<b>JULY</b>	<b>AUG.</b>	<b>SEPT.</b>	<b>OCT.</b>	<b>NOV.</b>
<ul style="list-style-type: none"> <li>▪ Consultant Hired</li> <li>▪ Process Designed</li> <li>▪ Begin Design Team Development</li> </ul>	●————●							
<ul style="list-style-type: none"> <li>▪ First Level Stakeholder Input Survey: Internal/external</li> </ul>	●————●							
<ul style="list-style-type: none"> <li>▪ Stakeholder Input Continued First level analysis</li> <li>▪ Finalize Design Team</li> </ul>	●————●							
<ul style="list-style-type: none"> <li>▪ First Design Team Retreat Outcomes: Draft high level priorities Stakeholder input results Data collection plan: point people assigned Mission/vision</li> </ul>	●————●							
<ul style="list-style-type: none"> <li>▪ Data Collection Based on Strategies /Priorities</li> <li>▪ State-wide Stakeholder</li> <li>▪ SMART Goals DRAFT: Strategies, Measures, etc.</li> </ul>		●————●						
<ul style="list-style-type: none"> <li>▪ Point People Meetings / Check-In Meetings</li> <li>▪ Finalize Stakeholder Input – End of July</li> </ul>				●————●				
<ul style="list-style-type: none"> <li>▪ Stakeholder Listening Sessions</li> </ul>				●————●				
<ul style="list-style-type: none"> <li>▪ Team Drafts Action Steps</li> <li>▪ Finalize Goals</li> <li>▪ Refine Measures of Success</li> </ul>						●————●		
<ul style="list-style-type: none"> <li>▪ Team Meetings (Monthly)</li> </ul>	●————●							
<ul style="list-style-type: none"> <li>▪ Final Plan w/Implementation Steps</li> <li>▪ Tracking System Designed</li> <li>▪ Milestone Check Dates Set</li> </ul>							●————●	
<ul style="list-style-type: none"> <li>▪ Communication Plan Developed</li> </ul>								●————●
<ul style="list-style-type: none"> <li>▪ Evaluate Process</li> <li>▪ Set Annual Update Meeting</li> <li>▪ Final Plan Sent Out</li> <li>▪ Team Member Involvement Ends</li> </ul>								●————●



## **Appendix G: Analysis of State Plans**

Wisconsin state statutes identify six councils representing people with specific disabilities. These statutory councils are: Wisconsin Council on Developmental Disabilities, Wisconsin Council on Physical Disabilities, Council on Blindness, Council for the Deaf and Hard of Hearing, Wisconsin Council on Mental Health, and State Council on Alcohol and Other Drug Abuse. In addition, the Governor's Committee for People with Disabilities, created by Executive Order of the Governor, includes representation from each of the six statutory councils. Title 1 of the Federal Rehabilitation Act and two Governor's executive orders provide for two additional councils, the Wisconsin State Independent Living Council and the Wisconsin Rehabilitation Council which include representation of people with disabilities.

The Wisconsin Council on Developmental Disabilities, created by statute, receives federal financial assistance to serve as an advocacy and planning body to influence the direction of programs and policies for people with developmental disabilities. The Council hires staff and contracts with individuals and organizations to accomplish the state plan goals and objectives.

The Wisconsin Council on Physical Disabilities, created by statute, develops and implements a state plan of services; provides advice and makes recommendations to state agencies on relevant legislation; promote public awareness about the abilities of and barriers to people with physical disabilities; encourages the development of programs and policies that prevent physical disabilities; and submits an annual report to the Governor and state legislature.

The Wisconsin Council on Mental Health, created by statute, is legislatively mandated as the mental health planning Council for the state. It was created to provide advice on the allocation of mental health block grant funds, review and evaluate the mental-health systems progress.

The Wisconsin State Independent Living Council required by Title I of the Federal Rehabilitation Act, and created by Executive Order is responsible in partnership with the Division of Vocational Rehabilitation, for a State plan for independent living, including determining the use of the independent living funding, and monitoring, reviewing and evaluating implementation of the state plan. The Council hires staff and contracts with individuals and organizations to accomplish the state plan goals and objectives.

The Wisconsin Rehabilitation Council, required by Title I of the Federal Rehabilitation Act, and established by executive order advises the Wisconsin Division of Vocational Rehabilitation on preparation of applications, State plan, strategic plan, and amendments to the plan, reports, needs assessments, and evaluations required by Title I of the Rehabilitation Act.

The Council on Blindness, created by statute, makes recommendations to the Department and to any other state agencies concerning procedures, policies, services, activities,

programs, investigations and research that affect any problem of blind or visually impaired persons.

The Council for the Deaf and Hard of Hearing, created by statute, provides advice and consultation to the Office for Deaf and Hard of Hearing, provides advisory and consultant services to other government agencies and other government bodies, private groups, and individuals.

The Governor's Committee for People with Disabilities, created by Executive Order, is charged with: advising the Governor and state agencies on problems faced by people with disabilities; reviewing legislation affecting people with disabilities, promoting effective operation of publicly administered or supported programs; promoting the collection, dissemination, and incorporation of adequate information about people with disabilities for the purpose of public planning at all levels of government; promoting public awareness of the needs and abilities of people with disabilities; and encouraging effective participation of people with disabilities in government.

Attached for further information (Attachment 2) are summaries of each Council and links to the state plan for the Council when a State plan is required.

#### **State Plan and/or Work Plan Activities/Findings:**

Individually, these councils have identified common barriers for people with disabilities and have identified goals and objectives or established work plan priorities that if accomplished would significantly improve the employment opportunities for people with disabilities. Key barriers consistently identified across planning efforts include:

- ❑ Fear of loss of health and long-term support coverage.
- ❑ Lack of a cohesive, support/care system that provides incentives to work, and coordinates programs and activities in all 72 counties.
- ❑ Lack of affordable and accessible transportation options, especially in rural areas.
- ❑ Locating, obtaining, and maintaining employment.
- ❑ Lack of access to assistive technology services and devices.
- ❑ Lack of accessible and affordable housing.
- ❑ Lack of knowledge about civil rights protections and responsibilities.

The attached matrix (Attachment 1) summarizes the goals, objectives, and/or work plan priorities of the Councils that complement the overall goal of creating a comprehensive employment opportunities system that maximizes employment for people with disabilities and the four goals set out in the 2005 Medicaid Infrastructure Grant proposed by the Office of Independence and Employment. The four goals are:

- ❑ People with disabilities have sufficient knowledge to make informed decisions about employment.

- ❑ People with disabilities have sufficient supports to obtain and maintain employment.
- ❑ Public benefit systems do not inhibit employment.
- ❑ Employers have sufficient knowledge to make informed decisions about employing people with disabilities.

**Common Threads:**

Common threads that run through these Council plans include:

- Improved access to affordable, comprehensive, and accessible health-care.
- Increased resources and access to statewide comprehensive community-based systems of long-term care.
- Provision of incentives that support employment.
- Increased resources and access to comprehensive employment and training that response to individual needs.
- Increase access to assistive technology services and devices.
- Increase access to accessible and affordable housing.
- Improve knowledge of consumers and employers regarding civil rights projections and responsibilities.

**Appendix G:  
State Council Goals Compared to MIG 2005 Goals**

	Wisconsin State Independent Living Council	Wisconsin Council on Developmental Disabilities	Wisconsin Council on Physical Disabilities	Council for the Deaf and Hard of Hearing	Council on Blindness	Wisconsin Council on Mental Health	Governor's Committee for People with Disabilities	Wisconsin Rehabilitation Council
<b>Goal I: People with disabilities have sufficient knowledge to make informed decisions about employment.</b>		All adults with developmental disabilities who wish to work will be able to get and keep employment consistent with their interests, abilities, and needs.	Long-Term Support Goal 7: Work incentives and training for realistic employment opportunities with living wages and health benefits.	Employment Services and Access for Deaf, Hard of Hearing and Deaf/Blind  Provide resources for computer assessment, computer purchase, computer peripherals purchase, and software and develop resources to allow equipment to use as a "transitional link" between K-12 program and employment				
	Employment Goal: Objective 1: By FFY 2007, continue the identification and elimination of barriers							1.1 To annually maintain or increase the total number of individuals who achieve a successful employment

**Appendix G:  
State Council Goals Compared to MIG 2005 Goals**

	<b>Wisconsin State Independent Living Council</b>	<b>Wisconsin Council on Developmental Disabilities</b>	<b>Wisconsin Council on Physical Disabilities</b>	<b>Council for the Deaf and Hard of Hearing</b>	<b>Council on Blindness</b>	<b>Wisconsin Council on Mental Health</b>	<b>Governor's Committee for People with Disabilities</b>	<b>Wisconsin Rehabilitation Council</b>
	to employment for persons with disabilities through the removal of systemic barriers in programs/systems to accelerate and broaden options for training and job placements.							outcome.
	Objective 2: BY FFY 2006, development of systematic and coordinated methodology that informs and educates (1) Employers; (2) Policymakers and State/local funding sources, and; (3) Employment providers via state-wide efforts					CSP is to provide a wide range of community vocational options emphasizing consumer interest and preference. It is the charge of the CSP counselor to work both with consumers and the prospective employers to enhance employment		1.2 To annually maintain or increase the percent of all individuals receiving Services who achieve a successful employment outcome. 1.3 To annually maintain or increase the percent of all individuals achieving an employment outcome in

**Appendix G:  
State Council Goals Compared to MIG 2005 Goals**

	<b>Wisconsin State Independent Living Council</b>	<b>Wisconsin Council on Developmental Disabilities</b>	<b>Wisconsin Council on Physical Disabilities</b>	<b>Council for the Deaf and Hard of Hearing</b>	<b>Council on Blindness</b>	<b>Wisconsin Council on Mental Health</b>	<b>Governor's Committee for People with Disabilities</b>	<b>Wisconsin Rehabilitation Council</b>
						potential.		
	Objective 3: By FFY 2007, develop a coordinated educational effort directed towards (1) Consumers and (2) WIA and VR staff to ensure that they are informed about their choices regarding vendors and benefit analyses options		Objective 7.3: Support funding for a statewide system of work incentive specialists with on-going legal back-up, training and technical assistance.			DVR and BMHSAS will continue to increase placement rates to expand the number of persons with severe and persistent mental illness entering Wisconsin's workforce.		1.4. To annually maintain or increase the number of individuals with significant disabilities who achieve an employment outcome in competitive, self or BEP at or above minimum wage.
	Objective 4: By FFY 2007, advance a coordinated undertaking that improves the workforce investment system and increase collaboration with the delivery system		Objective 7.4: Support fully funding Vocational Rehabilitation Services (state rehabilitation counseling and client assistance program) so that Wisconsin captures all federally matchable funds.			Criterion 2: Mental Health System Data Epidemiology  Goal 1. To improve access for persons with severe and persistent mental illness (SPMI) to Community Case		outcome in competitive, self or BEP at or above minimum wage.

**Appendix G:  
State Council Goals Compared to MIG 2005 Goals**

	<b>Wisconsin State Independent Living Council</b>	<b>Wisconsin Council on Developmental Disabilities</b>	<b>Wisconsin Council on Physical Disabilities</b>	<b>Council for the Deaf and Hard of Hearing</b>	<b>Council on Blindness</b>	<b>Wisconsin Council on Mental Health</b>	<b>Governor's Committee for People with Disabilities</b>	<b>Wisconsin Rehabilitation Council</b>
						Management (CM) Services.		
								The DSU ensures that individuals from minority backgrounds have equal access to all vocational rehabilitation services.
	Objective 6: BY FFY 2007, develop a system that advocates the Ticket-to-Work & Work Incentives Improvement Act Advisory Panel for improvements to the Ticket to Work Program to increase provider options for consumers AND advocate for additional work							

**Appendix G:  
State Council Goals Compared to MIG 2005 Goals**

	<b>Wisconsin State Independent Living Council</b>	<b>Wisconsin Council on Developmental Disabilities</b>	<b>Wisconsin Council on Physical Disabilities</b>	<b>Council for the Deaf and Hard of Hearing</b>	<b>Council on Blindness</b>	<b>Wisconsin Council on Mental Health</b>	<b>Governor's Committee for People with Disabilities</b>	<b>Wisconsin Rehabilitation Council</b>
	initiatives such as DVR's Making Work Pay and revisions to the IRS Code.							
	Objective 7: By FFY 2006, Identify appropriate participation activities on youth transition issues Transportation Objective 4: By FFY 2007, SILC/IL Partners will facilitate, as resources allow, the replication of at least (2) innovative consumer directed transportation programs that enhance personal vehicle options. These include subsidized							



**Appendix G:  
State Council Goals Compared to MIG 2005 Goals**

	<b>Wisconsin State Independent Living Council</b>	<b>Wisconsin Council on Developmental Disabilities</b>	<b>Wisconsin Council on Physical Disabilities</b>	<b>Council for the Deaf and Hard of Hearing</b>	<b>Council on Blindness</b>	<b>Wisconsin Council on Mental Health</b>	<b>Governor's Committee for People with Disabilities</b>	<b>Wisconsin Rehabilitation Council</b>
	vehicle purchasing and repairs, vanpooling, cooperative vehicle purchasing, and volunteer driver programs.							
<b>GOAL II: People with disabilities have sufficient supports to obtain and maintain employment.</b>	Employment Goal: Collaborate with DVR, DWD and private employment programs to significantly improve the capacity of people with disabilities to locate, obtain and retain employment, developing a comprehensive employment strategy that bridges the gap between employers and people with					Criterion 1: Comprehensive Community-Based Mental Health Service Systems Goal 1. Implement a new Comprehensive Community Services (CCS) benefit to increase funding for an expanded array of services.		The DSU shall assist eligible individuals, including individuals with a significant disability, to obtain, maintain, or regain high quality employment.

**Appendix G:  
State Council Goals Compared to MIG 2005 Goals**

	<b>Wisconsin State Independent Living Council</b>	<b>Wisconsin Council on Developmental Disabilities</b>	<b>Wisconsin Council on Physical Disabilities</b>	<b>Council for the Deaf and Hard of Hearing</b>	<b>Council on Blindness</b>	<b>Wisconsin Council on Mental Health</b>	<b>Governor's Committee for People with Disabilities</b>	<b>Wisconsin Rehabilitation Council</b>
	disabilities							
	Objective 4: By FFY 2005, SILC/IL Partners shall develop a strategy to increase assistive technology funding by \$800,000 in the SFY 2005-2007 budget.		Long-Term Support Goal 6: Statewide access to and funding for assistive technology (services, devices, consumer training and maintenance) as needed for individuals of any age.	Mandated Coverage for Hearing Aids under Primary Insurance	Tax exemption for adaptive equipment.			1.5. To annually maintain or increase the average hourly earnings of all individuals who achieve an employment competitive, self or BEP at or above minimum wage.
				Create at least one link with a community agency to share information regarding assistive devices and services that facilitate success for individuals				1.6. To annually maintain or increase the percent of all individuals who achieve an employment outcome in competitive, self or BEP at or above minimum wage with their own income as their primary source of support.

**Appendix G:  
State Council Goals Compared to MIG 2005 Goals**

	<b>Wisconsin State Independent Living Council</b>	<b>Wisconsin Council on Developmental Disabilities</b>	<b>Wisconsin Council on Physical Disabilities</b>	<b>Council for the Deaf and Hard of Hearing</b>	<b>Council on Blindness</b>	<b>Wisconsin Council on Mental Health</b>	<b>Governor's Committee for People with Disabilities</b>	<b>Wisconsin Rehabilitation Council</b>
	Goal: Develop a comprehensive continuum of long term care services, with an emphasis on increased community care, which effectively provides IL services to people with disabilities in a timely, integrated and appropriate manner.	All people with developmental disabilities will have immediate* access to the community services and supports that they need and want from the 51.42/.437/HSD system. *For non-emergency, non-urgent service and support needs, no person shall have to wait more than 60-90 days to receive those services and/or supports.				Criterion 1: Comprehensive Community-Based Mental Health Service Systems		
	Objective 3: By FFY 2005, SILC/IL Partners will assist the state to take steps towards implementing a self-directed		Long-Term Support Goal 2: Self-directed in all choices about services and supports needed with education provided regarding			Goal 1. Implement a new Comprehensive Community Services (CCS) benefit to increase funding for an expanded		

**Appendix G:  
State Council Goals Compared to MIG 2005 Goals**

	<b>Wisconsin State Independent Living Council</b>	<b>Wisconsin Council on Developmental Disabilities</b>	<b>Wisconsin Council on Physical Disabilities</b>	<b>Council for the Deaf and Hard of Hearing</b>	<b>Council on Blindness</b>	<b>Wisconsin Council on Mental Health</b>	<b>Governor's Committee for People with Disabilities</b>	<b>Wisconsin Rehabilitation Council</b>
	personal care model for individuals with disabilities.		options available to consumers.			array of services.		
	Employment Goal Objective 5: By FFY 2006, SILC/IL Partners will collaborate with One-Stops to improve program and physical accessibility of the Job Centers			Create a contact sheet that individuals (families) complete while still in K-12 school that links them to informational / referral services ...to be shared locally and regionally.		Goal 2. To reduce the criminal justice system involvement of persons who have Severe and Persistent Mental Illness (SPMI) served by Community Support Programs (CSP) and Case Management (CM) programs.		
						Criterion 2: Mental Health System Data Epidemiology		
						Goal 2. To further reduce wait lists for services in Community Support Programs (CSPs).		
						Criterion 4:		

**Appendix G:  
State Council Goals Compared to MIG 2005 Goals**

	<b>Wisconsin State Independent Living Council</b>	<b>Wisconsin Council on Developmental Disabilities</b>	<b>Wisconsin Council on Physical Disabilities</b>	<b>Council for the Deaf and Hard of Hearing</b>	<b>Council on Blindness</b>	<b>Wisconsin Council on Mental Health</b>	<b>Governor's Committee for People with Disabilities</b>	<b>Wisconsin Rehabilitation Council</b>
						Targeted Services to Rural and Homeless Populations Goal: To increase access to mental health services for adults with a Severe and Persistent Mental Illness (SPMI) in rural areas.		
						Criterion 5: Management Systems Goal: At least maintain resources to consumer-run programs and services and to family support services.		
	Goal: To increase affordable and accessible transportation opportunities for people with disabilities.		Transportation Goal 1: Safe, reliable, cost effective and accessible transportation for people with physical	Better Transportation and Transitional Services for Deaf-Blind				

**Appendix G:  
State Council Goals Compared to MIG 2005 Goals**

	Wisconsin State Independent Living Council	Wisconsin Council on Developmental Disabilities	Wisconsin Council on Physical Disabilities	Council for the Deaf and Hard of Hearing	Council on Blindness	Wisconsin Council on Mental Health	Governor's Committee for People with Disabilities	Wisconsin Rehabilitation Council
			disabilities.					
			Transportation Goal 2: Adequate parking for people with physical disabilities and public awareness of the need.					
<b>GOAL III: Public benefit systems do not inhibit employment.</b>			Long-Term Support Goal 4: Entitlement to a comprehensive care system that supports home and community living for people with physical disabilities.			Criterion 1: Comprehensive Community-Based Mental Health Service Systems investigate and formulate plans to expand access to benefit specialist services.		
			Long-term support Goal 7: Objective 7.1: Support improvements to the Medical Assistance					



**Appendix G:  
State Council Goals Compared to MIG 2005 Goals**

	Wisconsin State Independent Living Council	Wisconsin Council on Developmental Disabilities	Wisconsin Council on Physical Disabilities	Council for the Deaf and Hard of Hearing	Council on Blindness	Wisconsin Council on Mental Health	Governor's Committee for People with Disabilities	Wisconsin Rehabilitation Council
<b>GOAL IV: Employers have sufficient knowledge to make informed decisions about employing people with disabilities.</b>		Objective: By 2003, 150 businesses/employers will employ a total of 250 adults with developmental disabilities as a result of a business-to-business initiative in which employers will influence other employers to hire more people with developmental disabilities.	Transportation Goal 3: Decrease/eliminate the need for transportation (especially to and from work) by using technology.	Create a video of successful employees using access devices + services in the workplace				



**Appendix G:  
State Council Goals Compared to MIG 2005 Goals**

	<b>Wisconsin State Independent Living Council</b>	<b>Wisconsin Council on Developmental Disabilities</b>	<b>Wisconsin Council on Physical Disabilities</b>	<b>Council for the Deaf and Hard of Hearing</b>	<b>Council on Blindness</b>	<b>Wisconsin Council on Mental Health</b>	<b>Governor's Committee for People with Disabilities</b>	<b>Wisconsin Rehabilitation Council</b>
			Objective 3.1: Support development of and access to technologies that allow people to work at home (e.g., use of telecommuting to allow people to work at home).					

## **Appendix H: Pathways to Independence Stakeholder Questionnaire 2005**

The State of Wisconsin is currently creating a four-year strategic plan to develop a comprehensive employment system for people with disabilities. This plan is funded by Wisconsin's Medicaid Infrastructure Grant, which aims to:

- maximize employment for people with disabilities
- increase the state's labor force through the inclusion of people with disabilities
- protect and enhance workers' healthcare, benefits and other needed employment support

Your input is very important to the success of our planning process. To that end, please take ten minutes to answer the following questions. Your answers will be used as our baseline information as we begin working on drafting the plan.

Thank you very much for taking the time to complete this questionnaire. Your response *within one week* is greatly appreciated.

This survey may also be completed online at:

[https://www.han.wisc.edu/mod\\_surv/user\\_instruct.jsp?surv\\_id=926](https://www.han.wisc.edu/mod_surv/user_instruct.jsp?surv_id=926)

- 
1. What do you think are three ways to improve the systems for people with disabilities who want to obtain and maintain employment?
    - A.
    - B.
    - C.
  
  2. What do you think are three ways to encourage employers in the state to hire people with disabilities?
    - A.
    - B.
    - C.
  
  3. What existing practices or policies in the state are working well in supporting people with disabilities in obtaining and maintaining employment?
  
  
  
  
  
  
  
  
  
  
  4. Beyond existing practices or policies in the state, what new innovations do you think could work well in supporting people with disabilities in obtaining and maintaining employment?

**Appendix H:  
Pathways to Independence Stakeholder Questionnaire 2005**

5. For a plan to be successful in achieving the desired outcomes, in your opinion, what does it have to include or address?

6. What is the best way to get your input and give you information during this planning process?

Web-based site\_\_\_\_\_ E-mail\_\_\_\_\_ Mail\_\_\_\_\_

Group Meetings\_\_\_\_\_ Other\_\_\_\_\_

7. How frequently would you like to be updated?

Need to know basis\_\_\_\_\_ Monthly\_\_\_\_\_

Weekly\_\_\_\_\_ At the end\_\_\_\_\_

8. For our demographic information, please check all that apply to you:

\_\_\_person with a disability

\_\_\_employer

\_\_\_veteran

\_\_\_social service provider

\_\_\_professional advocate

\_\_\_peer advocate

\_\_\_caregiver of a person with a disability

\_\_\_family member of a person with a disability

\_\_\_health care professional

\_\_\_state agency staff member

\_\_\_university staff member

\_\_\_benefits counselor

\_\_\_rehabilitation specialist

\_\_\_insurance provider

\_\_\_State Council member

\_\_\_other: \_\_\_\_\_

**Thank you for your input!  
Please return completed questionnaires to Molly Michels:**

via fax: 608-266-3386

via e-mail (as attachment): [michemm@dhfs.state.wi.us](mailto:michemm@dhfs.state.wi.us)

via post: Department of Health and Family Services

1 West Wilson Street, Room 1150

Madison, WI 53702

**Appendix H:**  
**Pathways to Independence Stakeholder Questionnaire 2005**  
 4 November 2005

Stakeholder Questionnaire Survey Results

Background

The Wisconsin Health Alert Network (HAN) conducted a survey of people with disabilities, state agency staff, service providers, employers, and others with an interest in improving employment options for people with disabilities (PWD). The survey, which ran between April and October 2005, was designed to gather information regarding the specific approaches most likely to improve employment options for PWD. In all, 250 respondents completed the survey. As shown in Figure 1, the largest category of survey respondents was state agency staff (41.6 percent), although a significant percentage of respondents described themselves as being rehabilitation specialists, persons with a disability, or social service providers. A relatively small percentage—7.8 percent—of survey respondents were employers. The survey demographic categories were not mutually exclusive, and many respondents identified themselves in multiple categories.

<b>Figure 1</b>		
<b>Survey Respondent Demographic Information</b>		
<b>Category</b>	<b>Respondents</b>	<b>Pct.</b>
State Agency Staff	102	41.6%
Rehabilitation Specialist	87	35.5%
Person with a Disability	71	29.0%
Social Service Provider	61	24.9%
Family Member	53	21.6%
Professional Advocate	52	21.2%
Health Care Professional	20	8.2%
Employer	19	7.8%
Benefits Counselor	19	7.8%
Caregiver	17	6.9%
State Council Member	17	6.9%
Peer Advocate	16	6.5%
Veteran	9	3.7%
University Staff	9	3.7%
Insurance Provider	1	0.4%
Note: Percentage does not equal 100.0% because survey respondents were able to select multiple categories		

In order to develop themes to guide our statewide resource mapping and environmental scan efforts, we focused our analysis on three of the survey's seven questions, which were deemed to be most directly applicable to our fieldwork:

- steps that would most improve systems for PWD who want to obtain and maintain employment (Survey Question 1);
- steps that would getter engage employers in hiring PWD (Question 2); and

- a targeted analysis of employer identification of key elements of a successful plan for enhancing employment opportunities for PWD (Question 5, subgroup=employers). General Opportunities for Enhancing Employment of People with Disabilities (Question 1) Survey respondents recommended a very broad range of possible improvements and approaches, which we analyzed and placed into categories. However, several were cited more frequently among the 46 separate categories we identified. A complete list of response categories for Question 1 is included in Exhibit 1.

When considered as a group, the respondents' most commonly-cited improvement or approach to enhance employment for PWD is to **focus greater efforts on employers**. Respondents cited a variety of methods and techniques to increase employers' willingness and ability to hire and retain people with disabilities, including:

- Increased education and communication of benefits of hiring people with disabilities, such as existing programs like the federal Work Opportunity Tax Credit;
- Increased incentives for employers to hire PWD; and
- Greater efforts to recruit potential employers, such as increased face-to-face contact with employers or other marketing strategies.

As shown in Figure 2, survey respondents also cited the **need to reduce waiting lists** for employment support services (24.1 percent), **improve transportation** (20.8 percent), **revise Social Security Administration (SSA) income thresholds** to allow greater earnings without loss of benefits (20.0 percent), and **allow continued health insurance coverage after employment** (19.6 percent). If considered together, revising SSA income thresholds and continuation of medical benefits would have been the single most commonly-cited step to enhancing employment of people with disabilities.

<b>Figure 2</b>		
<b>Top Ten Suggested Improvements to Enhance Employability of People with Disabilities</b>		
All Survey Respondents, n=245		
<b>Description</b>	<b>Responses</b>	
	<b>Total</b>	<b>Pct.</b>
Recruit/educate/provide incentives to employers	71	29.0%
Eliminate waiting lists/increase funding/more resources to DVR	59	24.1%
Improve transportation options	51	20.8%
Revise SSA rules/Benefit income thresholds/continue benefits after employment	49	20.0%
Continuation of medical benefits	48	19.6%
Improve communication to consumers/benefits counseling	45	18.4%
Improve training for consumers	43	17.6%
Focus on wrap-around service delivery/improved interagency coordination/Job Centers	35	14.3%
Improve consumer screening for employment/person-centered planning	30	12.2%
Reduce bureaucracy/red tape	30	12.2%

**Note:** Excludes five surveys with blank responses.

When the responses of people with disabilities were considered separately, while the top five priorities were the same, the relative rank of each priority was re-ordered, as shown in Figure 3. The new ranking (from highest to lowest) was **continuation of medical benefits** (28.6 percent), **improve transportation** (24.3 percent), and **revise SSA income thresholds** (22.9 percent). Recruiting employers and eliminating waiting lists, while still frequently cited by survey respondents with disabilities, were mentioned less frequently than eliminating the disincentives of lost benefit income and medical benefits and improving the availability of transportation.

**Figure 3**  
**Top Ten Suggested Improvements to Enhance Employability of People with Disabilities**  
Persons with Disabilities, n=70

Description	Responses	
	Total	Pct.
Continuation of medical benefits	20	28.6%
Improve transportation options	17	24.3%
Revise SSA/Benefit income thresholds/continue benefits after employment	16	22.9%
Recruit/educate/provide incentives to employers	16	22.9%
Eliminate waiting lists/increase funding/more resources to DVR	13	18.6%
Reduce bureaucracy/red tape	12	17.1%
Improve training for consumers	11	15.7%
Improve communication to consumers/benefits counseling	10	14.3%
Focus on wrap-around service delivery/improved interagency coordination/Job Centers	10	14.3%
Improve staff training/staff quality	8	11.4%

Strategies for Engaging Employers to Improve Opportunities for PWD (Question 2)

In addition to identifying general systemic improvements to the employment situation for PWD, survey respondents were asked to provide ideas on the best ways to encourage employers in the state to hire more PWD (Question 2). As shown in Figure 4, survey respondents' most commonly cited suggestion was to **increase efforts to educate employers about success stories** for PWD in the workplace (47.5 percent), to offer **increased financial incentives to employers** (39.8 percent), and to **provide greater opportunity for job trials, on-the-job training, and work experience** for PWD (20.5 percent). There were more total response categories for this question than for Question 1, indicating a wider range of ideas on how to encourage employers to hire more PWD. However, when compared to the results in Figure 2, there appears to be more agreement among respondents on the top three best approaches. For example, the most commonly-cited response to Question 1 was mentioned by 29.0 percent of respondents; in contrast the most commonly-cited response to Question 2 was mentioned by 47.5 percent. In all, we identified 52 categories of responses for Question 2, which are presented in full in Exhibit 2.

**Figure 4**  
**Top Ten Suggested Approaches to Encourage Employers to Hire More PWD**  
All Survey Respondents, n=244

Description	Responses	
	Total	Pct.
Marketing and education related to success stories and non-financial benefits of hiring PWD	116	47.5%
Increase tax credits/OFT funds/Other financial incentives	97	39.8%
Increase the number of Job Trials/OJT/Work Experience	50	20.5%
Improve PWD training and skillset/Provide better candidates	34	13.9%
Focus on Employer to Employer contacts/Business Leadership Network/Peer associations	27	11.1%
Education related to existing tax credits or other financial incentives	26	10.7%
Education on costs & requirements of accomodating PWD in the workplace	25	10.2%
Increase knowledge of MAPP/Share health insurance costs/Universal health care	20	8.2%
Improve assessment of employer needs	18	7.4%
Focus on face-to-face meetings between PWD and employers/Job Fairs	18	7.4%

Note: Excludes six surveys with blank responses.

The responses of people with disabilities to this question followed a similar ranking of approaches, as shown in Figure 5. The three approaches most commonly cited among people with disabilities were the same as for all survey respondents. After the top three, responses from people with disabilities were ranked slightly differently than for all survey respondents. Specifically, people with disabilities cited the need to **assist employers with workplace accommodation issues** relatively more frequently (14.3 percent) than all survey respondents (10.2 percent). On the other hand, people with disabilities were slightly less likely than other survey respondents to note the need to **provide better candidates for employers** (8.6 percent vs. 13.9 percent for all respondents).

**Figure 5**  
**Top Ten Suggested Approaches to Encourage Employers to Hire More PWD**  
Persons with Disabilities, n=70

Description	Responses	
	Total	Pct.
Marketing and education related to success stories and non-financial benefits of hiring PWD	40	57.1%
Increase tax credits/OFT funds/Other financial incentives	28	40.0%
Increase the number of Job Trials/OJT/Work Experience	14	20.0%
Education on costs & requirements of accomodating PWD in the workplace	10	14.3%
Focus on face-to-face meetings between PWD and employers/Job Fairs	8	11.4%
Education related to existing tax credits or other financial incentives	7	10.0%
Improve PWD training and skillset/Provide better candidates	6	8.6%
Improve assessment of employer needs	5	7.1%
Provide technical assistance related to accomodations in the workplace	5	7.1%
Seven response categories tied	4	5.7%

#### Employer Opinions on Key Elements of a Successful Plan (Question 5)

As noted above, survey respondents placed consistent emphasis on the role of the employer. However, only 19 survey respondents identified themselves as employers. Therefore, we focused on the responses from these 19 individuals relative to what they felt were the key elements for a successful plan to enhance PWD employment. All employer responses are presented verbatim in Exhibit 3.

Although many survey respondents placed a high priority on providing increased financial incentives to prospective employers, most of the 19 employers who responded to the survey did not identify financial incentives as being a key element of a successful plan. Rather, employers tended to mention the need for:

- a shared vision or consciousness among employers, agencies, and PWD alike;
- increased information, communication, and improved interagency relationships—between employers, state and county agencies, and between employers, agencies, and service providers—in order to better match candidates with suitable jobs;
- more funding for support and employment programs run by both the state and local agencies, including training for PWD wishing to improve their job skills;
- better health insurance options for PWD; and
- improved management information and outcome measures to allow more focused use of resources by identifying what works.

## Exhibit 1

### Total Response Frequency for Question 1

"What do you think are three ways to improve the systems for people with disabilities who want to obtain and maintain employment?"

Description	Responses	
	Total	Pct.
Recruit/educate/provide incentives to employers	71	29.0%
Eliminate waiting lists/increase funding/more resources to DVR	59	24.1%
Improve transportation options	51	20.8%
Revise SSA/Benefit income thresholds/continue benefits after employment	49	20.0%
Continuation of medical benefits	48	19.6%
Improve communication to consumers/benefits counseling/BPAO	45	18.4%
Improve training for consumers	43	17.6%
Focus on wrap-around service delivery/improved interagency coordination/Job Centers	35	14.3%
Improve consumer screening for employment/improve IPE/person-centered planning	30	12.2%
Reduce bureaucracy/red tape	30	12.2%
Focus on employment placement/career exploration	20	8.2%
Improve staff training/staff quality	17	6.9%
Focus on supported employment/job aides	16	6.5%
Change statutes to encourage employment/improve enforcement/improve accessibility	14	5.7%
Focus on vendor accountability/incentives/communication	12	4.9%
Focus on job coaching	12	4.9%
Focus on long term support	11	4.5%
Improve access to assisted living devices	10	4.1%
Focus on school-to-work transition	10	4.1%
Address psychosocial barriers	6	2.4%
Focus on other employment supports	5	2.0%
Improve wages for consumers/supplemental wage programs/tax breaks to employers	4	1.6%
Focus on housing	4	1.6%
Improve rehabilitation services	3	1.2%
Shorter hours for consumers to work/flexible work schedules	3	1.2%
Focus on sheltered workshops	2	0.8%
Focus on early childhood intervention	2	0.8%
Transfer DVR to DHFS	2	0.8%
Improve economy	2	0.8%
Provide tax breaks to consumers	2	0.8%
Allow work from home	2	0.8%
Decrease benefits to encourage work/remove incentives to not work	2	0.8%
Focus on natural job supports	2	0.8%
Focus on trial work experiences	2	0.8%
Focus on mental health services	2	0.8%
Focus on job sharing	2	0.8%
Focus on PCW services	1	0.4%
Focus on childcare	1	0.4%
Remove barrier between W-2, SSA & DVR	1	0.4%
Increase separation between W-2 & DVR	1	0.4%
Create longer trial job period	1	0.4%
Maintain safety & work incentives	1	0.4%
Eliminate training grants	1	0.4%
Increase services in rural areas	1	0.4%
Focus on trust	1	0.4%
Develop professional organizations for consumers	1	0.4%



## Exhibit 2

### Total Response Frequency for Question 2

"What do you think are three ways to encourage employers in the state to hire people with disabilities?"

Description	Responses	
	Total	Pct
Marketing and education related to success stories and non-financial benefits of hiring PWD	116	47.5%
Increase tax credits/OFT funds/Other financial incentives	97	39.8%
Increase the number of Job Trials/OJT/Work Experience	50	20.5%
Improve PWD training and skillset/Provide better candidates	34	13.9%
Focus on Employer to Employer contacts/Business Leadership Network/Peer associations	27	11.1%
Education related to existing tax credits or other financial incentives	26	10.7%
Education on costs & requirements of accomodating PWD in the workplace	25	10.2%
Increase knowledge of MAPP/Share health insurance costs/Universal health care	20	8.2%
Improve assessment of employer needs	18	7.4%
Focus on face-to-face meetings between PWD and employers/Job Fairs	18	7.4%
Provide technical assistance related to accomodations in the workplace	12	4.9%
Adopt a team approach between placement staff, state staff, and employers	12	4.9%
Provide more funding for personal attendants or job aides	11	4.5%
Focus on Job Coaches	11	4.5%
Reduced bureaucracy	10	4.1%
Statewide marketing of best practices and success stories	10	4.1%
Training/Incentives to non PWD employees to enhance sensitivity	9	3.7%
Improve Enforcement of ADA	8	3.3%
Address employer concerns related to liability	8	3.3%
Give PWD a chance to succeed	8	3.3%
Recruit/Focus on specific employers	7	2.9%
Public recognition of employers who hire and retain PWD	7	2.9%
Improve vendor performance (job placement)	7	2.9%
Focus on HR personnel/Allen Anderson approach/SHRM	6	2.5%
Improve transportation system	6	2.5%
Change PWD attitudes to employment	6	2.5%
Provide more funding for Assisted Living Devices	5	2.0%
Establish job clearinghouses specific to PWD	4	1.6%
Create Business Liaisons/Job Developers	4	1.6%
Focus on mentoring for natural supports	4	1.6%
Transitional employment programs/Yahara House	3	1.2%
Avoid demands for subsidies/Play up other benefits of hiring PWD	3	1.2%
Develop PWD networks to assist each other	3	1.2%
Recruit/Focus on specific industries	2	0.8%
Involve employers in the Medicaid Infrastructure Grant process	2	0.8%
Survey employers to identify barriers	2	0.8%
Research	2	0.8%
Require PWD hiring by firms receiving public funds	2	0.8%
Focus on job carving	2	0.8%
Public sector agencies should hire more PWD	2	0.8%
Increase political support in State Capitol	2	0.8%
Employer tours of sheltered workshops	1	0.4%
Coordinated outreach & education	1	0.4%
Standardized skill testing to identify qualified applicants	1	0.4%
Open category 3	1	0.4%
Focus on person-centered planning	1	0.4%
Focus on work attendance issues	1	0.4%
Focus on Job Centers	1	0.4%
Focus on telework and alternative work schedules	1	0.4%
Focus on turnover	1	0.4%
Focus on persistence	1	0.4%
Focus on the Affirmative Action concept	1	0.4%

### Exhibit 3

#### Employer Responses to Question 5

n=19

"For a plan to be successful in achieving the desired outcomes, in your opinion, what does it have to include or address?"

*Note: Survey responses from employers are presented verbatim, in the chronological order they were received, with minor editing of spelling only.*

- Real data - find actual employees / employers education plan - steps to reach employees / employers realistic goals follow up plan.'
- I believe that better relationships need to be built between private vendors and state agencies. There seems to be some notion that private vendors get paid for doing nothing. This couldn't be farther from the truth. Not to mention we work with many clients for whom we will never receive payment because their disabilities, abilities, situation are not conducive to obtaining the desired outcomes.
- Gap analysis of service delivery system in regions/areas. Marketing plan. Increased funding. Easily accessible linkage between employers and disabled employees.
- Needs: training component, reasonable accommodations, communication access, funding to pilot a new innovative program or expand an existing program for targeted population.
- 1. A broad vision of the future to keep the rest in context.
  2. For each goal or objective, a specific list of 'indicators' that will be measured-- characteristics of the objective, which, if taken together, give us reason to believe the objective has been met. E.g., rather than just "X number of people will be successfully employed", list the specific to look for--how many hours, what salary, does the person report that this job is the right fit, etc.
  3. A review of the 'environment'--who else is working on this? How can we collaborate? What other funding sources are available?
- Money, training and total support from DVR, county and job centers.
- Shared firm commitment to the values and principles that are driving the desire change. Also each participant understand their contribution to the change, and recognizes how their contribution fits in..... so that they recognize their interdependency within the plan and will not back out.... It's also important to know how you will deal with lack of success...continual resiliency.
- Communication is the key to any successful program. A program cannot be one-sided - it has to include everyone that could benefit the success and their input needs to be valued.
- 1. Funding, estimate of benefit to employer.
  2. Jobs that run the gamut of skills.
  3. Pilot programs that can produce evidence to convince employers to consider people with disabilities.

- Feedback from participants.
- Must include all stakeholders from the beginning. People with disabilities who are employed and those seeking employment need to be consulted with and looked to as experts. People with a variety of disabilities need to be included, because the issues facing different groups are unique. For example, although the supported employment system is far from adequate, it is much more likely that a person with a developmental disability will receive supported employment services than for this to happen for a person with a mental illness. Those creating the plan need to have the authority and autonomy to see it carried out and the items in the plan achieved. The outcomes need to be assigned to specific people or organizations (who agree with them and are willing to work to achieve them), deadlines need to be set, and review processes must be incorporated.
- Waitlists! It also needs to include not settling for mediocre community employment. It also needs to include consumer choice and respect for choices made even if they vary from the ideal, i.e. if a consumer has been employed in the community and decides that that this point they want sheltered work, the choice needs to be honored even though it goes against trends.
- It has to address the needs of the individuals being affected on a real-life scale. How does any change affect their family life, their income and overall well being? We should address the income capacity, household size, budget requirements and future goals of these individuals. Healthcare is a major issue for all citizens and we have to consider how the healthcare needs will be addressed. Housing has to be considered, childcare and other elements that may affect their lives.
- Get enough staff and money to get rid of the wait list and start processing cases more effectively and timely.
- Counseling, training, education, placement and follow up.
- Absenteeism because of illness.
- Get people to try things they think they can't do. Breeds confidence and autonomy.
- Proof that people with disabilities are as productive, with assistance, as other employees.
- Eligibility for health insurance must be comprehensive and long-term.

## Milwaukee County Workforce Background

The following information represents excerpts and summaries from the Milwaukee County Workforce Profile prepared by the State of Wisconsin Department of Workforce Development, Office of Economic Advisors. The profile was published in November 2004. The document reference number is OEA-10633-P.

This profile summary is provided as general economic and employment background for the county overall. Summaries include the following information:

- Population
- Key industries
- Key employers
- Employment/unemployment statistics
- Labor force age data, and
- Labor force wage data.

The purpose of providing this information is to put into context the employment data for people with disabilities in Milwaukee County presented in the following section.

### County Population

- There was a slight population decrease in Milwaukee County from 2000 to 2004 (-0.1%)
- There is an overwhelming trend in the county toward an older population
  - Currently, 20% of the population is over 60 years old
  - Population over 60 years old is expected to increase to 30% by 2030

	<b>April 2000 Census</b>	<b>Jan. 1, 2004 Estimate</b>	<b>Numeric Change</b>	<b>Percent Change</b>
Milwaukee County	940,164	939,358	-806	-0.1%
Largest Municipalities				
Milwaukee, City*	596,974	593,920	-3,054	-0.5%
West Allis, City	61,254	60,607	-647	-1.1%
Wauwatosa, City	47,271	46,511	-760	-1.6%
Greenfield, City	35,476	36,059	583	1.6%
Franklin, City	29,494	31,804	2,310	7.8%
Oak Creek, City	28,456	31,029	2,573	9.0%
South Milwaukee, City	21,256	21,360	104	0.5%
Cudahy, City	18,429	18,315	-114	-0.6%
Greendale, Village	14,405	14,128	-277	-1.9%
Whitefish Bay, Village	14,163	13,979	-184	-1.3%

\* Milwaukee County portion only

### Top Ten Industries in Milwaukee County

- Educational services represents the largest concentration of employees in the county (44,384 employees), followed by administrative and support services (which accounts for 35,401 employees in the County)
- Industries with the largest increases in employees between 1999 and 2004 are educational services (an increase of 3,809 employees), and social assistance (an increase of 3,736 employees)

Industry	March 2004		Numeric Employment Change	
	Establishments	Employees	2003-2004	1999-2004
Educational services	230	44,384	184	3,809
Administrative & support services	849	35,401	765	-4,274
Food services & drinking places	1,177	28,838	-7	469
Hospitals	18	28,484	681	2,248
Professional & technical services	1,849	23,045	-497	-1,994
Ambulatory health care services	1,346	21,737	136	-221
Social assistance	511	17,369	285	3,736
Executive, legislative, & gen. government	26	17,000	-623	-1,567
Insurance carriers & related activities	437	13,343	-1,105	-1,902
Nursing & residential care facilities	161	13,187	-674	-668

### Top Ten Employers in Milwaukee County (based on number of employees per employer)

- All of the top ten employers in the County are in the over 999 employees
- 49% of all jobs in the county are in the County's top ten industries (51% of jobs are in all other industries)
- 7% of all jobs in the county are with the County's top ten employers (93% are with will all other employers)

Establishment	Product or Service	Size
Aurora Health Care Metro, Inc.	General medical and surgical hospitals	Over 999 employees
Northwestern Mutual Life Insurance	Direct life insurance carriers	Over 999 employees
Medical College of Wisconsin Inc.	Colleges and universities	Over 999 employees
Columbia St. Mary's Group	General medical and surgical hospitals	Over 999 employees
Froedtert Memorial Lutheran Hospital	General medical and surgical hospitals	Over 999 employees
Home Depot USA Inc.	Home centers	Over 999 employees
Children's Health System Group	Miscellaneous schools and instruction	Over 999 employees
Rockwell Automation, Inc.	Managing offices	Over 999 employees
Aurora Health Care, Inc.	General medical and surgical hospitals	Over 999 employees
Metavante Corp.	Data processing and related services	Over 999 employees

### Milwaukee County Civilian Labor Force Data

- The County had an 7.1% unemployment rate in 2003, up slightly from 7.0% in 2002
- The labor force has fluctuated slightly in recent years, but has been over 480,000 each year since 1998 with the exception of 1999

	1998	1999	2000	2001	2002	2003
Labor Force	481,470	469,363	486,169	489,741	483,459	487,689
Employed	462,398	451,499	462,555	462,500	449,786	452,886
Unemployed	19,072	17,864	22,614	27,241	33,673	34,803
Unemployment Rate	4.0%	3.8%	4.7%	5.6%	7.0%	7.1%

- People with disabilities have a significantly greater rate of unemployment (ranging from 50% - 77%, depending upon specific category of disability) than the general county population (7.1%).

Disability	Total Population	Employed	Est. Unemployed	Est. Unemployment Rate
Self Care	11,606	2,657 (+/- 293)	8,949	77%
Mental Health	25,203	8,356 (+/- 518)	16,847	67%
Physical Dis.	37,795	13,806 (+/- 665)	23,989	63%
Sensory Dis.	13,047	6,515	6,532	50%

**Source:** Cornell University *Disability Statistics*

### Milwaukee County Labor Force Projections by Age

- The County's labor force is projected to age significantly in the coming years
- The percent of the labor force over age 55 is anticipated to increase from 12% in 2000, to 16% in 2010, and to 20% in 2020

	2000	2010	2020
65+	14,224	16,041	23,219
55-65	41,561	67,481	76,505
35-54	212,756	217,638	212,056
25-34	115,191	119,846	120,528
16-24	85,631	86,155	77,805
Total	469,362	507,161	510,114

### Key Occupations & Wages

- The highest mean wage in the County is in the general and operations manager category (\$47.90/hour)
- The lowest mean wage in the County is waiters and waitresses category (\$7.66/hour)

Occupation Title	Hourly Wages			
	Mean	Percentile		
		25th	50th	75th
Retail salespersons	10.54	7.37	8.76	11.46
Cashiers	8.00	6.93	7.87	8.79
Janitors & cleaners, except maids & housekeeping	10.14	7.84	9.35	11.41
Office clerks, general	11.86	9.19	11.16	13.79

Registered nurses	24.46	20.94	24.29	27.52
<b>Occupation Title</b>	<b>Mean</b>	<b>25th</b>	<b>50th</b>	<b>75th</b>
Comb. food prep. & serving workers (fast food)	7.74	6.49	7.72	8.68
Customer service representatives	14.85	11.42	13.76	17.18
Laborers & freight, stock, & material movers, hand	11.03	7.97	9.96	12.97
Team assemblers	13.06	9.68	12.23	15.80
Bookkeeping, accounting, & auditing clerks	14.18	11.53	13.70	16.70
Nursing aides, orderlies, & attendants	10.60	8.97	10.58	12.31
Sales reps. whsl. & mfg., except tech. & scientific	27.32	18.20	24.16	32.53
Secretaries, except legal, medical, & executive	12.95	10.47	12.67	15.26
Waiters & waitresses	7.66	6.02	6.74	9.05
Executive secretaries & admin. assistants	16.25	12.96	15.59	18.93
Stock clerks & order fillers	10.18	7.41	9.11	12.18
Truck drivers, heavy & tractor-trailer	17.80	14.98	17.46	20.80
General & operations managers	47.90	26.76	40.59	62.79
Elem. school teachers, except special ed.	-	-	-	-
1 <sup>st</sup> -line suprvs/ mgrs. of office & admin. support	22.20	15.69	20.14	26.63



## Per Capita Personal Income (Milwaukee County)

- Per capita personal income rose 2.6% in 2002 (the most recent year available) in Milwaukee County, and 23.4% in the five-year period ending in 2002

1997	1998	1999	2000	2001	2002	1 year Change	5 year Change
\$24,678	\$26,286	\$27,149	\$28,229	\$29,680	\$30,456	2.6%	23.4%

## Milwaukee County

### Services

The following services are provided in Milwaukee County:

#### *Developmental Disabilities*

1. Sheltered Work Program
2. Supported Employment
3. Transitional Work Training
4. Transportation

#### *Mental Health*

The Milwaukee County Behavioral Health Division provides employment services for mental health consumers who need support and supervision to secure employment. Community Employment Programs (CEPs) assist mental health consumers who may not otherwise be employed in traditional settings. CEPs assist mental health consumers with preparation for employment and job placement.

### Providers

The following list shows the providers in Milwaukee County:

#### Developmental Disabilities

1. Crawford County Human Service Department
2. Creative Employment Opportunities
3. Curative Care Network
4. Curative Rehabilitation Center – 101<sup>st</sup> Street
5. Curative Rehabilitation Center – Main Street
6. Eisenhower Center
7. Goodwill Industries
8. Goodwill Industries of Southeastern Wisconsin – Main Street
9. Goodwill Vogel
10. Lutheran Social Services – Waukesha
11. Milwaukee Center for Independence
12. Milwaukee Transport Services, Inc.-TP
13. OIC
14. Paragon Industries
15. Ranch Community Services

16. Ranch Community Services – Maple Road
17. St. Coletta's – Collins Road
18. United Cerebral Palsy of Southeastern Wisconsin

*Mental Health*

1. Goodwill Industries of Southeastern Wisconsin
2. Curative Care Network
3. Curative Care Network, Southside Community Support Programs

Consumers

*Developmental Disabilities*

A total of 412 consumers received these services in 2004.

*Mental Health*

A total of 128 consumers received these services in 2004.

Expenditures

*Developmental Disabilities*

Expenditures for all services for all consumers were \$2,417,460 in 2004.

The Chart below shows services by disability type and provider (note: developmental disability is the only category served; however, Milwaukee County Health and Human Services reports that individuals with brain injuries may cross multiple population groups depending on co-occurring disorders).

Type of Service	Disability Type	Provider
Sheltered Work Program	DD	Curative Care Network
Sheltered Work Program	DD	Eisenhower Center
Sheltered Work Program	DD	Goodwill Industries
Sheltered Work Program	DD	Milwaukee Center for Independence
Sheltered Work Program	DD	Ranch Community Services
Supported Employment	DD	Crawford County H.S.D.

Supported Employment	DD	Creative Employment Opportunities
Supported Employment	DD	Curative Rehabilitation Center – 101 <sup>ST</sup> Street
Supported Employment	DD	Curative Rehabilitation Center – Main Street
Supported Employment	DD	Goodwill Industries of Southeastern Wisconsin – Main Street
Supported Employment	DD	Goodwill Vogel
Supported Employment	DD	Lutheran Social Services – Waukesha
Supported Employment	DD	Milwaukee Center for Independence
Supported Employment	DD	OIC
Supported Employment	DD	Paragon Industries
Supported Employment	DD	Ranch Community Services – Maple Road
Supported Employment	DD	St. Coletta's – Collins Road
Supported Employment	DD	United Cerebral Palsy of Southeastern Wisconsin
Transitional Work Training	DD	Milwaukee Center for Independence
Transportation Services	DD	Milwaukee Transport Services, Inc.
Transportation Services	DD	Paragon Industries
Transportation Services	DD	St. Coletta's – Collins Road
Transportation Services	DD	United Cerebral Palsy of Southeastern Wisconsin

Milwaukee County reports the number of individuals served and actual service cost for 2004 by service type as follows:

Type of Service	Number Served	Actual Service Cost 2004
Work Programs (Non-purchase of Service)	123	\$705,993.03
Employment Programs (Purchase of Service)	258	\$1,541,596.00
Transportation Service	73 <sup>1</sup>	\$79,871.00
Transition Services	31	\$45,000

Milwaukee County Health and Human Services reports that consumer and expenditure data are not available by service, by provider.

#### *Mental Health*

Expenditures for all services for all mental health consumers were \$278,322 in 2004.

The Chart below shows services by disability type and provider. The number of consumers served and the service cost is also shown for each service.

Disability type	Provider	Number Served	2004 Expenditures
MH	Goodwill Industries of Southeastern Wisconsin	45	\$127,480
MH	Curative Care Network	40	\$87,812
MH	Curative Care Network, Southside Community Support Programs	43	\$63,030
	Total	128	\$278,322

Employment providers for mental health consumers do not provide transportation. The Milwaukee County Behavioral Health Division reports that case managers and community support staff transport consumers to appointments at Curative Care Network and Goodwill Industries. Employment specialists also provide mobility training for consumers to negotiate public transportation. Goodwill and Curative Care provide bus tickets for consumers for on-going job searches. Transportation data showing the number of consumers and total expenditures are unavailable.

#### *Developmental Disabilities*

<sup>1</sup> The Milwaukee County Department of Health and Human Services reports that additional transportation costs may not be reflected in this data, and that transportation case count is duplicative of program data.

CESA 1 participates in the Wisconsin Statewide Transition Initiative (WSTI). Transition services are described in the WSTI Point of Entry Manual for Milwaukee County, and are summarized in the following chart.

Category of Service	Provider
Adult Service Agencies	The Advocators
Adult Service Agencies	ARC Milwaukee
Adult Service Agencies	Autism Society for Southeastern Wisconsin
Adult Service Agencies	Bell Therapy, Inc. Community Support
Adult Service Agencies	Bell Therapy, Inc. Day One East
Adult Service Agencies	Bell Therapy, Inc. Residential Program
Adult Service Agencies	Children and Adults with Attention Deficit Disorder
Adult Service Agencies	Community Insurance Information Center
Adult Service Agencies	Consumer Credit Counseling Service
Adult Service Agencies	Curative Care Network – Vocational Rehabilitation Service Program
Adult Service Agencies	Day One
Adult Service Agencies	Easter Seals Kindcare of Southeastern Wisconsin
Adult Service Agencies	Eisenhower Center, Inc.
Adult Service Agencies	Goodwill Industries of Southeastern Wisconsin
Adult Service Agencies	Independence First
Adult Service Agencies	Independent (ICARE)
Adult Service Agencies	Jewish Family Services
Adult Service Agencies	Lutheran Social Services
Adult Service Agencies	Milwaukee Center for Independence
Adult Service Agencies	Milwaukee County Disabilities Services Division
Adult Service Agencies	People First Wisconsin
Adult Service Agencies	Ranch Community Services
Adult Service Agencies	Social Security Administration
Adult Service Agencies	Special Needs Family Center
Adult Service Agencies	Supportive Community Services
Adult Service Agencies	United Cerebral Palsy of Southeastern Wisconsin
Adult Service Agencies	Volunteer Center of Greater Milwaukee
Adult Service Agencies	We Four Program
Adult Service Agencies	Wisconsin Coalition for Advocacy

Category of Service	Provider
Adult Service Agencies	Wisconsin Family Assistance Center for , Training, and Support, Inc.
Community Participation	Division of Motor Vehicles
Community Participation	Drive Safe
Community Participation	Go Kid Go Transport and Tours, LLC
Community Participation	Going Beyond Travel
Community Participation	Milwaukee County Transit System
Community Participation	Special Skater Class
Community Participation	Special Olympics Wisconsin
Community Participation	Transit Plus
Community Participation	Very Special Arts
Community Participation	Wil-O-Way Special Recreation Centers
Community Participation	Wisconsin Conservatory of Music
Community Participation	YMCA of Metro Milwaukee
Continuing and Adult Education	Milwaukee Literacy Hotline – Milwaukee Public Library
Employment	Apprenticeship Standards Bureau
Employment	Army Recruiting Office
Employment	CESA 1
Employment	Creative Employment Opportunities, Inc.
Employment	Job Service Centers
Employment	Milwaukee Career Center
Independent Living	Catholic Charities
Independent Living	Dungarvin Wisconsin, inc.
Independent Living	Housing Authority of Milwaukee
Independent Living	Rent Assistance Program (City of Milwaukee)
Post Secondary Education	Milwaukee Area Technical College
Post Secondary Education	UW Milwaukee
Vocational Training	Apprenticeship Standards Bureau
Vocational Training	Army Recruiting Office
Vocational Training	Big Step, Inc.
Vocational Training	Career Youth Development
Vocational Training	Campaign for a Sustainable Milwaukee – MATC
Vocational Training	CESA 1
Vocational Training	Learning Lab
Vocational Training	Creative Employment Opportunities, Inc.
Vocational Training	Milwaukee Area Technical College
Vocational Training	Milwaukee Career Center
Vocational Training	Step up program

Category of Service	Provider
Vocational Training	University of Wisconsin-Milwaukee

Source: Wisconsin Statewide Transition Initiative Point of Entry Manual for Milwaukee County. See complete Point of Entry Manual for Milwaukee County at <http://www.wsti.org/poem.cfm>.

### *Mental Health*

The Milwaukee County Behavioral Health Division does not have a transition program. See the *Milwaukee County Disability Services Division summary of transition services available to developmentally disabled consumers*.

### Waiting Lists

#### *Developmental Disabilities*

A total of 172 consumers with developmental disabilities are on waitlists for employment services in Milwaukee County (wait list data are not available by service). This wait list represents those consumers who will receive services when a CIP or COP slot is available. The average wait is approximately 7.5 years. Wait list data are based on the results of assessments at the time a consumer applies for services; however, a consumer's eligibility and needs may change significantly during his or her wait for services.

### *Mental Health*

The Milwaukee County Behavioral Health Division reports that there is no waiting list for mental health-funded Community Employment Programs.

## **Milwaukee County – Synthesizing Data Collection and Listening Session Outcomes**

- Participants in the listening sessions indicated that sheltered workshops and funding should be eliminated in response to a question regarding what should be done if the grant could accomplish one thing over the next four years. The data reported by the Milwaukee County Health and Human Services Department show that there are currently 6 sheltered work programs for people with developmental disabilities, and a total of 123 consumers participating in sheltered workshops. These findings suggests that a significant amount of employment alternatives would have to be made available in order to maintain the current level of employment for people with developmental disabilities (i.e., if sheltered workshops were eliminated).
- There are a 172 people with developmental disabilities on wait lists for services (however, the length of wait is not available). This finding is consistent with concerns noted by listening session participants, that there is a lack of education, lack of assistive technology, the need for more employers, need for transportation, etc.
- A database system for services and employment was suggested as “the one thing” that should be accomplished if the grant could only accomplish one thing over the next four years. Further, listening session participants indicated that a “universal problem-solving

facilitator should be made available to employers, employees and possibly referrals from family. In addition, session participants indicated that one-stop centers should be made into true one-stop centers. Data collection efforts found that transition services are summarized in the Wisconsin Statewide Transition Initiative's Point of Entry Manual (POEM) for Milwaukee County. These findings suggest that information regarding services available to people with disabilities is disparate and not easily accessed by those who need it, and should be centralized into comprehensive information resource.

- Listening session participants identified transportation as one of the greatest barriers facing PWDs regarding accessing employment opportunities and being able to fulfill expectations on the job. The data provided by the Milwaukee County Health and Human Services Department show that transportation services are provided to 73 consumers with developmental disabilities by 3 providers. The Milwaukee County Health and Human Services Department also reports, however, that the number of transportation consumers is duplicative of program consumers. Since wait list data showing the number of consumers awaiting a specific service are not available, it is not possible to quantify unmet transportation needs.
- Unemployment was estimated at 7.1% for the County as a whole in 2003, according to the Milwaukee County Workforce Profile prepared by the Wisconsin Department of Workforce Development (OEA -10633-P). Based on Cornell University *Disability Statistics* estimates, the unemployment rate for people with disabilities is as follows:

Disability	Total Population	Employed	Est. Unemployed	Est. Unemployment Rate
Self Care	11,606	2,657 (+/- 293)	8,949	77%
Mental Health	25,203	8,356 (+/- 518)	16,847	67%
Physical Disabilities	37,795	13,806 (+/- 665)	23,989	63%
Sensory Disabilities	13,047	6,515	6,532	50%

These data show that people with disabilities have a significantly greater rate of unemployment (ranging from 50% -77%, depending specific category of disability) than the general county population (7.1%). These data are also consistent with listening session participants' comments that more employers are needed, that transition into work is challenging, and perhaps that cost of living exceeds work income, even with all benefits.



# Pathways to Independence

## Listening Session Notes Milwaukee, Wisconsin Milwaukee County August 30, 2005

\* = Special Emphasis                      PWD= people with disabilities

### 1. What is currently working well for both employers and potential employees in terms of access and services?

- \* Special educational transitions
  - Heinemann's Restaurant internships
  - Need good placement
- Social Security Administration (SSA) –make a connection with agencies and networking
- Recognition in the community
  - Interfaith Mature Worker's Project
- United Cerebral Palsy (UCP) Business Advisory Co
  - Local businesses, education
  - Milwaukee Employment Services Network Outreach (MESN)
- UCP Mentoring program
  - Match by program area local businesses
- Job coaching in mental/ health especially
- Grandparents mentor children
- Students working in hospitals
  - Nicolet
  - Volunteers
- Benefits of volunteering
- \* Pathways agencies-- benefits counseling to dismiss myths
- Consumer run organizations
  - Use life experiences as career
  - Understand dynamics
- Some employers understand that PWD need more time off
- Work experiences -more than a foot in the door
- Job experiences with variety in high school
- Small business development—Division of Vocational Rehabilitation (DVR)
- Micro business pilot for supported employment
- \* Variety and number of programs
- More education/ training

- Real work experience

## 2. What are the greatest barriers facing PWD's regarding accessing employment opportunities and being able to fulfill expectations on the job?

- \* Ignorance of employers –access
- Young PWD not understanding their disability
- Funding restrictions for employees
- Ageism
- Milwaukee County Courtroom
  - No qualified American Sign Language (ASL) interpreters
- Connections –need system of employer, SSA, and agency
- \* Transportation, accessible, affordable, timely, Inter-county
- Stereotypes and labels, business hang ups
  - Especially populations with mental health and cognitive disabilities
- Lack of communication access
  - Especially ASL interpreters
- Need more employers, how to engage
- Sheltered workshop model =no training for people with intellectual disabilities
- “Best and Brightest model”
- Transportation to job –timely
  - Educate companies
- How to encourage employment
- \* Fear by stakeholders –losing benefits, etc
- Emphasis needed on job-seeking skills
- Transportation (especially from the city to the suburbs)
- Stigma
- Long term support funding
- Lack of education
- Lack of assistive tech.
- Alcohol and other drug abuse (AODA) issues
- \* Training of employers to work with PWDs
- Clothing costs
- How to explain gaps in employment?
- Relocation/ housing costs
- Flexible hours
- Transition into work challenging
- \* Manner in which job is created
  - Looking for opening vs. creating/carving jobs
- Transportation
- \* Healthcare benefits –losing due to work
  - Pre-existing conditions for employee insurance
- Soft skills –behavior, life skills

- Working in an inclusive environment
- Employers can teach what to do
- Employers need life/soft skills too
- Fear of employers that hiring PWD is too costly
- Lack of education for employers
  - Re: hiring PWD, employers fear disciplining workers
  - especially accommodations like interpreters
- Felony background
- \* Cost of living doesn't match income even with all benefits
- WI special education laws being federalized, remove/decrease benefits of program

### 3. What incentives work/would work to most influence employers to hire more PWD's?

- \* Train college/ high school students how to be leaders in hiring
- Adaptive services
- PWD are qualified, persistent, dedicated, on-time and want to work
- Tax credits
- \* Break the glass ceiling (wages)
- Creative employees
- Role model to coworkers
- Who will replace retirees?
- Availability of benefits counselors
- Market people who don't use assistive technology (AT), ordinary people doing ordinary jobs
- Retention
- \* Have job coaches on site
- \* Successful business leaders with disability –role models
- Special talent –connect to your business
- Education vs. myths
- Different marketing
- \* Business champions
- Have built-in success to start
- Tax credit not a great incentive
- Someone who shows up, works hard
- Emphasize special talents that fit into business
- Meet employers need, not pity focus
- In Milwaukee, temporary services have openings, must market skills of employers
- Decrease stigma
- Socialization at all ages for inclusion

- Listening to customers/consumers
- Peer employment opportunities
- \* Need a “go-to” person to answer questions/ support issues (on-going)
  - Use existing HR agencies
- Job matching and screening
- Temporary to permanent system
- Placement services to include legal information and other supports
- How to make work attractive –emphasize opportunities
- \* Job retention statistics or series of adaptabilities-- “chutes and ladders”
- Know what employees need
- Experienced workers who have been out of workplace for time –re-entry help
- \* Support for employers (ongoing)
- Help employers with human resources (HR)functions
- Need stability (PWD and employers)

**4. If this grant could only accomplish ONE THING over the next four years, what should that be?**

- \* Marketing tools –change world view
- \* School age training (k-12)
  - Politicians/ law makers –connect with employers on disability issues
  - Tax credits to employers
  - Student accessibility centers
  - Transitions –school to work after high school and to employers
  - Advocacy groups (formal)
  - More internships
  - Healthcare/insurance on site/earlier etc
  - “Equal” does not mean same
  - Training at college level for special education
  - Better career search program for PWD, need a place to go for hands-on experience
- \* Make One-Stop Job Centers into real one-stops
- \* Safe, affordable, accessible housing for workers (business supplied)
  - Tax incentives have end dates –employers let workers go at end-- make credits continuous
  - Technical colleges and training
  - Better healthcare and dental equality
  - PWD should be protected under minimum wage law (People First has done research on this)
- \* Show positive economic impact of hiring PWD
  - Employers provide vans, transportation, housing

- Employers recognize that diversity includes disability
- PWD more productive, healthier—take a look at total costs of unemployment to community, i.e. health. Undertake study of this.
- Advocates and service providers get active, contact politicians
- \* Organized campaign to educate employers –like a political campaign
- \* Money not just for school but for transition to work
- \* Get waiting list down
- Need for training –must be specialized to be competitive
- Time a campaign with political campaigns to have influence
  - Get politicians to talk with employers
- Affordable housing in better neighborhoods with adaptive environments
  - Integrate into all neighborhoods
- \* DVR losing providers of services low reimbursement fee schedule
- Seamless schools transition and connections
- Affordable housing
- \*Database system for services and employment
- Assure sustainability for post-Medicaid Infrastructure Grant
- End sheltered workshops and funding
- Focus on what people with disabilities really want or need
- Close gaps for people who don't qualify for services, can't get into system, are falling through cracks.
- Sustainable model for HR function, developing temp agency type model, job adjustment advocacy
- Solid feedback loops
- DVR--Making Work Pay proposal
- Adapt training, keep PWD in the loop despite flare-ups
- \* System of long term supports for both employee and employer
- Working with employment agency to support system of employment
- Create database of potential workers, use SSA data/resources to gather and centralize information
- Waiver program to pay 25% of cost to employers, subsidy for salary
- “Champions” for connecting with employers

Other notes from participants:

- \*A sort of universal problem –solving facilitator available to employer, employee and possibly referrals from family
  - To facilitate access to any agency or service as to identify means of solving problems
  - Facilitate universal database development
- \*Disability compounded by age to make program MIG sustainable
  - Make it an HR Program itself somewhere towards the end of the grant

- Hire PWD who mostly have this experience from having the disabilities and have or train the PWD potential employee/employer how to run, counsel employers, counsel PWDs, all with this concept of back to work, retaining/training, busting stigma, marketable wages and accommodations. (Be the example and be the employer and become the company and still educate/advocate)
- Piggyback on DVR monies, social security benefits (waivers), other grants, potential monies from other employers, and agencies that represent PWDs.
- Need to support transition from school to work by developing resumes for students providing real work opportunities
- Should provide person-centered organizational changes vs. system-centered supports
- Must look at ways to stop using waiver money for sheltered workshops
- \* Educate transition teachers/aides on how to 'create jobs' (job development)

## Barron County Workforce Background

The following information represents excerpts and summaries from the Barron County Workforce Profile prepared by the State of Wisconsin Department of Workforce Development, Office of Economic Advisors, except where otherwise noted. The profile was published in November 2004. The document reference number is OEA-10595-9.

This profile summary is provided as general economic and employment background for the county overall. Summaries include the following information:

- Population
- Key industries
- Key employers
- Employment/unemployment statistics
- Labor force age data, and
- Labor force wage data.

The purpose of providing this information is to put into context the employment data for people with disabilities in Barron County presented in the following section.

### County Population

- There was a population increase of 3.5% in Barron County from 2000 to 2004
- There is an overwhelming trend in the county toward an older population
  - Currently, 22% of the population is over 60 years old
  - Population over 60 years old is expected to increase to 35% by 2030

	<b>April 2000 Census</b>	<b>Jan. 1, 2004 Estimate</b>	<b>Numeric Change</b>	<b>Percent Change</b>
Barron County	44,963	46,540	1,577	3.5%
Largest Municipalities				
Rice Lake, City	8,312	8,490	178	2.1%
Barron, City	3,248	3,319	71	2.2%
Rice Lake, Town	3,026	3,130	104	3.4%
Stanley, Town	2,237	2,405	168	7.5%
Cumberland, City	2,280	2,341	61	2.7%
Chetek, City	2,180	2,242	62	2.8%
Chetek, Town	1,686	1,740	54	3.2%
Cameron, Village	1,546	1,681	135	8.7%
Prairie Lake, Town	1,369	1,466	97	7.1%
Lakeland, Town	963	1,017	54	5.6%

### Top Ten Industries in Barron County

Note: Analysis is based on available information; in some cases, data were suppressed.

- Food manufacturing represents the largest industry concentration of employees in the County (2,337 employees), followed by educational services (which accounts for 1,657 employees)
- Industries with the largest increases in employees between 1999 and 2004 are food services and drinking places (an increase of 90 employees), and food and beverage stores (a modest increase of 9 employees) – all other industries had a net loss of employees

Industry	March 2004		Numeric Employment Change	
	Establishments	Employees	2003-2004	1999-2004
Food manufacturing	11	2,337	-145	-272
Educational services	13	1,657	-30	-2
Amusement, gambling & recreation ind	Suppressed	Suppressed	Not available	Not available
Food services & drinking places	100	1,289	68	90
Executive, legislative, & gen. government	39	932	10	-103
Hospitals	Suppressed	Suppressed	Not available	Not available
General merchandise stores	16	871	83	-23
Fabricated metal product manufacturing	13	827	-116	-104
Machinery manufacturing	11	579	-157	-156
Food & beverage stores	29	565	17	9



### Top Ten Employers in Barron County (based on number of employees per employer)

- The largest employers in the County are Jennie-O Turkey Store, Inc. and St. Croix Casino (both in the 500-999 employees category)
- 55% of all jobs in the county are in the County's top ten industries (45% of jobs are in all other industries)
- 27% of all jobs in the county are with the County's top ten employers (73% are with all other employers)

Establishment	Product or Service	Size
Jennie-O Turkey Store Inc.	Poultry processing	Over 999 employees
St. Croix Casino	Casinos, except casino hotels	Over 999 employees
Rice Lake Public School	Elementary and secondary schools	250-499 employees
County of Barron	Executive, legislative & gen. government offices	250-499 employees
Lakeview Medical Center Inc.	General medical and surgical hospitals	250-499 employees
Coop Educational Service Agency #11	Administration of education programs	250-499 employees
Johnson Truck Bodies Inc.	Motor vehicle body manufacturing	250-499 employees
Wal-Mart Associates Inc.	Discount department stores	250-499 employees
McCain Foods USA Inc.	Frozen specialty food manufacturing	250-499 employees
Rice Lake Weighing Systems Inc.	Scale and balance, except laboratory, mfg.	250-499 employees

### Barron County Civilian Labor Force Data

- The County had an 6.6% unemployment rate in 2003, up from 6.0% in 2002, and represented an annual increase in the unemployment rate since 1999
- The labor force has generally risen recent years, but with some moderate fluctuations

	1998	1999	2000	2001	2002	2003
Labor Force	24,411	23,269	23,964	24,286	24,268	24,879
Employed	23,369	22,360	22,810	22,970	22,815	23,237
Unemployed	1,042	909	1,154	1,316	1,453	1,642
Unemployment Rate	4.3%	3.9%	4.8%	5.4%	6.0%	6.6%

- People with disabilities have a significantly greater rate of unemployment (ranging from 36% - 81%, depending upon specific category of disability) than the general county population (6.6%).

Disability	Total Population	Employed	Est. Unemployed	Est. Unemployment Rate
Self Care	379	72 (+/- 33)	307	81%
Mental Health	1,050	398 (+/- 78)	652	62%
Physical Dis.	1,689	671 (+/-101)	1,018	60%
Sensory Dis.	554	353 (+/- 74)	201	36%

**Source:** Cornell University *Disability Statistics*

### Barron County Labor Force Projections by Age

- The County's labor force is projected to age significantly in the coming years
- The percent of the labor force over age 55 is anticipated to increase from 15% in 2000, to 21% in 2010, and to 27% in 2020

	2000	2010	2020
65+	998	1,312	1,885
55-65	2,672	4,270	5,041
35-54	11,677	11,628	10,793
25-34	4,365	5,217	5,036
16-24	4,003	4,060	3,197
Total	23,715	26,487	25,952

### Key Occupations & Wages

- The highest mean wage in the County is in the registered nurses category (\$21.87/hour)
- The lowest mean wage in the County is in the food preparation and serving workers category (\$6.56/hour)

Occupation title	Hourly Wages			
	Mean	Percentile		
		25th	50 <sup>th</sup>	75th
Retail salespersons	10.75	7.15	9.25	12.93
Cashiers	7.44	6.26	7.23	8.36
Packers & packagers, hand	10.91	9.34	10.54	12.70
Truck drivers, heavy & tractor-trailer	15.44	12.38	14.83	18.36
Laborers & freight, stock, & material movers, hand	10.55	8.55	10.18	12.74
Bookkeeping, accounting & auditing clerks	11.09	9.58	10.55	12.25
Team assemblers	11.54	9.35	11.62	14.08

<b>Occupation Title</b>	<b>Mean</b>	<b>25th</b>	<b>50<sup>th</sup></b>	<b>75th</b>
Nursing aides, orderlies, and attendants	9.85	8.80	9.88	10.94
Janitors & cleaners, except maids & hskpg. cleaners	9.74	7.69	9.03	11.79
Elem. school teachers, except special ed.	-	-	-	-
Comb. food prep. & serving workers (fast food)	6.56	5.84	6.37	6.94
Office clerks, general	10.00	7.94	10.06	11.95
Teacher assistants	-	-	-	-
Stock clerks & order fillers	8.94	6.97	8.67	10.40
Production workers, all other	13.47	10.19	13.65	16.32
1 <sup>st</sup> -line supvst/ mgrs. of prod. & operating workers	19.67	14.70	19.22	23.21
Helpers-production workers	12.66	10.76	12.35	13.93
Registered nurses	21.87	18.93	21.19	24.94
Maintenance & repair workers, general	15.01	12.50	15.07	17.35
Secretaries, except legal, medical, & executive	11.17	9.63	10.96	12.74

**Per Capita Personal Income (Barron County)**

- Per capita personal income fell .7% in 2002 (the most recent year available) in Barron County, and rose 24.3% in the five-year period ending in 2002

<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>1 year Change</b>	<b>5 year Change</b>
\$19,643	\$21,634	\$22,267	\$23,031	\$24,584	\$24,420	-.7%	24.3%

## Barron County Resource Mapping Summary

### Services

The following services are provided in Barron County:

1. Transportation
2. Supportive Living
3. Work Site
4. Day Services
5. Supported Employment
6. Prevocational
7. Supportive Home Care
8. Communication

### Programs/Providers

The following list shows the providers in Barron County:

1. Ambu-Vans Transportation Specialist
2. ARC of Barron County
3. Aurora Community Services
4. Barron Co Developmental Disabilities Services
5. Brotoloc Health Care System, Inc
6. Betsy Phillips
7. Handi-Lift
8. Northwoods's Transport Service
9. Volunteer Transportation Services
10. Drop-in Center

### Consumers

A total of 202 consumers received the services.

### Expenditures

Expenditures for all services for all consumers are estimated at \$193,860. This estimate is based on actual figures from January through August 2005, projected through the end of 2005.<sup>1</sup>

The Chart below shows services by disability type and provider/program. The number of consumers served and the service cost is also shown for each service.

Type of Service	Disability Type	Number Served	Actual Service Cost (Jan – Aug)	Estimated Annual Service Cost	Provider
Communication	Deaf	6	\$1,008.00	\$1,512.00	Betsy Phillips
Day Services	DD	5	\$5,320.00	\$7,980.00	Aurora
Day Services	DD	69	\$29,549.00	\$44,323.50	Barron Day Development
NA	DD & MI	0	0		Brotoloc
Prevocational	DD	67	\$70,158.00	\$105,237.00	Barron Day Development

<sup>1</sup> Total costs from January through August 2005 (\$120,240) were divided by 8 months to determine average monthly expenditures (\$16,155). The average monthly figure was then multiplied by twelve to project expenditures for the full year.

Type of Service	Disability Type	Number Served	Actual Service Cost (Jan – Aug)	Estimated Annual Service Cost	Provider
Supported Employment	DD	2	\$1,095.00	\$1,642.50	Aurora
Supportive Employ	DD	9	\$1,616.00	\$2,424.00	Barron Day Development
Supportive Home Care	DD	3	\$532.00	\$798.00	Barron Day Development
Supportive living	DD	1	\$365.00	\$547.50	ARC
Transportation	DD	2	\$1,224.00	\$1,836.00	Aurora
Transportation	DD	0	0	0	AmbuVan
Transportation	DD, PD	0	0	0	Handi-Lift
Transportation	DD, PD, MI	38	\$18,372.78	\$27,559.17	Volunteer Driver Program
Transportation	DD, PD	0	0	0	Northwoods
Various Services	MI	Unknown	Rent	Rent	Drop-in Center
Work Site	DD	Connected with Day Development	Connected with Day Development	Connected with Day Development	ARC

Note: The service cost dollar amounts are based on costs posted from January to the middle of August. The service cost projection is estimated for the full year (2005) as described in footnote 1.

Detailed data regarding transition services, such as the number of consumers receiving individual services, services rendered by specific disability type, and annual expenditures for specific services are not readily available. Barron County Health and Human Services provides assessment for CIP and placement on a wait list for youth graduating from school. CESA 11 administers/is the fiscal agent for the Wisconsin Statewide Transition Initiative (WSTI). Transition services are described in the WSTI point of entry manual and are summarized in the chart below.

Category of Service	Provider	Services
Adult Services Agencies	Aurora Community Services (Vocational Department)	<ol style="list-style-type: none"> <li>1. Comprehensive individualized vocational assessment that identifies the specific vocational needs of the participant.</li> <li>2. Job development and job placement</li> <li>3. Job seeking and job keeping skills training</li> <li>4. Job coaching at the work site</li> <li>5. On going support as needed</li> <li>6. Benefit analysis</li> <li>7. Independent living skills assessment</li> <li>8. Input to specific IEP's as deemed appropriate by the support team</li> </ol>

Category of Service	Provider	Services
Adult Services Agencies	Department of Health & Human Services	<ol style="list-style-type: none"> <li>1. Participate in informational meeting for students, parents, and school personnel</li> <li>2. Attend IEP meetings for the student as needed to share in the comprehensive evaluation of the student and assist in identification of potential resources.</li> <li>3. Develop a transition plan from school to community services.</li> </ol>
Community Participation	Center for Independent Living	<ol style="list-style-type: none"> <li>1. Advocacy</li> <li>2. Individual Living Skills Training</li> <li>3. Information and Referral</li> <li>4. Peer Support</li> <li>5. Accessibility</li> <li>6. Assistive Technology</li> </ol>
Employment/Vocational Training	Workforce Resource	<ol style="list-style-type: none"> <li>1. Identify/Screen and determine eligibility for Workforce Investment Act (WIA) services for youth, ages 14-21, needing transition services.</li> <li>2. Attend and participate in IEP meetings for students enrolled in or interested in WIA programs.</li> <li>3. Prepare a written Employability Plan/ Service Strategy for students with disabilities who are eligible for services through WIA.</li> <li>4. Provide aggregate follow-up information on students that have exited the school system and are enrolled or have completed a WIA training program.</li> <li>5. Share responsibility of a WIA student enrolled with the LEA for placement, training, and monitoring to secure and maintain paid employment consistent with individual plans.</li> <li>6. Provide information on the Job Center to schools for students to use independently</li> <li>7. Provide summer employment opportunities to eligible youth.</li> <li>8. Provide job referral, training, and placement services to eligible students exiting or graduating from high school.</li> </ol>
School Based Services	CESA 11	<ol style="list-style-type: none"> <li>1. Program support in transition services</li> </ol>

Category of Service	Provider	Services
School-based Services	DPI Wisconsin Educational Opportunity Program	<ol style="list-style-type: none"> <li>1. Statewide aid programs</li> <li>2. Academic counseling</li> <li>3. Financial aid source assistance</li> <li>4. Increasing early awareness of educational opportunities</li> <li>5. Clarifying vocational and educational goals</li> <li>6. Selecting an appropriate college, technical or vocational institution or training program</li> <li>7. Completing admission forms and arranging for college entrance tests</li> </ol> <ol style="list-style-type: none"> <li>1. Applying for financial aid by explaining the process and helping fill out the financial aid form</li> <li>2. Applying for pre-college programs</li> <li>3. Providing informational files containing scholarship information, college catalogs, brochures, admissions, and financial aid forms</li> </ol>

Source: Wisconsin Statewide Transition Initiative Point of Entry Manual for Barron County see complete Point of Entry Manual for Barron County at <http://www.wsti.org/poem.cfm>.

#### Waiting Lists

Barron County does not have wait lists for services. A total of 157 consumers are on waitlists for program (vs. services); however, no consumers in a program are waiting for services. The following shows the number of consumers on wait lists for program, by disability type:

Disability Type	Number of Consumers on Waiting List
Developmentally Disabled	87
Physically Disabled	56
Seriously & Persistently Mentally Ill	14

Barron County Health & Human Services reports that the needs of clients are being met per program requirement that open client needs must be met before additional persons are taken off the wait list. Barron County Health & Human Services reports approximate waits for removal from the wait list as follow (note: approximate waits are shown by disability type):

Disability Type	Approximate Wait
Developmental Disabilities	7 years
Physical Disabilities	7 years
Mental Illness	5 years

## Barron County – Synthesizing Data Collection and Listening Session Outcomes

- Although wait lists were not mentioned specifically in the listening sessions, a significant number of consumers are on relatively long wait lists:
  - Developmentally Disabled – 87 consumers, 7 year wait for service (est)
  - Physically Disabled – 56 consumers, 7 year wait for service (est)
  - Mentally Ill – 14 consumers, 5 year wait for service (est).

These data are consistent with the concerns of listening session participants who indicated that there are a lack of job opportunities and there is limited funding for long term job coaching.

- A point of entry manual was also suggested as “the one thing” that should be accomplished if the grant could only accomplish one thing over the next four years. In addition, listening session participants indicated that one of the greatest barriers facing PWDs regarding accessing employment opportunities and being able to fulfill expectations on the job is not knowing where to go for resources (especially in rural areas). Data collection efforts found that transition services are summarized in the Wisconsin Statewide Transition Initiative’s Point of Entry Manual (POEM) for Barron County. These findings suggest that the POEM developed for transition services could be modified and used as a resource for PWD more broadly (i.e., not only for students transitioning out of high school) in order to establish a “one-stop” reference.
- Transportation was identified as “working well for both employers and potential employees in terms of access and services” in listening sessions. The data collected show that there are no or few consumers receiving transportation services from providers apart from the Volunteer Driver Program, which serves 38 consumers (DD, PD, and MI). These findings suggest that the Volunteer Driver Program, or components of the program, may represent a model that could be replicated in other counties, e.g., where transportation services are scarce.
- Unemployment was estimated at 6.6% for the county as a whole in 2003, according to the Barron county Workforce Profile prepared by the Wisconsin Department of Workforce Development (OEA -10594-P). Based on Cornell University *Disability Statistics* estimates, the unemployment rate for people with disabilities is as follows:

Disability	Total Population	Employed	Est. Unemployed	Est. Unemployment Rate
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Physical Disabilities	1,689	671 (+/-101)	1,018	60%
Sensory Disabilities	554	353 (+/- 74)	201	36%

These data show that people with disabilities have a significantly greater rate of unemployment (ranging from 36% -81%, depending specific category of disability) than the general county population (6.6%). These data are also consistent with listening session participants’ comments that there is a lack of job opportunities.



# Pathways to Independence

Listening Session Notes  
Rice Lake, Wisconsin  
Barron County  
September 14, 2005

\* = Special Emphasis

## 1. What is currently working well for both employers and potential employees in terms of access and services?

- Amery transition program
- Vocational services through Division of Vocational Rehabilitation (DVR) contracts
  - Rice Lake very receptive
- Burger King program (~5 years)
  - People with developmental disabilities
- Goodwill county marketplace
  - Harley-Davidson
- Barron County Outlet Center
- \* Transportation

## 2. What are the greatest barriers facing PWD's regarding accessing employment opportunities and being able to fulfill expectations on the job?

- \* Fear of losing Social Security benefits, Medicare/ Medicaid
- Endurance-- especially people with traumatic brain injury (TBI)
  - Fatigue, concentration
- Ignorance of employers
- Lack of mental health resources
- \* Not knowing where to go for resources, especially in rural area
- Cost of job coaches
- \* Lack of job opportunities
- Problem with balance of support w/independence
- One size fits all attitude
- Logistics and funding for providing services-- hard to predict numbers
- Depends on the employee --self advocacy
- TBI: mindset changes, mood swings, roller coaster
  - Hard to have even performance

- \* Employers' concern about liability
- Losing Medicaid/ Medicare
- Limited \$ for job coaching (long term)

### 3. What incentives work/would work to most influence employers to hire more PWD's?

- \* Education process, dispel myths
- Employers think it will be expensive, low quality workers
- The presence of PWD is very valuable
  - Varied compensation for hiring
  - "out of closet"
  - Re-integration
- TBI- can't expect full-employment
- Money! What do I get back for hiring? (as an employer)
- \* Facilitate living wage
- \* Employers need technical support
  - Search for and support of employees
- Subsidies for insurance costs
  - Concern about liability
- Need to understand the need for flexible schedules, sick time
- Dispel idea that everyone should be the same
- One on one employer contacts
- Approach as a means of increasing labor pool as baby boomers retire
- Target existing employers events
- \* Go to employers; don't expect them to come to you
- \* Go to high school students to educate these future employers
- Rural areas- local approach
- \* All comes down to education
  - i.e. job description should be essential functions
- May not know much about disability
- Job carving-must focus on the bottom line
- \* SSA- number of people working decreased
  - Decreased number of job vacancies
  - Not a living wage
- Northwoods -1/3 of PWD employed ( according to census)
- Presence of more workers can relieve some pressure
- Varied monetary incentive system (tax breaks?)
- Uncertainty by employers if employees can get to work (transportation)
- Smaller companies can be more flexible
- \* Go to locations where employers are for other events

- \* Public recognition to employers
- May take more employees to fill one full time position
- \* Company has to see “bottom line” benefit

**4. If this grant could only accomplish ONE THING over the next four years, what should that be?**

- \* Educate employers
  - Create employability models, be more creative with employers and PWD
  - Interconnection among communities
  - Promote full integration into community –holistic approach
    - Natural supports
- \* Education
  - At local levels/small areas
  - Connect employers /employees at community level
  - Holistic approach
  - Models of principles/ culture change
  - Connect with other grants
  - \*Tiered education
    - Fed→ state → local
  - \* Start with “model business” run by people with disabilities
  - Need common philosophy among all agencies??
  - Cultural marketing plan (like campaigns for 911, yellow ribbons)
  - Model, then replicate and connect
  - Put people with disabilities in projects, involved in promotion of plans/models
  - Get everyone involved at all levels of government, state, fed, local
  - Sheltered workshops vs. supported employment
  - Separate is not always bad
  - Reconsider special education integration models
    - Testing requirements have influence now
    - Individuals with Disabilities Education Act (IDEA) –not enough funding for programs
- \* Educate employers about the diversity of disability
  - i.e. mental health vs. physical disability
  - People moving to Rice Lake area for retirement
  - Need more personal assistance services (PAS), provide with living wage
- \* Good social services
  - Ticket to Work program needs improvement
  - No tickets have come through Rice Lake (according to SSA)
  - Making Work Pay could be a better approach
  - SSDI 1:2—Social Security Employment Pilot
  - Take quality of life a step forward

- Education of employees from start of schooling onward (Section 504?)
- Point of entry manual
- Creating new businesses supplement new business development grants
- “One size does not fit all”
- Involve new, retired residents –give to the community
- \* Systems are too slow to pay employers
- \* Alignment of all school system transition programs (public, private, etc)

Other written notes from participants:

- I agree with the conductive idea, success stories should be used. Your attention to documenting may catch small or subtle things that contribute to these successes.
- \* Today, automation is increasingly viewed as the solution. If this is the continuing trend, education of people with disabilities in automation tools may help employability
- Retirement wave will create openings in jobs
- Employers need (today) to see “value added” by employing people with disabilities
- \* Pilot Mentoring Program/ Eau Claire County/ W-2/ Food stamps
  - Contact: Director of Programs and Services  
Career Development Center  
715-834-2771  
betty@lephillips-celc.org

## Ashland County Workforce Background

The following information represents excerpts and summaries from the Ashland County Workforce Profile prepared by the State of Wisconsin Department of Workforce Development, Office of Economic Advisors. The profile was published in November 2004. The document reference number is OEA-10594-P.

This profile summary is provided as general economic and employment background for the county overall. Summaries include the following information:

- Population
- Key industries
- Key employers
- Employment/unemployment statistics
- Labor force age data, and
- Labor force wage data.

The purpose of providing this information is to put into context the employment data for people with disabilities in Ashland County presented in the following section.

### County Population

- There was a small increase in population in Ashland County from 2000 to 2004
- There is an overwhelming trend in the county toward an older population
  - Currently, 20% of the population is over 60 years old
  - Population over 60 years old is expected to increase to 30% by 2030

	<b>April 2000 Census</b>	<b>Jan. 1, 2004 Estimate</b>	<b>Numeric Change</b>	<b>Percent Change</b>
Ashland County	16,866	16,969	103	0.6%
Largest Municipalities				
Ashland, City*	8,620	8,577	-43	-0.5%
Sanborn, Town	1,272	1,272	1,272	0.0%
White River, Town	892	927	35	3.9%
Mellen, City	845	834	-11	-1.3%
Jacobs, Town	835	826	-9	-1.1%
Gingles, Town	640	710	70	10.9%
Ashland, Town	603	604	1	.2%
Morse, Town	515	538	23	4.5%
Agenda, Town	513	507	-6	-1.2%
Chippewa, Town	433	438	5	1.2%

\*Ashland County portion only

## Top Ten Industries in Ashland County

Note: Analysis is based on available information; in some cases, data were suppressed.

- Educational services represents the largest industry concentration of employees in the county (873 employees), followed by executive, legislative and general government, which accounts for 784 employees in the County
- Industries with the largest increases in employees between 1999 and 2004 are executive, legislative and general government (an increase of 134 employees), and social assistance (and increase of 111 employees)

Industry	March 2004		Numeric Employment Change	
	Establishments	Employees	2003-2004	1999-2004
Educational Services	7	873	-17	33
Executive, legislative and general government	21	784	16	134
Wood product manufacturing	16	628	17	-29
Food services and drinking places	50	581	-16	55
Hospitals	Suppressed	Suppressed	Not available	Not available
Machinery manufacturing	Suppressed	Suppressed	Not available	Not available
Ambulatory health care services	34	400	31	76
Social assistance	17	342	58	111
Nursing and residential care facilities	5	316	21	0
General merchandise stores	Suppressed	Suppressed	Not available	Not available

### Top Ten Employers in Ashland County (based on number of employees per employer)

- The largest employer in the County is the Bad River Band of Lake Superior Chippewa (in the 500-999 employees category)
- 58% of all jobs in the county are in the County's top ten industries (42% of jobs are in all other industries)
- 32% of all jobs in the county are with the County's top ten employers (68% are with will all other employers)

Establishment	Product or Service	Size
Bad River Band of Lake Superior Chippewa	Tribal governments	500-999 employees
Memorial Medical Center Inc.	General medical and surgical hospitals	250-499 employees
School District of Ashland	Elementary and secondary schools	250-499 employees
C G Bretting Mfg. Co. Inc.	Paper industry machinery manufacturing	250-499 employees
Wal-Mart Associates Inc.	Discount department stores	100-249 employees
Columbia Forest Products Inc.	Hardwood veneer and plywood manufacturing	100-249 employees
Northland College	Colleges and universities	100-249 employees
County of Ashland	Executive and legislative offices, combined	100-249 employees
Bay Area Home Health LLC	Home health care services	100-249 employees
Birds Eye Veneer Co.	Harwood veneer and plywood manufacturing	100-249 employees

### Ashland County Civilian Labor Force Data

- The County had an 8.4% unemployment rate in 2003, down from 9.1% in 2002
- The labor force has risen slightly in recent years, and stabilized at about 8,430 in 2002 and 2003

	1998	1999	2000	2001	2002	2003
Labor Force	8,036	7,662	8,091	8,319	8,431	8,429
Employed	7,411	7,091	7,506	7,70+	7,661	7,718
Unemployed	625	571	585	610	770	711
Unemployment Rate	7.8%	7.5%	7.2%	7.3%	9.1%	8.4%

- People with disabilities have a significantly greater rate of unemployment (ranging from 48% - 65%, depending upon specific category of disability) than the general county population (8.4%).

Disability	Total Population	Employed	Est. Unemployed	Est. Unemployment Rate
Self Care	147	51 (+/-28)	96	65%
Mental Health	442	165 (+/-50)	277	63%
Physical Dis.	731	356 (+/- 74)	375	51%
Sensory Dis.	222	115 (+/-42)	107	48%

Source: Cornell University *Disability Statistics*

### Ashland County Labor Force Projections by Age

- The County's labor force is projected to age significantly in the coming years
- The percent of the labor force over age 55 is anticipated to increase from 14% in 2000, to 19% in 2010, and to 24% in 2020

	2000	2010	2020
65+	343	441	637
55-65	862	1,359	1,553
35-54	3,966	3,824	3,840
25-34	1,615	2,207	1,887
16-24	1,687	1,491	1,307
Total	8,473	9,332	9,223

### Key Occupations & Wages

- The highest mean wage in the County is in the general and operations manager category (\$34.27/hour)
- The lowest mean wage in the County is in the short order cooks category (\$6.77/hour)

Occupation Title	Hourly Wages			
	Mean	Percentile		
		25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>
Cashiers	7.93	6.24	7.07	8.67
Truck drivers, heavy & tractor-trailer	17.31	12.88	17.20	20.94
Retail salespersons	8.83	6.64	7.84	9.78
Carpenters	13.91	7.07	14.28	17.43
Janitors & cleaners, except maids & hskpg. Cleaners	9.54	7.51	8.75	11.40
Waiters & waitresses	8.26	6.15	7.07	8.93
Bartenders	7.80	7.08	7.73	8.37



<b>Occupation Title</b>	<b>Mean</b>	<b>25<sup>th</sup></b>	<b>50<sup>th</sup></b>	<b>75<sup>th</sup></b>
Secretaries, except legal, medical & executive	9.94	7.72	9.34	12.22
Comb. Food prep. & serving workers (fast food)	7.19	6.12	6.94	8.06
Nursing aides, orderlies, & attendants	10.19	8.91	10.19	11.15
Bookkeeping, accounting & auditing clerks	11.60	8.94	11.58	13.75
Office clerks, general	9.93	7.98	9.55	11.62
Maids & hskpg. Cleaners	7.75	6.55	7.64	8.78
Cooks, short order	6.77	5.88	6.41	6.94
Personal & home care aides	8.73	7.91	8.71	9.65
Automotive service technicians & mechanics	15.59	11.44	16.06	19.62
Maintenance & repair workers, general	12.57	9.16	11.96	15.28
Sales reps., whls/mfg, except tech. & scientific prod.	19.12	12.63	15.65	22.16
Registered nurses	21.69	18.60	20.83	24.29
General & operations managers	34.27	20.21	28.43	42.93

**Per Capita Personal Income (Ashland County)**

- Per capita personal income rose 3.4% in 2002 (the most recent year available) in Ashland County, and 24.3% in the five-year period ending in 2002

<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>1 year Change</b>	<b>5 year Change</b>
\$18,691	\$19,893	\$20,373	\$21,272	\$22,472	\$23,228	3.4%	24.3%

# Pathways to Independence

## Listening Session Notes Ashland, Wisconsin Ashland County September 15, 2005

\* = Special Emphasis

PWD= People with Disabilities

### 1. What is currently working well for both employers and potential employees in terms of access and services?

- Division of Vocational Rehabilitation (DVR)
- Wisconsin Indianhead Technical College (WITC), CESA workshops-youth options
- Transportation (but needs improvement)
- New Horizons North –work w/55-60 employers, strong base
- Northwest CEP
- Community Support Teams
  - Iron County
- \* School transition process
- Medicaid Purchase Plan: MAPP (Can retroactive benefits be considered?)
- \* Bureau of Indian Affairs
- Wisconsin Statewide Transition Initiative Program and Statewide Transition Consortium
- Health and Employment Counseling (HEC)

### 2. What are the greatest barriers facing PWDs regarding accessing employment opportunities and being able to fulfill expectations on the job?

- Few jobs (5-6% unemployed)
- Exodus of High school graduates
- Transportation
- Wait for developmental disabilities worse
- Issue of significant PWDs proportions (long term, elder, etc)
- Gaps in technical college offerings
- Order of selection
- \* COP/CIP/ CAP waiver limits by disability type

- Tourism/Forestry/ Public jobs are key industries
- Employment supports in general (besides New Horizons, Pathways, etc)
  - Lack of job services
- Need supported living
  - Current waiting list
  - COP/CIP waiting lists for developmental, physical and mental health disabilities.
  - Ashland, Bayfield, Douglas Co.
- \* DVR lists
- 13-14 year wait for COP/CIP services
- No technical college “craft” programs anymore
- Main street employees must be able to open and close (do everything)

### **3. What incentives work/would work to most influence employers to hire more PWDs?**

- \* Skill training prior to employment train for entry-level positions
- Promote WOTC, expand tax credits
  - Lower income/ pay ceilings
  - \* Decrease paperwork
- Focus on what people can do
- \* Time sharing part-time jobs
  - learn technical and soft skills
- Enterprise Centers
  - Community Development Corporations
  - Familiar w/ ADA regulations
- Share positive hiring experiences with other employers
- Work through Rotary Clubs
- Many model employers in this area
- Tax breaks (# of employees, etc.)
- \* Publicize current program- make employers more aware
- \*Work experience (DVR, CEP)
- “Buy them dinner” (employers)
- \* Contracts between schools and employers (skill development)
- High retention and being prepared
- Share workers among employers
- \* Recognize loyal employers and have award banquets
- Employers believe in their employees
- Eliminate turnover

**4. If this grant could only accomplish ONE THING over the next four years, what should that be?**

- \* Eliminate waiting lists (first step)
- Guarantee funding for long-term supports
- Get parents to understand needs and lobby/advocate
- Hierarchy of employability
  - opposite approach to the order of selection model
  - Revise order of selection? Alternative programs?
  - Pilot program?
  - Similar to Ticket to Work concept?
- Strengthen job centers
- Get more players at the job fairs
- What's an alternative to job fairs? (not enough resources)
- Interdependence in regions and communities
- Can we extend goals so they can still be supported by school systems
- \* Central Lakes College, MN-pilot (research this)
- Incentive for people who fall through "DVR cracks" to go to other services-- strengthen the alternative program
- Order of selection → loss of team approach with employers, DVR, etc. They need to come together in a "sorting process" for students (anonymously)
- Start early on in school career
- Systems
- Individual advocacy –personal stories/strong parent advocacy
- "Why do we educate PWD at all if there's no where to go after?"
- Integrate "after school" (post-secondary) supports before they get out?
- \* Expand MAPP/ HEC to include job supports, job coaching, supported employment
- Teachers may need new methods
- Get schools to continue support for 19-21 year olds
- \* Transition directly from school to next step without gaps/wait
- Need occupational skills program for transitions for people with severe disabilities
- Stout Vocational Rehabilitation Institute (SVRI) working on program
  
- \* Ideal:
  - Transportation
  - Integrated housing
  - Sustainability –local sphere
  - Motivated students
  - Transportation available
  - Supportive living space
  - Service learning opportunities

## Wood County Workforce Background

The following information represents excerpts and summaries from the Wood County Workforce Profile prepared by the State of Wisconsin Department of Workforce Development, Office of Economic Advisors. The profile was published in November 2004. The document reference number is OEA-10664-P.

This profile summary is provided as general economic and employment background for the county overall. Summaries include the following information:

- Population
- Key industries
- Key employers
- Employment/unemployment statistics
- Labor force age data, and
- Labor force wage data.

The purpose of providing this information is to put into context the employment data for people with disabilities in Wood County presented in the following section.

### County Population

- There was a population increase of .9% in Wood County from 2000 to 2004
- There is an overwhelming trend in the county toward an older population
  - Currently, 27% of the population is age 55 or older
  - The population of residents age 55 or older is expected to increase to 38% by 2030

	<b>April 2000 Census</b>	<b>Jan. 1, 2004 Estimate</b>	<b>Numeric Change</b>	<b>Percent Change</b>
Wood County	75,555	76,235	680	0.9%
Largest Municipalities				
Marshfield, City*	18,383	18,528	145	0.8%
Wisconsin Rapids, City	18,435	18,410	-25	-0.1%
Grand Rapids, Town	7,801	7,960	159	2.0%
Saratoga, Town	5,383	5,457	74	1.4%
Nekoosa, City	2,590	2,593	3	0.1%
Port Edwards, Village	1,944	1,915	-29	-1.5%
Richfield, Town	1,523	1,613	90	5.9%
Lincoln, Town	1,554	1,590	36	2.3%
Port Edwards, Town	1,446	1,477	31	2.1%
Seneca, Town	1,202	1,163	-39	-3.2%

\*Wood County portion only

### Top Ten Industries in Wood County

Note: Analysis is based on available information; in some cases, data were suppressed.

- Paper manufacturing represents the largest reported industry concentration of employees in the county (3,153 employees), followed by educational services (which accounts for 2,610 employees in the County, again of those industries for which figures are reported)
- Industries with the largest increases in employees between 1999 and 2004 are general merchandise stores (an increase of 358 employees), and nursing & residential care facilities (an increase of 229 employees)
- With a reduction of 1,922 employees, the paper manufacturing industry in the county experienced a significant employment change

Industry	March 2004		Numeric Employment Change	
	Establishments	Employees	2003-2004	1999-2004
Ambulatory health care services	Suppressed	Suppressed	Not available	Not available
Paper manufacturing	5	3,153	-552	-1,922
Hospitals	Suppressed	Suppressed	Not available	Not available
Educational services	15	2,610	-37	133
Truck transportation	63	2,546	-31	139
Food services & drinking places	146	2,072	-3	-172
General merchandise stores	15	1,597	16	358
Wood product manufacturing	12	1,515	-62	-176
Executive, legislative, & gen. government	33	1,406	-34	65
Nursing & residential care facilities	24	973	21	229

### Top Ten Employers in Wood County (based on number of employees per employer)

- Six of the top ten employers in the county employ over 999 employees; the remaining four employers each fall into the category of 500-999 employees
- 60% of all jobs in the county are in the County's top ten industries (40% of jobs are in all other industries)
- 44% of all jobs in the county are with the County's top ten employers (56% are with all other employers)

Establishment	Product or Service	Size
Marshfield Clinic	HMO medical centers	Over 999 employees
Stora Enso North America Corp.	Paper, except newsprint, mills	Over 999 employees
St. Joseph's Hospital of Marshfield	General medical and surgical hospitals	Over 999 employees
Roehl Transport Inc.	General freight trucking, long-distance TL	Over 999 employees
Figi's Mail Order Gifts, Inc.	Mail-order houses	Over 999 employees
Domtar A W Corp.	Paper, except newsprint, mills	Over 999 employees
Wisconsin Rapids Public School	Elementary and secondary schools	500-999 employees
County of Wood	Executive and legislative offices, combined	500-999 employees
Wal-Mart Associates Inc.	Warehouse clubs and supercenters	500-999 employees
Riverview Hosp. Assn.	Hospital, nursing care, clinic, and senior apts.	500-999 employees

### Wood County Civilian Labor Force Data

- The County had an 6.1% unemployment rate in 2003, down slightly from 6.3% 2002
- Fluctuations in the unemployment rate since 1998 have been relatively significant, ranging from 3.6% in 1999 to 6.3% in 2002

	1998	1999	2000	2001	2002	2003
Labor Force	40,220	39,026	40,361	41,027	40,702	41,625
Employed	38,411	37,614	38,578	38,878	38,126	39,072
Unemployed	1,809	1,412	1,783	2,149	2,576	2,553
Unemployment Rate	4.5%	3.6%	4.4%	5.2%	6.3%	6.1%

- People with disabilities have a significantly greater rate of unemployment (ranging from 42% - 80%, depending upon specific category of disability) than the general county population (6.1%).

Disability	Total Population	Employed	Est. Unemployed	Est. Unemployment Rate
Self Care	522	106 (+/- 50)	416	80%
Mental Health	1,596	657 (1/- 123_)	939	59%
Physical Disabilities	2,294	981 (+/- 150)	1,313	60%
Sensory Disabilities	908	525 (+/-110)	383	42%

**Source:** Cornell University *Disability Statistics*

#### Wood County Labor Force Projections by Age

- The County's labor force is projected to age significantly in the coming years
- The percent of the labor force over age 55 is anticipated to increase from 13% in 2000, to 19% in 2010, and to 23% in 2020

	2000	2010	2020
65+	1,259	1,668	2,298
55-65	4,020	6,130	7,119
35-54	20,019	19,324	17,037
25-34	8,009	8,466	8,559
16-24	6,117	6,358	5,274
Total	39,425	41,946	40,287

#### Key Occupations & Wages

- The highest mean wage in the County is in the general and operations manager category (\$34.23/hour)
- The lowest mean wage in the County is in the waiters and waitresses category (\$6.08/hour)

Occupation Title	Hourly Wages			
	Mean	Percentile		
		25th	50th	75th
Nursing aides, orderlies, & attendants	9.95	8.60	9.60	11.35
Retail salespersons	9.99	6.75	8.04	10.42
Cashiers	7.37	6.19	6.96	8.24



<b>Occupation Title</b>	<b>Mean</b>	<b>25th</b>	<b>50th</b>	<b>75th</b>
Laborers & freight, stock, & material movers, hand	10.52	7.91	9.73	12.25
Registered nurses	25.12	20.16	23.48	27.92
Comb. food prep. & serving workers (fast food)	7.18	6.05	6.97	8.20
Customer service representatives	12.01	9.21	11.46	14.03
Waiters & waitresses	6.08	5.71	6.13	6.55
Bookkeeping, accounting & auditing clerks	11.64	9.59	11.06	13.52
Janitors & cleaners, except maids & hskpg. cleaners	9.76	7.50	8.84	11.69
Maintenance & repair workers, general	15.57	11.89	15.68	19.15
Licensed practical & licensed voc. nurses	15.07	13.35	14.94	16.82
Stock clerks & order fillers	9.08	7.05	8.54	10.63
Secretaries, except legal, medical, & executive	10.94	8.65	11.06	12.95
Elem. school teachers, except special ed.	-	-	-	-
Office clerks, general	10.24	7.84	9.94	12.50
Teacher assistants	-	-	-	-
General & operations managers	34.23	18.60	27.89	42.90
Order clerks	9.46	7.21	9.40	10.95
Carpenters	14.94	12.88	14.57	16.38

### Per Capita Personal Income (Wood County)

- Per capita personal income rose 4.6% in 2002 (the most recent year available) in Wood County, and 21.8% in the five-year period ending in 2002

1997	1998	1999	2000	2001	2002	1 year Change	5 year Change
\$24,252	\$25,833	\$26,401	\$27,627	\$28,241	\$29,533	4.6%	21.8%

### Wood County Resource Mapping Summary

#### Services

The following services are provided in Wood County:

1. Transportation
2. Prevocational/Vocational Services
3. Supported Employment

#### Providers

The following list shows the providers in Crawford County:


1. Opportunity Development Center
2. Community Resource Program, a program operated by Wood County Unified Services
3. Dungarvin Wisconsin


#### Consumers

A total of 446 consumers received these services in 2004. The number of consumers is shown by disability type, by service type in the following table.


Disability Type	Number of Consumers
<b>Developmental Disabilities</b>	
Transportation	140
Prevocational/Vocational	190
Supported Employment	50
<b>Brain Injury</b>	
Transportation	3
Vocational	2
Supported Employment	1
<b>Chronic Mental Illness</b>	
Transportation	20
Vocational	40
Total	446

#### Expenditures

Expenditures for all services for all consumers were \$  X in 2004.

 Chart below shows services by disability type and provider. The number of consumers served and the service cost is also shown for each service.

Provider	Disability Type	Type of Service	Number Served	Total Expenditures 2004

 Information was provided by Wood County Unified Services relative to transition services.  
 CESA 5 participates in the Wisconsin Statewide Transition Initiative (WSTI). Transition services are described in the WSTI point of entry manual and are summarized in the chart below.

Category of Service	Provider/Service
Post Secondary Education	Mid-State Technical College/ Wisconsin Technical Colleges
Vocational Training	School to Work Alternative Education Units Education for Employment Coordinator Youth Apprenticeship School to Work Transition and Vocational Leadership

	CESA 5 Youth
Independent Living	Wood County Unified Services Midstate Independent Living Consultants (MILC)
Adult Agencies	Social Security Administration Wood County Dept. of Social Services

Source: Wisconsin Statewide Transition Initiative Point of Entry Manual for Wood County. See complete Point of Entry Manual for Wood County at <http://www.wsti.org/poem.cfm>.

### Waiting Lists

A total of 21 consumers are on waitlists. The following shows the number of consumers on wait lists, by service type awaited and disability type:

	Development Disabilities	Brain Injury	Mental Illness
Vocational Services	6	1	1
Prevocational Services	2	0	0
Supported Employment	11	0	0

Wood County Unified Services reported that it has done significant work to reduce wait lists in the past year, however, due to budget constraints wait lists are expected to grow again. Wood County Unified Services also reports that that it is not possible to estimate the duration of wait lengths.

### **Wood County – Synthesizing Data Collection and Listening Session Outcomes**

- Wait lists, especially for people with developmental disabilities were identified as one of the greatest barriers facing PWDs regarding accessing employment opportunities and being able to fulfill expectations on the job. Wood County Unified Services reports that it is not possible to estimate the estimated length of wait for services, but reports a range of 0-11 consumers waiting for services as follows:

	Development Disabilities	Brain Injury	Mental Illness
Vocational Services	6	1	1
Prevocational Services	2	0	0
Supported Employment	11	0	0

These findings suggest that the most significant wait list barrier is for people with developmental disabilities who are awaiting supported employment services.

- Listening session participants noted that employees are not prepared with the soft skills needed to enter employment. Participants suggested a joint effort with schools, employers, students and parents. Transition service data found in the Wisconsin Statewide Transition Initiative Point of Entry Manual show all transition services identified in the county, however, none of the resources listed in the POEM specifically identify soft skill development and related services as an available service. While the POEM may not identify all aspects of services, these findings suggest that there is a lack of soft skill training for transitioning students in the County.
- Listening session participants identified transportation as one of the greatest barriers facing PWDs regarding accessing employment opportunities and being able to fulfill expectations on the job. Specifically, participants identified funding and location (such as service within city limits) as areas of concern relative to transportation. Data provided by Wood County Unified Services shows that transportation services are provided to 120 consumers with developmental disabilities, 3 consumers with brain injuries, and 20 consumers with chronic mental illness. These data also show that there is no waiting list for transportation (however, wait lists would not be expected if it is known that service is unavailable, e.g. service outside city limits). These findings suggest that additional transportation alternatives for PWDs may be required in the county.
- Unemployment was estimated at 6.1% for the county as a whole in 2003, according to the Wood county Workforce Profile prepared by the Wisconsin Department of Workforce Development (OEA -10664-P). Based on Cornell University *Disability Statistics* estimates, the unemployment rate for people with disabilities is as follows:

Disability	Total Population	Employed	Est. Unemployed	Est. Unemployment Rate
Self Care	522	106 (+/- 50)	416	80%
Mental Health	1,596	657 (1/- 123_)	939	59%
Physical Disabilities	2,294	981 (+/- 150)	1,313	60%
Sensory Disabilities	908	525 (+/-110)	383	42%

These data show that people with disabilities have a significantly greater rate of unemployment (ranging from 42% -80%, depending specific category of disability) than the general county population (6.1%). These data are also consistent with listening session participants' comments there is not adequate job opportunity in the area.

**Pathways to Independence**  
**Listening Session Notes**  
**Wisconsin Rapids, Wisconsin**  
**Wood County**  
**September 20, 2005**

\* = Special Emphasis

PWD= people with disabilities

**1. What is currently working well for both employers and potential employees in terms of access and services?**

- Larger group of PWDs working
- Cab system good with schools and students
- Portage County Family Care =access
- Committed service providers are positive advocates-- do "best with what they have"
- \* Goodwill school to work –expand that curriculum to other employers

**2. What are the greatest barriers facing PWD's regarding accessing employment opportunities and being able to fulfill expectations on the job?**

- \* Transportation
  - Cab (shared ride)
  - Qualifiers/access
  - \* Funding
    - Location affects it (city limits)
- Wood County- Waiting lists for services (especially developmental disabilities)
- People who fall between the cracks-- no Division of Vocational Rehabilitation (DVR), need Federal money
- Encourage and support work at home
- Not a lot of jobs in the area leads to relocation
- Employers expect multi-tasking; job carving limits responsibilities
- \* Some employers get short-term grants to hire, but end employment after grant ends
- Clients enter service system and stay--never become independent
- Employees are not prepared with soft skills to enter employment
  - i.e. transitions
  - Try a joint effort with schools, employers, students and parents

- Early functional assessments needed to have time to prepare for work and “world of work” (Start in junior high)
- \* Fear of loss of benefits and need for ongoing medical benefits and benefits counseling
- Gap between one hour work experiences and “real world” work settings
- Schools prepare students, but then they can’t access employment and services
- Students don’t want to leave Rapids for training or work

**3. What incentives work/would work to most influence employers to hire more PWD’s?**

- Get tax benefits for self-employment
- Work Opportunities Tax Credit (WOTC): Saves people’s jobs, compensates for lower hours
- \* Need flexible funding for ongoing support: Go back to service provider later for training and job coaching
- Incentives: money, recognition, reliable employees
- Support systems for employers to hire people who may be less productive (share costs, wages) Long term!
- Ask employers what kinds of training they need employees to have
- Needs vary by disability types
- Incentives for long-term employment
- Grant money
- \* On the job assistance and training
- Employers are uneducated
- Incentives to co-workers to work with the same individual
- More creative views of “employment” (sharing, etc)--one size does not fit all

**4. If this grant could only accomplish ONE THING over the next four years, what should that be?**

- \* Technical assistance/support system for employers (signs of systems, etc.)
- Statewide consistency of services across geographic areas and disability types
- Get rid of “fear factor” → people won’t watch/care for children with disabilities, afraid of adults with disabilities
- \* Campaign to inform people about benefits and options to remove fear of losing benefits
- Programs for people who fall through the cracks –don’t get disability determinations

- \* Streamline eligibility criteria
  - Wood County project → late 1960's -1970's eliminated eligibility criteria (DVR)
  - Coordinate Medicaid/shared ride programs
    - Cost savings
  - Has to be long term, consistent care (statewide)
  - Personal connections between placement people and employers
  - Reinforce employer's long term benefit
  - Constant business liaisons
- \* Tiered program –focus on “gaps”
  - Medicaid Purchase Plan (MAPP)
  - Soft skills
  - Assistance
  - look at qualifiers for benefits
- \*Pilot test group –look at interrelated benefits/full support, One-Stop
- Education of employers and public to eliminate fear
- Offer a variety of incentives for employers

Other written notes from participants:

- FYI: How about a parent being their child/young adult's job coach?
  - Provide reliability of young adult showing up for work
  - Transportation costs covered
  - Frees up other job coaches
  - Provides ongoing support through the parents
- Prevention of disabilities I think is key, not all disabilities are from birth but from neglect, abuse, over eating, bad family practices and so on. This is vital to keep as few from getting disabilities.
  - Also, check if people really have one. It may be hard to believe but some people fake having one.
- How can Wisconsin Rapids support employment of people with disabilities?
  - \* Educating and supporting employers with incentives and why they should hire our person with a disability
    - Are there long term incentives out there for employers?
    - Educating our families and persons with a disability to:
      - Get work and/or functional assessments early enough to have time for training
      - Connect with the supportive resources that are needed to help fund supportive employment, job training
    - Currently, and locally students are not necessarily:
      - Getting assessments until a year or year and ½ before they graduate, which really does not make sense because if you are in a learning delay or learning support program, it means you may have struggles learning? So the more time you have “learning” how to be employable the better. However, it needs to be said that learning to



be employable does not mean that all focus needs to be on employment, without continued need for learning academics and social skills.

- DVR and COP contracts, or onto waiting lists for support after they graduate
- Job training or work experiences
- What should you do if there is a problem on the job
  - Who has responsibility?
  - Case worker?
  - DVR?
- Of course the person with the disability should be encouraged to advocate for themselves, but sometimes they need support in how to advocate effectively
- \* Employer- employee liaison → flexibility to meet “gap” group
- Long term case management

## Shawano County Workforce Background

The following information represents excerpts and summaries from the Shawano County Workforce Profile prepared by the State of Wisconsin Department of Workforce Development, Office of Economic Advisors. The profile was published in November 2004. The document reference number is OEA-10651-P.

This profile summary is provided as general economic and employment background for the county overall. Summaries include the following information:

- Population
- Key industries
- Key employers
- Employment/unemployment statistics
- Labor force age data, and
- Labor force wage data.

The purpose of providing this information is to put into context the employment data for people with disabilities in Shawano County presented in the following section.

### County Population

- There was a population increase of 3.1% in Shawano County from 2000 to 2004
- The median age of the County was 38.5 years at the time of the last census

	<b>April 2000 Census</b>	<b>Jan. 1, 2004 Estimate</b>	<b>Numeric Change</b>	<b>Percent Change</b>
Shawano County	40,664	41,944	1,280	3.1%
Largest Municipalities				
Shawano, City	8,298	8,425	127	1.5%
Westcott, Town	3,653	3,765	112	3.1%
Washington, Town	1,903	1,967	64	3.4%
Belle Plaine, Town	1,867	1,911	44	2.4%
Richmond, Town	1,719	1,844	125	7.3%
Angelica, Town	1,635	1,737	102	6.2%
Bonduel, Village	1,416	1,442	26	1.8%
Lessor, Town	1,112	1,219	107	9.6%
Wittenberg, Village	1,177	1,169	-8	-0.7%
Maple Grove, Town	1,045	1,032	-13	-1.2%

### Top Ten Industries in Shawano County

Note: Analysis is based on available information; in some cases, data were suppressed.

- Executive, legislative and general government services represents the largest concentration of employees in the county (989 employees), followed by educational services (which accounts for 784 employees in the County)
- Industries with the largest increases in employees between 1999 and 2004 are ambulatory health care services (an increase of 191 employees), and merchant wholesalers of non-durable goods (an increase of 153 employees)

Industry	March 2004		Numeric Employment Change	
	Establishments	Employees	2003-2004	1999-2004
Executive, legislative, and gen. government	34	989	29	87
Educational services	9	885	-54	-208
Food services & drinking places	77	850	-76	-90
Wood product manufacturing	17	671	43	120
Amusement, gambling, & recreation ind.	13	606	-41	Not Available
Nursing & residential care facilities	10	446	-43	-47
Paper manufacturing	Suppressed	Suppressed	Not available	Not available
General merchandise stores	Suppressed	Suppressed	Not available	Not available
Merchant wholesalers, nondurable goods	15	393	198	153
Ambulatory health care services	31	385	2	191

### Top Ten Employers in Shawano County (based on number of employees per employer)

- Nine of the ten employers in the County have 250-499
- 48% of all jobs in the county are in the County's top ten industries (52% of jobs are in all other industries)
- 27% of all jobs in the county are with the County's top ten employers (73% are with will all other employers)

Establishment	Product or Service	Size
County of Shawano	Executive and legislative offices, combined	250-499 employees
Mohican North Star Casino	Casinos, except casino hotels	250-499 employees
Little Rapids Corp.	Paper, except newsprint, mills	250-499 employees
Shawano Medical Center Inc.	General medical and surgical hospitals	250-499 employees
Wal-Mart Associates Inc.	Discount department stores	250-499 employees
Shawano-Gresham School District	Elementary and secondary schools	250-499 employees
Stockbridge-Munsee Com Band Mohican	Tribal governments	250-499 employees
Aarrowcast Inc.	Iron foundries	250-499 employees
Wittenberg-Birnamwood School	Elementary and secondary schools	250-499 employees
Owens Forest Products Co.	Wood window and door manufacturing	100-249 employees

### Shawano County Civilian Labor Force Data

- The County had an 5.7% unemployment rate in 2003, down slightly from 5385 in 2002
- The labor force has fluctuated slightly since 1998, generally staying over 20,000 (exception in 1999 when labor force dipped to 19,881)

	1998	1999	2000	2001	2002	2003
Labor Force	21,012	19,881	20,270	20,734	20,613	21,156
Employed	20,149	19,181	19,447	19,641	19,419	19,942
Unemployed	863	700	823	1,093	1,194	1,214
Unemployment Rate	4.1%	3.5%	4.1%	5.3%	5.8%	5.7%

- People with disabilities have a significantly greater rate of unemployment (ranging from 52% - 94%, depending upon specific category of disability) than the general county population (5.7%).

Disability	Total Population	Employed	Est. Unemployed	Est. Unemployment Rate
Self Care	282	60 (+/-20)	222	79%
Mental Health	806	372(+/-50)	756	94%
Physical Dis.	1,409	561 (+/- 62)	848	60%
Sensory Dis.	535	259 (+/-42)	276	52%

**Source:** Cornell University *Disability Statistics*

### Shawano County Labor Force Projections by Age

- The County's labor force is projected to age significantly in the coming years
- The percent of the labor force over age 55 is anticipated to increase from 17% in 2000, to 21% in 2010, and to 26% in 2020

	2000	2010	2020
65+	901	1,157	1,502
55-65	2,666	3,708	4,725
35-54	10,023	10,564	9,561
25-34	4,244	4,291	4,690
16-24	3,025	3,451	3,124
Total	20,859	23,172	23,603

### Key Occupations & Wages

- The highest mean wage in the County is in the general and operations manager category (\$33.23/hour)
- The lowest mean wage in the County is in the dishwashers category (\$7.03/hour)

Occupation Title	Hourly Wages			
	Mean	Percentile		
		25th	50th	75th
Truck drivers, heavy & tractor-trailer	15.67	13.60	15.49	17.22
Cashiers	7.89	6.49	7.55	8.88
Waiters & waitresses	7.62	5.97	6.61	8.13
Retail salespersons	9.71	7.41	8.96	10.69
Maids & hskpg. cleaners	8.89	7.17	8.56	10.60
Office clerks, general	9.17	7.08	8.75	10.90
Nursing aides, orderlies & attendants	9.81	8.60	9.79	11.02

<b>Occupation Title</b>	<b>Mean</b>	<b>25th</b>	<b>50th</b>	<b>75th</b>
Secretaries, except legal, medical, & executive	10.83	8.96	10.49	12.72
Comb. food prep. & serving workers (fast food)	7.51	6.18	7.26	8.69
Bookkeeping, accounting, & auditing clerks	11.73	9.34	11.19	13.73
Carpenters	13.48	10.44	12.98	16.04
Janitors & cleaners, except maids & hskpg. cleaners	9.79	7.35	9.09	11.90
Team assemblers	12.04	9.15	11.08	14.11
Laborers & freight, stock & material movers, hand	9.60	8.35	9.66	10.75
Registered nurses	23.30	19.19	21.92	26.27
Bartenders	8.61	6.99	7.89	9.33
Sec. school teachers, except special & voc. ed.	-	-	-	-
General & operations managers	33.23	20.40	27.74	41.19
Elem. school teachers, except special ed.	-	-	-	-
Dishwashers	7.03	5.91	6.47	7.34

**Per Capita Personal Income (Shawano County)**

- Per capita personal income rose 2.3% in 2002 (the most recent year available) in Shawano County, and 21.2% in the five-year period ending in 2002

<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>1 year Change</b>	<b>5 year Change</b>
\$19,697	\$21,028	\$21,722	\$22,167	\$23,341	\$23,878	2.3%	21.2%

# Pathways to Independence

## Listening Session Notes

Shawano, Wisconsin

Shawano County

October 4, 2005

\* = Special Emphasis

PWD= People with Disabilities

### 1. What is currently working well for both employers and potential employees in terms of access and services?

- Benefits consultation
- Brown County Supported Employment
- Job Coaching Services (Division of Vocational Rehabilitation (DVR) Funded)
- DVR programs “work experience”
- Skills assessment

### 2. What are the greatest barriers facing PWDs regarding accessing employment opportunities and being able to fulfill expectations on the job?

- Parents, guardians, and county officials do not go with wishes of individual =friction and unrealistic expectations
- Lack of knowledge and experience for job search
- Employers believe in taboos about hiring PWD
- Flexible transportation types and service hours needed
  - No discounted fares
  - Large counties –create bigger transportation issue
- Minimal wages
- Cost for vans with modifications
- \* Transportation
- Multi-tasking skill requirement
- Unrealistic expectations
- Apprehension of employers
- Automation
- Co-Funding
- Communication—especially for deaf and hearing impaired.
- Employers have limited view/understanding of disabilities
- Limited staff and budgets at employers
- Expectation for services provided to do it all on decreasing budgets
- Making too much money- lose benefits, personal assistance services (PAS)

### 3. What incentives work/would work to most influence employers to hire more PWDs?

- Hearing about people working now
- Educate employers
- Retention stats
- Split full time job among two or more employees?
- Employee work experiences
- Money- contribute to bottom line
- Free training
- Retention statistics
- Avoid advertising and application processes
- Good :
  - Main Street Diner
  - Employment Opportunities (temporary agency)
  - Pick N Save
- Have to get around the unions
- Can't find human resources people in big companies
- Tax credits, other financial incentives
- Reasonable accommodations –need technical assistance (TA)
- ADA essential functions regulations
- Community Employment Opportunity- Employment Specialist group
- Work with smaller companies and local corporations
- Market services that are available to them
- Advisory Committee
  - Service providers
  - Navigators
  - Department of Workforce Development, DVR, Co-influential business people
- \* “What is in it for me?”
  - Cost free materials available to employers/providers
  - Emphasize local resources with names
  - Present at existing professional organization meetings
  - Cost-benefit analysis
  - Safety, reduce fear
  - Community involvement
  - Advertisement for supported employment

### 4. If this grant could only accomplish ONE THING over the next four years, what should that be?

- Transportation system



- Small fee to consumer
- 24/7/365
- Variety of vehicles/services
- Give adequate notice
- Voucher system for rides: co-workers, neighbors, family
- Public service during prime-time TV and radio i.e. during Packers games
- Cab subsidy (like Outagamie County)
- Alternative types of transportation
- Educate employers
  - How do agencies work together to provide support?
- Better/real collaboration among current employers and agencies (Shawano)
- Educate the employers re: services, resources, myths
- Drop in center for people with mental illness w/employment supports
- Services under one roof- social supports, employment, benefits, other supports
- Alternative live-in treatment option for people with mental illness

**Addition notes:**

- Medical assistance to cover only disability related expenses that would cover up through middle class.

## Crawford County Workforce Background

The following information represents excerpts and summaries from the Crawford County Workforce Profile prepared by the State of Wisconsin Department of Workforce Development, Office of Economic Advisors. The profile was published in November 2004. The document reference number is OEA-10604-P.

This profile summary is provided as general economic and employment background for the county overall. Summaries include the following information:

- Population
- Key industries
- Key employers
- Employment/unemployment statistics
- Labor force age data, and
- Labor force wage data.

The purpose of providing this information is to put into context the employment data for people with disabilities in Crawford County presented in the following section.

### County Population

- There was a small increase in population in Crawford County from 2000 to 2004
- There is a trend in the county toward an older population
  - Currently, 21% of the population is over 60 years old
  - Population over 60 years old is expected to increase to 33% by 2030

	<b>April 2000 Census</b>	<b>Jan. 1, 2004 Estimate</b>	<b>Numeric Change</b>	<b>Percent Change</b>
Crawford County	17,243	17,501	258	1.5%
Largest Municipalities				
Prairie du Chien, City	6,018	6,053	35	0.6%
Prairie du Chien, Town	1,076	1,108	32	3.0%
Bridgeport, Town	946	986	40	4.2%
Clayton, Town	956	950	-6	-0.6%
Seneca, Town	893	917	24	2.7%
Eastman, Town	790	804	14	1.8%
Wauzeka, Village	768	784	16	2.1%
Freeman, Town	719	736	17	2.4%
Utica, Town	674	679	5	0.7%
Soldiers Grove, Village	653	629	-24	-3.7%

### Top Ten Industries in Crawford County

Note: Analysis is based on available information; in some cases, data were suppressed.

- Food services and drinking places represents the largest reported industry concentration of employees in the county (506 employees), followed by educational services (which accounts for 483 employees in the County)
- Industries with the largest reported increases in employees between 1999 and 2004 are justice, public order and safety (an increase of 55 employees), and food services and drinking places (and increase of 31 employees)

Industry	March 2004		Numeric Employment Change	
	Establishments	Employees	2003-2004	1999-2004
Nonstore retailers	Suppressed	Suppressed	Not available	Not available
Nonmetallic mineral product mfg.	Suppressed	Suppressed	Not available	Not available
Food services & drinking places	35	506	-4	31
Educational services	5	483	-52	-33
Wood product manufacturing	4	477	52	-20
Plastics & rubber products mfg.	Suppressed	Suppressed	Not available	Not available
Nursing & residential care facilities	6	398	-7	4
General merchandise stores	Suppressed	Suppressed	Not available	Not available
Justice, public order, & safety activity	5	262	27	55
Hospitals	Suppressed	Suppressed	Not available	Not available

**Top Ten Employers in Crawford County (based on number of employees per employer)**

- The largest employer in the County is Cabela’s Wholesale Inc. (in the over 999 employees category)
- 58% of all jobs in the county are in the County’s top ten industries (42% of jobs are in all other industries)
- 47% of all jobs in the county are with the County’s top ten employers (53% are with will all other employers)

<b>Establishment</b>	<b>Product or Service</b>	<b>Size</b>
Cabela’s Wholesale Inc.	Mail-order houses	Over 999 employees
3M Company	Abrasive product manufacturing	500-999 employees
Miniature Precision Components Inc.	Plastics product manufacturing	250-499 employees
Wal-Mart Associates Inc.	Discount department stores	250-499 employees
Design Homes Inc.	Prefabricated wood building manufacturing	250-499 employees
Prairie du Chien Memorial Hospital	General medical and surgical hospitals	250-499 employees
Prairie Industries Inc.	Packaging and labeling services	100-249 employees
Cabela’s Retail Inc.	Sporting goods stores	100-249 employees
Dillman Equipment Inc.	Construction equipment merchant wholesalers	100-249 employees
Clinicare Corp.	Residential mental and substance abuse care	100-249 employees

**Crawford County Civilian Labor Force Data**

- The County had an 5.9% unemployment rate in 2003, up from 5.3% in 2002
- The labor has fluctuated slightly in recent years, but has typically ranged from approximately 10,200 to 10,300

	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
Labor Force	10,315	9,781	10,144	10,307	10,192	10,193
Employed	9,915	9,423	9,767	9,776	9,649	9,587
Unemployed	400	358	377	531	543	606
Unemployment Rate	3.9%	3.7%	3.7%	5.2%	5.3%	5.9%

- People with disabilities have a significantly greater rate of unemployment (ranging from 47% - 77%, depending upon specific category of disability) than the general county population (5.9%).

<b>Disability</b>	<b>Total Population</b>	<b>Employed</b>	<b>Est. Unemployed</b>	<b>Est. Unemployment Rate</b>
Self Care	237	55(+/- 19)	182	77%
Mental Health	431	163 (+/- 33)	268	62%
Physical Dis.	744	270 (+/-43)	474	64%

Sensory Dis.	221	117 (+/- 28)	104	47%
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**Source:** Cornell University *Disability Statistics*

### Crawford County Labor Force Projections by Age

- The County's labor force is projected to age significantly in the coming years
- The percent of the labor force over age 55 is anticipated to increase from 18% in 2000 to 24% in 2010 and to 29% in 2020

	2000	2010	2020
65+	503	622	910
55-65	1,062	1,696	1,814
35-54	4,313	4,127	3,948
25-34	1,594	1,935	1,830
16-24	1,246	1,253	1,049
Total	8,719	9,633	9,551

### Key Occupations & Wages

- The highest mean wage in the County is in the registered nurses category (\$20.50/hour)
- The lowest mean wage in the County is in the bartenders category (\$7.02/hour)

Occupation Title	Hourly Wages			
	Percentile			
	Mean	25th	50th	75th
Retail salespersons	9.30	6.84	8.05	9.71
Cashiers	7.49	6.35	7.36	8.47
Janitors & cleaners, except maids & hskpg. cleaners	9.58	7.75	9.69	11.24
Truck drivers, heavy & tractor-trailer	16.26	12.50	15.50	18.26
Nursing aides, orderlies, & attendants	9.37	8.54	9.48	10.39
Elem. school teachers, except special ed.	-	-	-	-
Secretaries, except legal, medical & executive	11.25	9.69	11.15	12.99
Bookkeeping, accounting, & auditing clerks	11.08	9.23	10.72	13.00
Team assemblers	11.24	8.34	9.76	12.61

<b>Occupation Title</b>	<b>Mean</b>	<b>25th</b>	<b>50th</b>	<b>75th</b>
Middle school teachers, except special & voc. ed.	-	-	-	-
Teacher assistants	-	-	-	-
Office clerks, general	9.44	7.49	9.14	11.16
Registered nurses	20.50	18.10	20.00	21.95
Truck drivers, light or delivery services	10.51	7.92	10.78	12.62
Sec. school teachers, except special & voc. ed.	-	-	-	-
Bartenders	7.02	6.43	7.17	7.88
Correctional officers & jailers	15.14	14.02	15.24	16.48
Maintenance & repair works, general	12.30	9.19	12.01	14.99
Bus drivers, school	12.78	9.45	12.21	15.55
Comb. food prep. & serving workers (fast food)	7.23	6.20	7.01	8.13

#### **Per Capita Personal Income (Crawford County)**

- Per capita personal income rose 4.4% in 2002 (the most recent year available) in Crawford County, and 28.2% in the five-year period ending in 2002

<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>1 year Change</b>	<b>5 year Change</b>
\$17,630	\$18,723	\$19,641	\$20,728	\$21,647	\$22,595	4.4%	28.2%

## **Crawford County Resource Mapping Summary**

### Services

The following services are provided in Crawford County:

1. Transportation
2. Workshop
3. Supported Work
4. Group Homes and Adult Family Homes

### Providers

The following list shows the providers in Crawford County:

1. B-Care
2. Brotoloc
3. Chrishaven
4. Hodan Center
5. Homeward Bound
6. L.E. Phillips
7. Lori Knapp, Inc.
8. Opportunity Center
9. Pine Lawn
10. Productive Living systems
11. Riverfront
12. Southwest Opportunity Center
13. VARC
14. VARC Group Home

### Consumers

A total of 172 consumers received these services in 2004. The number of consumers is shown by disability type in the following table.

Disability Type	Number of Consumers
Developmentally Disabled	129
Physically and Sensory Disabled	19
Chronic Mentally Ill	24
Brain Damage	0
Total	172

### Expenditures

Expenditures for all services for all consumers were \$2,730,753 in 2004.

The Chart below shows services by disability type and provider. The number of consumers served and the service cost is also shown for each service.

Type of Service	Disability Type	Number Served	Actual Service Cost 2004	Provider
Community Residential	CMI	6	\$259,268	B-Care and Brotoloc
Community Residential Services	PD & SD	3	\$76,884	Lori Knapp, Inc.
Community Services	PD & SD	8	\$65,930	Lori Knapp, Inc. and Homeward Bound
Community Support	CMI	24	\$217,889	Crawford County Human Services and Lori Knapp, Inc.
Employment Transportation to Workshop	DD	75	\$160,000	All workshop providers provide transportation to their respective workshops
Group Homes & Adult Family Homes	DD	44	\$1,177, 609	Lori Knapp, Inc.
Group Homes & Adult Family Homes	DD	2	\$107, 640	Chrishaven
Sheltered Apartments	CMI	8	\$54,648	Lori Knapp, Inc.
Specialized Transportation	DD	20	\$18,000	Cab service
Specialized Transportation	PD & SD	10	\$5,147	Cab service
Specialized Transportation	CMI	Not available	\$1,673	Cab service
Supported Employment	CMI	5	\$10,960	Lori Knapp, Inc.
Supported Work	DD	10	\$1,560	Opportunity Center
Work Related	CMI	1	\$16,973	L.E. Phillips
Work Related Supported Employment	PD & SD	1	\$4,545	Opportunity Center
Workshop	DD	70	\$483,096	Opportunity Center
Workshop	DD	3	\$30,924	VARC
Workshop	DD	1	\$40,425	Hodan Center
Workshop	DD	1	\$9,205	Southwest Opportunity Center
Workshop	DD	1	\$18,377	Riverfront

Crawford County Human Services reports that there is no mass transportation available in the County. Cab service is provided at reduced rates for elderly and handicapped persons through the Federal SHARE grant. Crawford County Human Services reports that there is a shortage of transportation services for people with disabilities and for low-income individuals in the County.

Crawford County has an interagency transition committee that meets on a monthly basis to address the transition needs of students in the county. This committee is coordinated by the Transition Coordinator from CESA 3. Committee members include representatives from the school districts in the county, Wyalusing Academy, DVR, Human Services, Job Service/Workforce Connections, Southwest Technical College, Great Rivers Independent Living



and the Opportunity Center. Transition services and activities available to students through CESA 3 vary, depending on each school's contract for purchased services with CESA. Efforts are made to invite representatives of appropriate agencies to be a part of each student's transition plan through the IEP process. Referrals are made for various adult services as needed at the request of the student and/or their parents or guardians.

In addition, several school districts also have "Transition Action Teams" within their schools to share information among staff, and to plan and coordinate transition activities for their students.

Crawford County reports that it has been a leader in the area of coordinated transition efforts. Its transition committee was the first in Wisconsin and has been described as the most active transition committee.

The CESA 3 provides transition services to the three CESA 3 school districts in Crawford County (Prairie du Chien, Wauseca, and Seneca). The CESA 3 administrator reports that the costs for these services depend on the number of the days of services purchased by the school districts. In 2004, transition services provided by the CESA to the three school districts totaled \$25,000, and the State of Wisconsin provided an additional \$25,000 for transition services.

CESA 3 participates in the Wisconsin Statewide Transition Initiative (WSTI). Transition services are described in the WSTI point of entry manual and are summarized in the chart below.

Category of Service	Provider	Services
Employment	Opportunity Center	Personal Development Work Related Work Adjustment Community Employment Direct Placement
Employment	CESA 3	School to Work Teen Parent Program Workforce Investment Act
Employment	Independent Living Centers	Independent Living Resources
Employment	Crawford County Job Center	Range of employment, training and transportation services
Employment	Workforce Connections	Crawford County Youth Work Program for In-School Youth Crawford County Youth Work Program for Out-of-School Youth
Continuing and Adult Education	Southwest Wisconsin Technical College	Transition Services Transition for College Enrollment HSED and GED certificates Youth Options
Independent Living	Independent Living Centers	Independent Living Resources
Adult Agencies	Crawford County Human Services	Numerous services for developmental disabilities, mental health, children and family and economic support
Adult Agencies	Workforce Connections	Crawford County Youth Work Program for In-School Youth Crawford County Youth Work Program for Out-of-School Youth

Category of Service	Provider	Services
Vocational Training	University of Wisconsin-Platteville	Services for Students with Disabilities
Vocational Training	Southwest Wisconsin Technical College	Transition Services Transition for College Enrollment HSED and GED certificate Youth Options
Vocational Training	Job Center	Range of employment, training and transportation services
Vocational Training	CESA 3	School to Work Teen Parent Program Workforce Investment Act
Community Participation	Crawford County Human Services	Numerous services for developmental disabilities, mental health, children and family and economic support
Post Secondary Education	University of Wisconsin – Platteville	Services for Students with Disabilities
Post Secondary Education	Southwest Wisconsin Technical College	Transition Services Transition for College Enrollment HSED and GED certificate Youth Options

Source: Wisconsin Statewide Transition Initiative Point of Entry Manual for Crawford County. See complete Point of Entry Manual for Crawford County at <http://www.wsti.org/poem.cfm>.

Waiting Lists

A total of 9 consumers are on waitlists. This number represents consumers waiting for waiver services. The following shows the number of consumers on wait lists, by service type awaited:

Service	Number of Consumers on Waiting List
Workshop	3
Independent Living/Group Home	6

Crawford County Human Services reports that no estimates are available relative to the length of time consumers are on wait lists.

## Crawford County – Synthesizing Data Collection and Listening Session Outcomes

- Waiting lists were identified by listening session participants as one of the greatest obstacles to employment. Data provided by Crawford County Human Service shows that there are 9 consumers on waiting lists (3 for workshop and 6 for Independent Living/Group Home). However, Crawford County Human Services reports that no estimates are available relative to the length of time that consumers are on wait lists. While the number of consumers on wait lists appears relatively low, it is difficult to assess wait list obstacles to employment without an estimate of wait durations. This suggests that it would be valuable for counties to collect and monitor wait duration data.
- Listening session participants noted that there is not enough support for transitions and that students are not prepared to work or to advocate (for themselves?). Information provided by the Crawford County Human Services Department suggests that the county has been proactive in the area of transition services, including involvement in interagency teams focused on the issue of transition. The Wisconsin Statewide Transition Initiative Point of Entry Manual also shows numerous resources for transitioning students. Based on these inconsistent findings, it is unclear whether there is a perception that there are not enough services available, whether the services are misaligned with the transition population, or whether the services are not as effective as desired.
- Listening session participants identified transportation as one of the greatest barriers facing PWDs regarding accessing employment opportunities and being able to fulfill expectations on the job. Specifically, participants identified that there is no bus system, that it is necessary to use unreliable personal vehicles, and that taxi service is available only within city limits and is expensive. Data provided by the Crawford County Human Services Department show that there are 4 transportation providers—2 for consumers with developmental disabilities (one of which is transportation to sheltered workshop), 1 for consumers with physical and/or sensory disabilities, and 1 for consumers with chronic mental illness. These data also show that there is no waiting list for transportation (however, wait lists would not be expected if it is known that service is unavailable, e.g. service outside city limits). Crawford County also provided qualitative descriptions of lacking transportation, noting that there is a shortage of affordable transportation alternatives, since no mass transit services are available in the county. These findings suggest that additional transportation alternatives for PWDs may be required in the county.
- Unemployment was estimated at 5.9% for the county as a whole in 2003, according to the Crawford county Workforce Profile prepared by the Wisconsin Department of Workforce Development (OEA -10604-P). Based on Cornell University *Disability Statistics* estimates, the unemployment rate for people with disabilities is as follows:

Disability	Total Population	Employed	Est. Unemployed	Est. Unemployment Rate
Self Care	237	55(+/- 19)	182	77%
Mental Health	431	163 (+/- 33)	268	62%
Physical Disabilities	744	270 (+/-43)	474	64%
Sensory Disabilities	221	117 (+/- 28)	104	47%

These data show that people with disabilities have a significantly greater rate of unemployment (ranging from 47% -77%, depending on the specific category of disability) than the general county population (5.9%). These data are also consistent with listening session participants' comments that the cost of employment and job coaching is prohibitive, and that people may turn down work if it is not a "dream job."

## **Pathways to Independence**

### **Listening Session Notes Prairie du Chien, Wisconsin Crawford County October 6, 2005**

\* = Special Emphasis

PWD= people with disabilities

#### **1. What is currently working well for both employers and potential employees in terms of access and services?**

- Collaborative network and committees LaCrosse County
- Supported employment
  - South Central, WI
  - Long term job coaching
  - Job Shadowing in La Crosse and Richland Country
- VR Services
- Navigators with one-stop system
  - Job readiness
  - Reasonable accommodations
- “Enclave” program washing cars
  - Stansfield vending
- ILR and Division of Vocational Rehabilitation (DVR) co-sponsoring disability event. TV Coverage. For Students. Go to place of employment
- Benefits counseling
- Good job preparation
- Good communication

#### **2. What are the greatest barriers facing PWD’s regarding accessing employment opportunities and being able to fulfill expectations on the job?**

- Communication = deaf, blind
- Community awareness low
- Lack of general public knowledge for less visible disabilities
- Waiting lists at DVR and other services
- Don’t know rights
- Holistic approach needed with students
- Transportation
  - No bus system

- Taxi within city limits is very expensive
  - Not reliable, personal vehicles not in good shape
- Money does not follow the person
  - Employers need monetary support
- Cost of supplement employment and job coaching is prohibitive
- Employers don't respond to disability (Many go to one stops more)
- Lack of knowledge, where to go, rights, benefits
- Parent's time, schedules
- Transition –not enough support, students are not prepared to work or advocate
  - Transitions started in Crawford Co
- Need to involve parents, teachers, students (hard to do)
- Housing –lack of access to affordable, accessible housing
- Healthcare –some have no coverage lack of MA dental care
- Sheltered workshops
- Sub-minimum wage (double-edged sword)
- People turndown work if not “dream job”
- People do not come to transition fairs
- Go where they are
- Health/dental care

### **3. What incentives work/would work to most influence employers to hire more PWD's?**

- Have to be qualified
- Misunderstanding of legal requirements and effects on other employers
- Can pay less wages
- Get in the door once
- Educate employers on future state of workforce
- One on one contact and support, build trust, send qualified employees only
- Job coaches do the training, area voice for the person
- Employer trainings –e.g. law clinics at one-stops
  - Understanding workers comp, insurance, ADA
- Employers are prejudiced
  - Use word of mouth to change attitudes
- Present success stories and ream jobs
- Mentoring, use BLN model?
- Create “enclaves” i.e. Hilltopper Recycling Company
- Employers can provide natural supports
  - DVR cannot accept an “enclave” as a closure, not integrated. Mini-sheltered workshop
- Organic Valley –involved employer
- Expand and work with Ticket E.M's to be more successful

- Sheltered workshops are very controversial. Parents see them as safe. Often only option
- Safe environment needed
- Help employers to design environments conducive to work

**4. If this grant could only accomplish ONE THING over the next four years, what should that be?**

- \* On job supports/ coaching
- Re-do TTW/get SS out of it/ watch dog group
  - If you can do work, you won't lose benefits
  - Specified time (2 years) then evaluate it
- Support train benefits specialist
- Simplify system so we don't need benefits specialist
- Formalize collaborations and communication among all resources
- Eliminate block grants
- Collaboration in communities
  - WZ, VR, Private sector, services
- Support healthcare and dental care
  - Subsidize employer policy?
- Eliminate Part D doughnut hole
- Focus on employers –training, legal issues
- Rhinelander transportation model-
  - Collaborate to consolidate resources and expand services
- Expand transportation hours, allow vouchers, especially rural
- Jerome's Turkey –Barron County
  - Transportation

## Appendix J: Environmental Scan Definition of Disability Categories

For the purposes of the environmental scan, we reviewed legal and programmatic definitions of disability. This was necessary in part to identify the population served by state agency programs, to assist with data collection efforts, and to provide an agreed-upon set of terms. During our review, we determined that not all agencies use the same definition of disability; in fact, some relied on participant self-reporting to measure the number of people with disabilities served.

- **Developmental Disability** ... Federal Rule PL 95-602 and s.51.01, Wis. Stats. The Department of Health and Family Services Medicaid Waiver Manual indicates that waiver programs serving people with developmental disabilities—including the Community Integration Program (CIP) and Community Options Program (COP)—use the federal definition for developmental disability, although it does not differ greatly from state definition for Medicaid Waiver programs. The state definition is used for state programs found under Chapter 51 – (s.51.42-community mental health, developmental disabilities, alcoholism and drug abuse services and s.51.437-developmental disability services). Under federal law, individuals with developmental disabilities have severe, chronic disabilities that are:
  - a. attributable to a mental or physical impairment, or a combination thereof, is manifested before the age of 22, is likely to continue indefinitely, and results in a substantial functional limitation in 3 or more of the following areas: self care, receptive or expressive language, learning, mobility, self direction, capacity for independent living, economic self-sufficiency **and**, when considered together, create a need for lifelong or extended care and are individually planned and coordinated.

Under state law, developmental disability means:

- b. a disability attributable to brain injury, cerebral palsy, epilepsy, autism, Prader-Will syndrome, mental retardation. Or another neurological condition closely related to mental retardation or requiring treatment similar to that required for mental retardation, which has continued or can be expected to continue indefinitely and constitutes a substantial handicap to the afflicted individual, and does not include senility
- **Physical Disability** ... s.15.197, Wis. Stats. Under state law, individuals with physical disabilities include those who have a physical condition—including an anatomical loss or musculoskeletal, neurological, respiratory or cardiovascular impairment—resulting from injury, disease or congenital disorder that significantly interferes with a major life activity. Major life activities include self care, performance of manual tasks unrelated to gainful employment, receptive or expressive language, breathing, working, participating in educational programs, mobility (other than walking), and capacity for independent living.
- **Mental Health** ... There are very generally two categories of mental illness defined in state law: "mental illness" and "chronic mental illness." Definitions for these are found in statute under Chapter 51, and an additional definition of "severe emotional disturbance" is also in the terms of the Children's Long Term Support Waiver. Under state law, individuals with mental illness are identified under:
  - a. s.51.01(13)(a), Wis. Stats. Mental illness means a disease to such extent that a person so afflicted requires care and treatment for his or her own welfare, for the welfare of others, or of the community. s.51.01(13)(b), Wis. Stats. further clarifies the definition (for the purposes of involuntary confinement) to include a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs



judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life, but does not include alcoholism.

- b. s.51.01(3g), Wis. Stats. defines chronic mental illness as being severe in degree and persistent in duration, which causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life, which may lead to an inability to maintain stable adjustment and independent functioning without long-term treatment and support and which may be of lifelong duration. Chronic mental illness includes schizophrenia as well as a wide spectrum of psychotic and other severely disabling psychiatric diagnostic categories, but does not include infirmities of aging or a primary diagnosis of mental retardation or of alcohol or drug dependence.
- **Traumatic Brain Injury** ... Traumatic brain injury is defined under s.51.01 (2g), Wis. Stats., as any injury to the brain, regardless of age at onset, whether mechanical or infectious in origin, including brain trauma, brain damage and traumatic head injury the results of which are expected to continue indefinitely and directly results in any 2 of the following: attention impairment, cognition impairment, language impairment, memory impairment, conduct disorder, motor disorder, or any other neurological dysfunction. Brain injuries do include injuries that are vascular in nature if occurring before the person is under 22 years of age. Brain injury does not include alcoholism, Alzheimers, or other infirmities of aging. Under the Medicaid program, individuals who have a brain injury under 22 years of age may participate in any Medicaid program because they are considered to be developmentally disabled, while individuals with this type of disability who are 22 and over are eligible for services under the Brain Injury Waiver program only.

# Environmental Scan

## Agency Summaries

### **Department of Health and Family Services**

The Department of Health and Family Services is the primary state agency responsible for the development and implementation of statewide policy, services and supports for people with disabilities.

*Programs included in environmental scan:*

- Community Integration Program (CIP)
- Community Options Program (COP)
- Community Support Program (CSP)
- Brain Injury Waiver (BIW)
- Partnership Program
- Family Care
- Medicaid Purchase Plan
- Senior Employment

#### Community Integration Program (CIP)

CIP helps people with developmental disabilities relocate from state centers and nursing homes back into their communities. CIP is funded through a mix of Medicaid and local funds. Federal funding is provided through the Community Aids system to county agencies that administer the program. Service categories for this program include:

- Adaptive aids
- Adult day care
- Adult family home
- Case management
- Community-based Residential Facilities (CBRF)
- Communication aids
- Counseling and therapeutic resources
- Daily living skills training
- Day services
- Home modifications
- Personal emergency response systems
- Pre-vocational services
- Respite
- Supportive home care
- Supported employment
- Specialized transportation

**Population served:** Individuals eligible for Medicaid with developmental disabilities.

**Funding data:** See Community Aids.

**Service Categories and Participation:** See Community Aids

### Community Options Program (COP)

COP helps people who need long term care, specifically elderly people and people with serious long-term disabilities, to stay in their own homes and communities. A primary goal of COP is to provide the services necessary for a person to stay at home at a cost which averages no more than that of nursing home care. COP is funded through a mix of Medicaid and local funds. Federal funding is provided through the Community Aids system to county agencies that administer the program. Service categories for this program include:

- Home modification
- Respite care
- Adaptive equipment
- Financial counseling
- Care management
- Communication aids
- Home health care
- Residential services
- Personal care
- Housekeeping

**Population served:** Elderly people and people with serious long-term disabilities and eligible for Medicaid.

**Funding data:** See Community Aids.

**Service Categories and Participation:** See Community Aids

### Community Support Program (CSP)

A CSP is a coordinated care and treatment program which provides a range of treatment, rehabilitation, and support services through an identified treatment program and staff at the county level to persons with chronic (i.e. severe and persistent) mental illness. Funding for CSPs is funded through a mix of Medicaid and local funds. Federal funding is provided through the Community Aids system. County funding is used to pay the State's match requirement, but some counties supplement federal funding with additional resources paid for through local tax levy. Services provided include:

- Assessment
- Treatment
- Case management
- Psychological rehabilitation services
- Employment-related services
- Social and recreational skills training
- Assistance with activities of daily living
- Housing

**Population served:** People eligible for Medicaid with chronic mental illness.

**Funding data:** See Community Aids.

**Service Categories and Participation: (CY 2004)**

**By Ethnicity**

Service Category	Number of People with Disabilities Served					Total Served
	White	Black	Asian	Hispanic	Native American	
(Category Detail Unavailable)	8,498	324	70	n.a.	97	8,989

Brain Injury Waiver (BIW)

BIW provides home- and community-based services for people with brain injuries who need significant supports. This program is funded through a mix of Medicaid and local funds. Federal funding is provided through the Community Aids system to county agencies that administer the program. Services provided include community-based support services.

**Population served:** Individuals who are eligible for Medicaid, have a traumatic brain injury and who receive or are eligible for post acute rehabilitation institutional care.

**Funding data:** Approximately \$17.8 million, including \$1.2 million in local expenditures in SFY 2002-03.

**Service Categories and Participation:** As of July 1, 2004, 315 individuals were enrolled in this program.

Wisconsin Partnership Program

The Partnership program is an integrated health and long term care program for frail elderly and people with disabilities. The program is designed to improve quality of health care and service delivery by adopting a team-based model and approach. Services are provided under contract by four Wisconsin organizations, with locations in Milwaukee, Dane, Racine, Eau Claire, Dunn, and Chippewa counties. Federal funding through Medicaid is the primary funding source. Services provided include:

- Personal assistance services
- Long term care

**Population served:** Frail elderly people and persons with disabilities.

**Funding data:** See Community Aids.

**Service Categories and Participation: (SFY 2003-04)**

Service Category	Number of People with Physical Disabilities Served
<u>Duplicated count of participants:</u>	
Personal Assistance Services	549
Long term care	549

Family Care

Family Care is a comprehensive long term care program designed to increase flexibility and consumer choice, improve access, improve the quality of long term care, and develop a cost-effective system for delivering long term care services. Services provided include:

- Housing
- Transportation
- Personal Assistance Services
- Vocational training
- Long term care (any services)
- Job coaching
- Accessibility accommodations
- Physical rehabilitation services

**Population served:** Frail elderly and persons with developmental and physical disabilities that are eligible for Medicaid.

**Funding data:**

Source	FY 2002-03	FY 2003-04	FY 2004-05
Federal	\$24,696,484	\$29,660,090	\$33,952,099
State GPR	\$16,464,322	\$19,773,393	\$22,634,732
Client Paid	\$2,785,289	\$3,105,417	\$3,586,831
Total	\$43,946,095	\$52,538,900	\$60,173,662

**Service Categories and Participation: (SFY 2003-04)**

**By Disability Type**

Service Category	Number of People with Disabilities Served		
	Developmental Disabilities	Physical Disabilities	Total Served
<u>Duplicated count of participants:</u>			
Housing	123	307	430
Transportation	640	518	1,158
Personal Assistance Services	170	330	500
Vocational training	444	54	498
Job coaching	325	52	377
Accessibility accommodations	498	926	1,424
Physical rehabilitation services	116	252	368
<u>Unduplicated count of participants:</u>			
Long term care (any services)	1,207	1,114	

### By Ethnicity

Service Category	Number of People with Disabilities Served					Total Served
	White	Black	Asian	Hispanic	Native American	
<u>Duplicated count of participants:</u>						
Housing	363	52	7	4	0	430
Transportation	816	290	10	29	5	1,158
Personal Assistance Services	285	165	11	20	2	500
Vocational training	476	12	5	0	0	498
Job coaching	352	11	5	4	1	377
Accessibility accommodations	997	342	25	43	7	1,424
Physical rehabilitation services	213	129	7	15	2	368

### Community Aids

The Department provided us with aggregate funding and service category data for the CIP, COP, CSP, BIW and Partnership programs.

### Funding data:

#### By Population Served

	CY 2002	CY 2003	CY 2004
Developmental Disability	\$476,775,080	\$518,021,003	\$575,153,287
Mental Health	\$315,177,134	\$330,366,338	\$344,423,146
Physical or Sensory Disability	\$72,394,189	\$77,649,789	\$85,357,151
Total	\$864,346,403	\$926,037,130	\$1,004,933,584

### Service Categories and Participation: (CY 2004)

#### By Disability Type

Service Category	Number of People with Disabilities Served			Total Served
	Developmental Disabilities	Mental Illness	Physical & Sensory Disabilities	
<u>Duplicated count of participants:</u>				
Community treatment services	5,152	68,992	782	74,926
Community living/support services	25,082	20,143	7,089	52,314
Work related & day services	22,431	1,747	395	24,573
Investigations & assessments	4,255	15,319	3,184	22,758
Inpatient/Institutionalization	1,849	12,129	1,121	15,099
Community residential services	5,607	4,352	595	10,554
Supportive home care	4,533	691	3,989	9,213
Community support	26	9,061	3	9,090
Transportation	4,527	678	1,767	6,972
Other	2,124	2,575	475	5,174
Supported employment	3,168	1,148	103	4,419

Medicaid Purchase Plan (MAPP)

MAPP offers people with disabilities who are working or interested in working the opportunity to buy health care coverage through the Wisconsin Medicaid program. Depending on an individual's income, a premium may be required for this health care coverage. Funding for this program is provided through a mix of Medicaid funds and State GPR. Under MAPP, participants:

- Receive the same health benefits offered through the Wisconsin Medicaid Program
- May earn more income than other Medicaid recipients without the risk of losing coverage

**Population served:** Adults with disabilities having assets of less than \$15,000 who are employed or enrolled in a certified health and employment counseling program, and who earn less than 250% of the federal poverty level.

**Funding data:**

Source	FY 2002-03	FY 2003-04
Federal	\$17,309,771	\$29,131,749
State GPR	\$11,909,964	\$18,298,647
Total	\$29,219,735	\$47,430,396

**Service Categories and Participation: (CY 2004)**

**By Ethnicity**

Service Category	Number of People with Disabilities Served					Total Served
	White	Black	Asian	Hispanic	Native American	
Health Insurance	8,103	530	20	198	52	9,197

### Senior Employment

The purpose of the program is to provide useful part-time opportunities in community service activities for unemployed low-income persons who are 55 years or older and who have poor employment prospects. This program serves older individuals with training through community service assignments to obtain unsubsidized employment. Funding for this program is provided through Title V of the federal Older Americans Act (OAA). Services provided include on the job training.

**Population served:** Low-income older persons who are 55 or older, have poor employment prospects, and have the greatest social and economic need. Priority is given to those 60 and older, Veterans, and their families.

#### **Service Categories and Participation:** (PY 2004-05)

<b>Service Category</b>	<b>Number of People with Disabilities Served</b>
On the job training	165



## Department of Workforce Development

The Wisconsin Department of Workforce Development is the state agency charged with building and strengthening Wisconsin's workforce. The Department offers a range of employment programs and services that are used by people with disabilities.

*Programs included in environmental scan:*

- Division of Vocational Rehabilitation
- Job Service (Wagner-Peysner)
- Job Centers (Workforce Investment Act)
- Wisconsin Works (W-2)

### Division of Vocational Rehabilitation (DVR)

DVR's goal is to provide comprehensive programs of vocational rehabilitation that are designed to assess, plan, develop, and provide vocational rehabilitation services for individuals with disabilities. Funding for DVR is provided through federal Title I (Rehabilitation Act). DVR has a wide range of subprograms, initiatives, and projects that provide services. With the exception of Rehabilitation counseling, which all program participants receive, the following service categories are provided on a purchased service basis:

- Accessibility accommodations
- Adjustment training
- Assessment
- Assisted living devices
- Benefits counseling
- Education and supplies
- Training and supplies
- Job coaching
- Job development
- Maintenance
- On the job training
- Personal assistance services
- Physical rehabilitation
- Rehabilitation counseling
- Transportation
- Vehicle purchase and repair
- Work related materials and tools

**Population served:** Individuals with a disability that is severe enough to create problems getting or keeping a job specifically because of the disability.

### **Funding data:**

Source	FY 2002-03	FY 2003-04	FY 2004-05
Federal	\$57,563,458	\$54,172,549	\$53,212,094
State GPR	\$14,301,860	\$12,596,246	\$12,460,753
State PR	\$1,280,939	\$2,505,026	\$1,479,908
Total	\$73,146,257	\$69,273,821	\$67,152,755

**Service Categories and Participation: (SFY 2004-05)**

**By Disability Type**

<b>Service Category</b>	<b>Number of People with Disabilities Served</b>					<b>Total Served</b>
	<b>Developmental Disabilities</b>	<b>Mental Illness</b>	<b>Physical Disabilities</b>	<b>Sensory Disabilities</b>	<b>Brain Injury</b>	
<u>Duplicated count of participants:</u>						
Accessibility accommodations	1	10	4	170		272
Adjustment training	168	152	180	50	20	695
Assessment	722	2,166	1,201	303	132	5,496
Assisted living devices	31	339	39	205	13	780
Benefits counseling	94	247	164	55	20	707
Business/Vocational training	210	977	435	152	45	2,412
College/university training	164	604	282	176	29	1,849
Job coaching	374	169	226	27	52	1,041
Job development	418	745	488	121	66	2,384
Maintenance	68	275	100	121	16	755
On the job training	269	345	304	41	52	1,252
Other	248	930	494	255	50	2,577
Personal assistance services	1	26	7	5	2	53
Physical rehabilitation	36	167	67	161	7	556
Rehabilitation counseling	4,586	11,853	6,554	1,858	661	41,051
Training	458	655	485	160	63	2,283
Transportation	635	1,923	1,078	359	119	5,325
Training materials and supplies	316	1,422	617	288	56	3,671
Vehicle purchase and repair	8	97	16	7	3	171
Work-related tools and materials	194	732	423	113	48	1,912

## By Ethnicity

Service Category	Number of People with Disabilities Served					Total Served
	White	Black	Asian	Hispanic	Native American	
<u>Duplicated count of participants:</u>						
Accessibility accommodations	217	37	14	24	5	272
Adjustment training	489	186	8	32	13	695
Assessment	4,702	681	44	186	124	5,496
Assisted living devices	699	70	8	23	7	780
Benefits counseling	597	97	8	26	7	707
Business/Vocational training	2,174	196	19	79	33	2,412
College/university training	1,692	136	13	48	14	1,849
Job coaching	972	45	11	21	16	1,041
Job development	1,983	345	21	79	28	2,384
Maintenance	717	24	5	13	14	755
On the job training	1,131	87	17	29	20	1,252
Other	2,185	317	35	102	41	2,577
Personal assistance services	47	3	2	1	1	53
Physical rehabilitation	465	73	6	24	15	556
Rehabilitation counseling	31,973	5,947	399	1,288	861	41,051
Training	1,909	321	28	75	26	2,283
Transportation	4,243	978	43	178	80	5,325
Training materials and supplies	3,292	332	28	106	33	3,671
Vehicle purchase and repair	156	15	0	3	1	171
Work-related tools and materials	1,506	370	9	55	30	1,912

### Job Service (Wagner-Peyser)

Job Service provides labor exchange services to businesses and job seekers through the JobNet online job listing software and staff-assisted services in Job Centers. The Job Service program is funded through Title III of the federal Workforce Investment Act. Services provided through Job Service to people with disabilities include the following categories:

- Benefits counseling
- Child care
- Case management
- Comprehensive employment assessment and planning
- Financial literacy training
- Housing
- Job coaching
- Job retention services
- Job search
- On the job training
- Physical rehabilitation
- Training
- Transportation
- Vocational retraining
- Vocational training

**Population served:** Anyone seeking a job, although preference is given to Veterans who receive priority referral to jobs and training as well as special employment services and assistance. In addition, the system provides specialized attention and service to individuals with disabilities, migrant and seasonal farm-workers, ex-offenders, youth, minorities and older workers.

**Funding data:** (SFY)

Source	FY 2002-03	FY 2003-04	FY 2004-05
Federal	\$14,060,595	\$14,096,490	\$13,107,495
Total	\$14,060,595	\$14,096,490	\$13,107,495

**Service Categories and Participation:** (PY 2004)

Service Category	Number of People with Disabilities Served
<u>Duplicated count of participants:</u>	
Benefits Counseling	998
Child Care	14
Case Management	3,153
Comprehensive Employment Assessment and Planning	6,599
Financial literacy training	25
Housing	12
Job Coaching	194
Job Retention Services	106
Job Search	4,532
On the job training	1,084
Other: Undesignated Support Services	362
Other: Veterans Programs	24
Physical Rehabilitation	25
Training	850
Transportation	186
Vocational Retraining	172
Vocational Training	1,556

Job Centers (Workforce Investment Act)

Job Centers are one-stop service centers that provide coordinated employment services to anyone looking for a job. Job Centers are funded through Title I of the federal Workforce Investment Act. Job center programs serve adults, dislocated workers, and in-school and out-of school youth. To receive these services, individuals must be authorized to work in the U.S. Additional eligibility requirements apply for dislocated workers and youth program services, including, for example, selective service registration status, family income, school enrollment status, literacy level, and other factors. WIA Title I services available through the Wisconsin Job Center system include Core, Intensive, and Training services. Core services are available to all job seekers and include assistance in job search and job placement, assessment of skills, labor market and career information and other similar services.

**Population served:** Anyone seeking a job.

**Funding data:**

Source	FY 2002-03	FY 2003-04	FY 2004-05
Federal	\$39,468,116	\$43,512,990	\$46,724,846
Total	\$39,468,116	\$43,512,990	\$46,724,846

**Service Categories and Participation: (PY 2004)**

Service Category	Number of People with Disabilities Served
Employment assessment and planning services	1,238

Wisconsin Works (W2)

The goal of Wisconsin Works (W2) is to provide necessary and appropriate services to prepare individuals to work, and to obtain and maintain viable, self-sustaining employment, which will promote economic growth. Funding for W2 accomplishes this goal by providing needed services in a comprehensive fashion. Services include job readiness motivation, job retention and advancement skill training as well as childcare. While this program is not specifically designed around the disabled population, people with disabilities participate in the program.

**Population served:** Low-income adult residents who are custodial parents, who are not receiving SSI or SSDI benefits, and who have not exceeded 60 months in the W-2 program.

**Funding data:**

Source	FY 2002-03	FY 2003-04	FY 2004-05
Federal	\$96,721,725	\$68,276,654	\$71,565,367
State	\$96,721,725	\$68,276,654	\$71,565,367
Total	\$193,443,449	\$136,553,307	\$143,130,734

**Service Categories and Participation: (FFY 2005)**

**By Ethnicity**

Service Category	Number of People with Disabilities Served						Total Served
	White	Black	Asian	Hispanic	Native American	Other/Unknown	
Benefits and case management	281	914	60	120	6	49	1,430

**Department of Public Instruction**

The Department of Public Instruction is the state agency with overall responsibility for public K-12 education in Wisconsin. The Department has responsibility for Teacher Education, Professional Development and Licensing, School Management and Finance Services, School Nutrition Programs, Special Education, Instructional Media and Technology, Standards, Assessment & Accountability, administering federal education programs and requirements, and operates the Wisconsin Center for the Blind and Visually Impaired and the Wisconsin School for the Deaf.

*Programs included in environmental scan:*

- Wisconsin Statewide Transitions Initiative

Wisconsin Statewide Transitions Initiative (Transitions)

The purpose of the Transitions project is to assist local school districts in addressing the mandates of federal Individuals with Disabilities Education Act (IDEA), and the transition service and process needs identified in the Wisconsin Design for Transition Success Project. The Department of Public Instruction and DWD-DVR have an interagency agreement that creates a linkage between Individualized Education Plans created by local school districts for special education students with Individual Employment Plans created for person with disabilities by DVR. The Transitions project is funded through federal IDEA and other federal grant sources, including a Post-school follow-up grant and a State Improvement Grant. Services provided by local school districts include post-school employment assessment and planning

**Population served:** All public students receiving special education services receive an Individualized Education Plan, which includes an element of post-school transition planning, specifically employment or additional education goals.

**Funding data:**

Source	FY 2002-03	FY 2003-04	FY 2004-05
Federal	\$980,000	\$980,000	\$1,026,728
Total	\$980,000	\$980,000	\$1,026,728

**Service Categories and Participation:** (December 2004 Count)

**By Disability Type**

Service Category	Number of People Served					Total Served
	Developmental Disabilities	Mental Illness	Physical Disabilities	Sensory Disabilities	Brain Injury	
Employment assessment and planning	4,995	4,627	2,127	115	369	12,233

**Department of Commerce**

The Wisconsin Department of Commerce provides economic development assistance in areas such as marketing, business and community finance, exporting, small business advocacy, and manufacturing assessments. The agency also issues professional credentials for the construction trades and administers safety and building codes. It also regulates petroleum products and tank systems and administers the Petroleum Environmental Clean-up Fund.

*Programs included in environmental scan:*

- Homeless Programs
- Local Housing Organization Grants
- Housing Cost Reduction Initiative
- Community Development Block Grants
- Home Investment Partnerships Program (HOME)
- Entrepreneurial Training Grant – Wisconsin Development Fund and Minority Business Fund
- Early Planning Grant – Minority Business Fund
- Dairy 2020 Early Planning Grant

Homeless Programs

Commerce Homeless programs include several federal and state housing programs that provide shelter and services for individuals and families who are homeless. Funding for these programs is provided through a mix of federal programs, State GPR and program revenue. The programs include the State Shelter Subsidy Grant, Interest Bearing Real Estate Trust Account (IBRETA) funds that are collected annually from Wisconsin financial institutions and distributed to homeless programs, the State Transitional Housing Program, the HUD Emergency Shelter Grant Program, Housing Opportunities for Persons with AIDS (HOPWA), Continuum of Care Supportive Housing funds, and Projects for Assistance in the Transition from Homelessness (PATH). The primary service category for all of these programs is housing. While homeless individuals constitute the primary target population for these programs, people with disabilities participated in the programs as well.

**Population served:** Homeless individuals

**Funding data:**

Source	FY 2002-03	FY 2003-04	FY 2004-05
Federal	\$1,899,047	\$1,881,000	\$1,908,166
State GPR	\$1,131,000	\$1,131,000	\$1,131,000
State PR	\$517,000	\$337,000	\$367,562
Total	\$3,547,047	\$3,349,000	\$3,406,728

**Service Categories and Participation:** (SFY 2004-05)

**By Ethnicity**

Service Category	Number of Households <sup>1</sup> Served including People with Disabilities					Total Served
	White	Black	Asian	Hispanic	Native American	
Housing	1,371	590	6	74	51	2,061

<sup>1</sup> Local agencies report by households, not by individuals. Therefore, these data and those for other Commerce programs represent a minimum number of individuals served.

Local Housing Organization Grants (LHOG)

LHOG provide assistance to local housing organizations to improve their capacity to provide affordable housing opportunities for low-income households. Funding for this program is provided through State GPR. LHOG grants cannot be used to pay for construction or other capital improvements. Organizations receiving funds include housing authorities, Native American Tribes and for-profit and non-profit corporations. The primary service category for this program is housing. While low-income households constitute the primary target population for this program, people with disabilities participated as well.

LHOG and the Housing Cost Reduction Initiative (HCRI) program have been folded into a new combined program called the Housing Organization and Direct Assistance Program (HODAP).

**Population served:** Low-income households.

**Funding data:**

Source	FY 2002-03	FY 2003-04	FY 2004-05
State GPR	\$505,796	\$500,000	\$470,815
Total	\$505,796	\$500,000	\$470,815

**Service Categories and Participation:** (PY 2005)

Service Category	Number of Households Served including People with Disabilities
Housing	354

Housing Cost Reduction Initiative (HCRI)

HCRI funds to provide assistance to reduce the housing costs of low- and moderate-income households and encourage the purchase of affordable housing units. Funding for this program is provided through State GPR. These funds may be used for a variety of housing activities, from closing costs and down payment assistance for homebuyers, to rent and security deposit assistance for renters and homeless persons. The program uses funds to help people stabilize their housing situation, enabling individuals and families to obtain affordable housing. Organizations administering funds include local governments, housing authorities, non-profit and for-profit corporations, and Native American Tribes. The primary service category for this program is housing. While low- and medium-income households constitute the primary target population for this program, people with disabilities participated as well.

HCRI and LHOG have been folded into a new combined program called the Housing Organization and Direct Assistance Program (HODAP).

**Population served:** Low- and medium-income households.

**Funding data:**

Source	FY 2002-03	FY 2003-04	FY 2004-05
State GPR	\$2,800,300	\$2,800,300	\$2,800,300
Total	\$2,800,300	\$2,800,300	\$2,800,300



**Service Categories and Participation: (PY 2005)**

Service Category	Number of Households Served including People with Disabilities
Housing	260

Community Development Block Grants (CDBG)

The CDBG Housing program provides housing-related funding to small cities (cities, towns, and villages with populations less than 50,000 and counties other than Milwaukee, Waukesha and Dane counties). These eligible units of local government compete for CDBG funds that are used for housing and neighborhood improvement programs principally benefiting low- and moderate-income households. This program is funded through federal CDBG funds. The grants are used for various housing and neighborhood revitalization activities including housing rehabilitation, acquisition, relocation, demolition of dilapidated structures, and handicap accessibility improvements. Special projects that create additional affordable housing units are also eligible for funding. The primary service category for this program is housing. While low- and medium-income households constitute the primary target population for this program, people with disabilities participated as well.

**Population served:** Low- and medium-income households.

**Funding data:**

Source	FY 2002-03	FY 2003-04	FY 2004-05
Federal	\$10,286,400	\$9,951,000	\$9,924,000
Total	\$10,286,400	\$9,951,000	\$9,924,000

**Service Categories and Participation: (PY 2005)**

Service Category	Number of Households Served including People with Disabilities
Housing	95

Home Investment Partnerships Program (HOME)

The goal of HOME is to create housing opportunities for low-income households. Eligible activities include: a Rental Rehabilitation Program to improve rental properties serving lower-income households; a Home Repair Program administered by a statewide network of community-based agencies making needed home repairs and accessibility improvements in owner-occupied units; a HOME Homebuyer program which includes the American Dream Down payment Initiative (ADDI) funding to provides down payment/closing cost and rehabilitation assistance for purchases of homes; and affordable Rental Housing Development activities, which include new construction and acquisition/rehabilitation projects undertaken by eligible housing development organizations and through a set-aside combining HOME funds with WHEDA bonding or tax credit programs.

The primary service category for this program is housing. While low- and medium-income households constitute the primary target population for this program, people with disabilities participated as well.

**Population served:** Low-income households.

**Funding data:**

Source	FY 2002-03	FY 2003-04	FY 2004-05
Federal	\$15,719,000	\$13,437,000	\$15,138,505
Total	\$15,719,000	\$13,437,000	\$15,138,505

**Service Categories and Participation:** (PY 2005)

Service Category	Number of Households Served including People with Disabilities
Housing	53

Entrepreneurial Training Grant – Wisconsin Development Fund and Minority Business Fund

Commerce partners with the Small Business Development Center (SBDC) of the University of Wisconsin System to help individual entrepreneurs and small businesses throughout Wisconsin, by providing applicants with a grant to help cover a portion of the cost of attending SBDC's Entrepreneurial Training Course. The primary service category for this program is small business loans and grants. While entrepreneurs constitute the primary target population for this program, people with disabilities participated as well.

**Population served:** Individuals seeking to start a business.

**Funding data:**

Source	FY 2002-03	FY 2003-04
State GPR	\$13,797	\$2,625
Total	\$13,797	\$2,625

**Service Categories and Participation: (SFY 2002-03 & SFY 2003-04)**

Service Category	Number of People with Disabilities Served
Small business loans and grants (Economic Development Fund)	11
Small business loans and grants (Minority Business Fund)	4

Early Planning Grant – Minority Business Fund

The Early Planning Grant (EPG) program is designed to help individual entrepreneurs and small businesses throughout Wisconsin obtain the professional services necessary to evaluate the feasibility of a proposed start up or expansion. Under the EPG program, Commerce provides applicants with a grant to help cover a portion of the cost of hiring a qualified, independent third party to develop a comprehensive business plan. The primary service category for this program is small business loans and grants. While entrepreneurs constitute the primary target population for this program, people with disabilities participated as well.

**Population served:** Individuals seeking to start a business.

**Funding data:**

Source	FY 2002-03
State GPR	\$10,000
Total	\$10,000

**Service Categories and Participation: (SFY 2002-03)**

Service Category	Number of People with Disabilities Served
Small business loans and grants	1

Dairy 2020 Early Planning Grant

The goal of the Dairy 2020 Early Planning program is to encourage and stimulate the start up, modernization, and expansion of Wisconsin dairy farms. Proceeds from an award may be used only to cover the cost of having an independent third party provide the professional services necessary to assist the applicant in the start-up, modernization, or expansion of a Wisconsin dairy farm. Examples of eligible professional services include activities such as the preparation of a comprehensive business plan. The primary service category for this program is small business loans and grants. While dairy producers constitute the primary target population for this program, people with disabilities participated as well.

**Population served:** Existing and start-up dairy producers.

**Funding data:**

<b>Source</b>	<b>FY 2002-03</b>	<b>FY 2003-04</b>
State GPR	\$4,000	\$2,250
Total	\$4,000	\$2,250

**Service Categories and Participation: (SFY 2002-03)**

<b>Service Category</b>	<b>Number of People with Disabilities Served</b>
Small business loans and grants	2

## Department of Revenue

The Department of Revenue is the state agency with overall responsibility responsible for administering state and local taxes, advising the State on sound tax and fiscal policies and providing property tax relief.

*Programs included in environmental scan:*

- LTE Partnership Program

### LTE Partnership Program

The LTE Partnership program was created by the Department of Revenue to provide job training and work experience to clients enrolled in the Vocational Rehabilitation Program. Funding is provided through a mix of federal Title I funds paid to the Department by DVR, as well as State GPR. DVR provides clients who are ready and prepared to participate in a work experience. The goals for the clients include workplace behavior, ethics, and a variety of job skills, social skills with co-workers and supervisors, and self-esteem. Originally, the work experience employees were hired to help with tax return processing. This partnership has been expanded to other areas throughout the department. The service category for this program is on the job training.

**Population served:** DVR clients.

### **Funding data:**

Source	FY 2002-03	FY 2003-04	FY 2004-05
Federal	\$ 235,325	\$ 99,510	\$ 30,577
State GPR	\$ 120,107	\$ 83,696	\$ 22,322
Total	\$ 355,432	\$ 183,205	\$ 52,899

Note: The Department reported a significant decline in expenditures for this program due to increased efficiencies achieved in electronic filing of tax returns, which has lead to the need for fewer staff to manually process tax returns.

### **Service Categories and Participation: (SFY 2004-05)**

Service Category	Number of People with Disabilities Served					Total Served
	White	Black	Asian	Hispanic	Native American	
On the job training	68	18	2	4	0	92

**Department of Veterans Affairs**

The Department of Veterans Affairs provides grants, loans and a variety of services to eligible Wisconsin veterans and their families. To deliver these benefits and services, the Department works closely with county veterans' service officers (CVSOs). Each county has a veteran's service officer who offers outreach, counseling and processing of benefit applications for both state and federal programs. Other programs administered by the Department include: three state veterans cemeteries; the Wisconsin Veterans Home at King and the Southern Wisconsin Center offering skilled nursing care and retirement options for veterans and their spouses; and the Wisconsin Veterans Museum in Madison.

*Programs included in environmental scan:*

- Veterans Assistance Program

Veterans Assistance Program (VAP)

The goal of the VAP is to assist homeless veterans, and those at-risk of being homeless, to receive rehabilitative services needed to obtain steady employment, job training, counseling, affordable housing, and the skills to sustain a productive lifestyle.

**Population served:** Homeless veterans and veterans at risk of being homeless.

**Funding data:** (estimated)

Source	FY 2004-05
Federal	\$825,000
State GPR	\$675,000
Total	\$1,500,000

**Service Categories and Participation:** (SFY 2004-05)

Service Category	Number of People with Disabilities Served
<u>Duplicated count:</u>	
Treatment and counseling services	15
Housing	15

# Environmental Scan of State Agency Programs

## Visual Representation of State Agency Programs that Support Employment of People with Disabilities

Department of Health and Family Services

Department of Workforce Development

Department of Public Instruction

Department of Commerce

Department of Revenue

Department of Veterans Affairs

15 November 2005

# Environmental Scan

## Service Categories with Similar Descriptions (1/2)

State agencies provide a range of programs that directly or indirectly support employment of people with disabilities and that deliver a large number of service categories. We identified 13 service category types for which more than one agency reported program activity. Further review of these service categories is warranted to determine the extent to which duplication is occurring or opportunities for interagency coordination or cooperation exist.

Service Category	Agency	Program	Total Served
Accessibility accommodations	DHFS	Family Care (CY04)	1,424
	DWD	DVR (SFY05)	272
Benefits and case management	DWD	Job Service (Wagner Peyser) (FFY 04)	3,153
	DWD	W2 (FFY05)	1,430
Benefits counseling	DWD	Job Service (Wagner Peyser) (FFY 04)	998
	DWD	DVR (SFY05)	707
Employment assessment and planning	DPI	Transitions Program (2004 School Year - December Count)	12,233
	DWD	Job Service (Wagner Peyser) (FFY 04)	6,573
	DWD	Job Center (WIA) (FFY05)	1,238
Housing	Commerce	Homeless Programs (PY05)	2,061
	Commerce	Local Housing Organization Grants (PY05)	354
	Commerce	Housing Cost Reduction Initiative (PY05)	260
	Commerce	Community Development Block Grant (PY05)	95
	Commerce	HOME program (PY05)	53
	DHFS	Family Care (CY04)	430
	DVA	Veterans Assistance Program (SFY 05)	15
	DWD	Job Service (Wagner Peyser) (FFY 04)	12
Job coaching	DHFS	Family Care (CY04)	377
	DWD	DVR (SFY05)	1,041
	DWD	Job Service (Wagner Peyser) (FFY 04)	194



# Environmental Scan

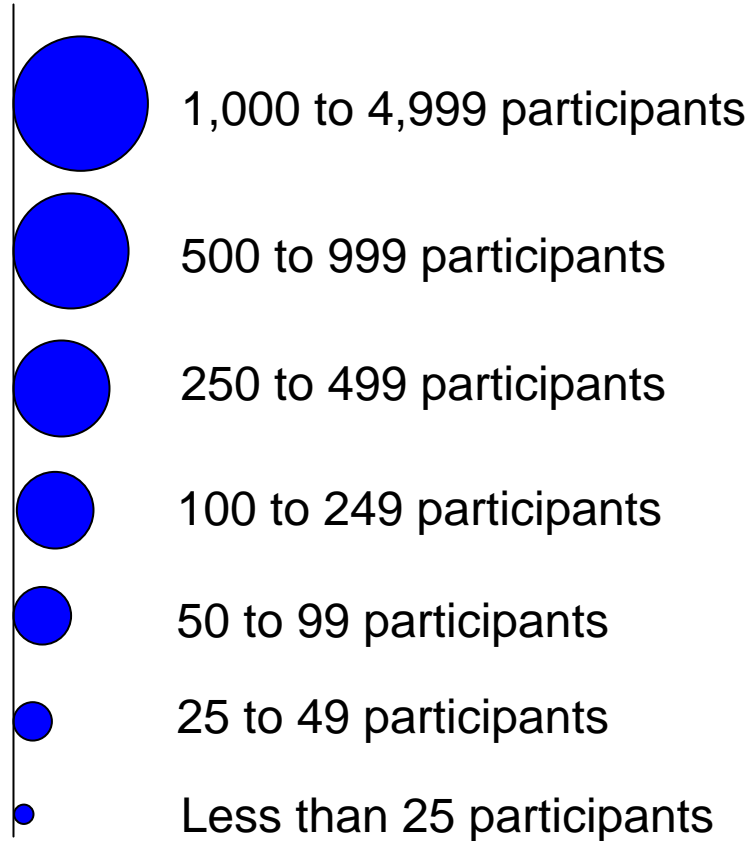
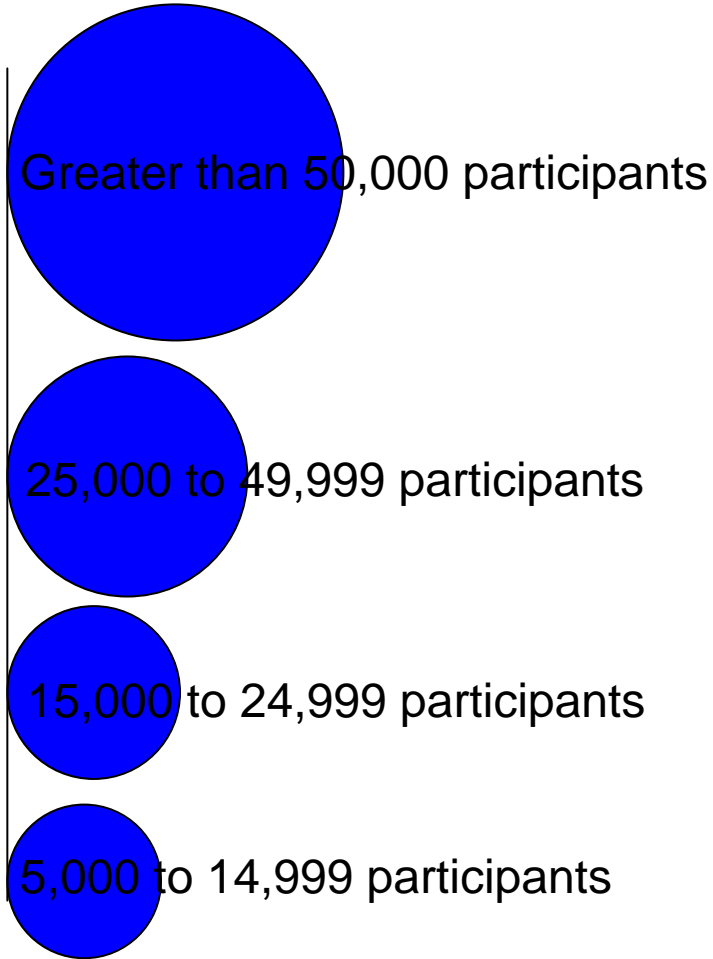
## Service Categories with Similar Descriptions (2/2)

<b>Service Category</b>	<b>Agency</b>	<b>Program (Data Year)</b>	<b>Total Served</b>
On the job training	DWD	DVR (SFY05)	1,252
	DWD	Job Service (Wagner Peyser) (FFY 04)	1,084
	DHFS	Senior Employment (PY05)	165
Personal assistance services	DHFS	Family Care (CY04)	500
	DWD	DVR (SFY05)	53
Physical rehabilitation services	DWD	DVR (SFY05)	556
	DHFS	Family Care (CY04)	368
	DWD	Job Service (Wagner Peyser) (FFY 04)	25
Small business loans or grants	Commerce	Entrepreneurial Training Grant-Wisconsin Development Fund (SFY03 & SFY04)	11
	Commerce	Entrepreneurial Training Grant-Minority Business Development (SFY03)	4
	Commerce	Dairy 2020 Early Planning Grant (SFY03 & SFY04)	2
	Commerce	Early Planning Grant-Minority Business Development (SFY03)	1
Training and education	DWD	DVR (SFY05)	3,671
	DWD	DVR (SFY05)	2,283
	DWD	DVR (SFY05)	1,849
	DWD	Job Service (Wagner Peyser) (FFY 04)	850
Transportation	DHFS	Community Aids Funded Programs (inc. CIP, COP, CSP, BIW & Partnership)	6,972
	DWD	DVR (SFY05)	5,325
	DHFS	Family Care (CY04)	1,158
	DWD	Job Service (Wagner Peyser) (FFY 04)	186
Vocational training/retraining	DWD	DVR (SFY05)	2,412
	DWD	Job Service (Wagner Peyser) (FFY 04)	1,556
	DHFS	Family Care (CY04)	498
	DWD	Job Service (Wagner Peyser) (FFY 04)	172

# Environmental Scan

## Program Participation Key

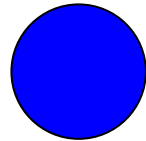
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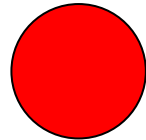
# Environmental Scan

## Agency Color Key

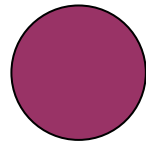
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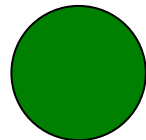
Department of Health and Family Services



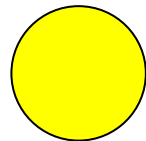
Department Workforce Development



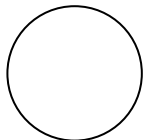
Department of Public Instruction



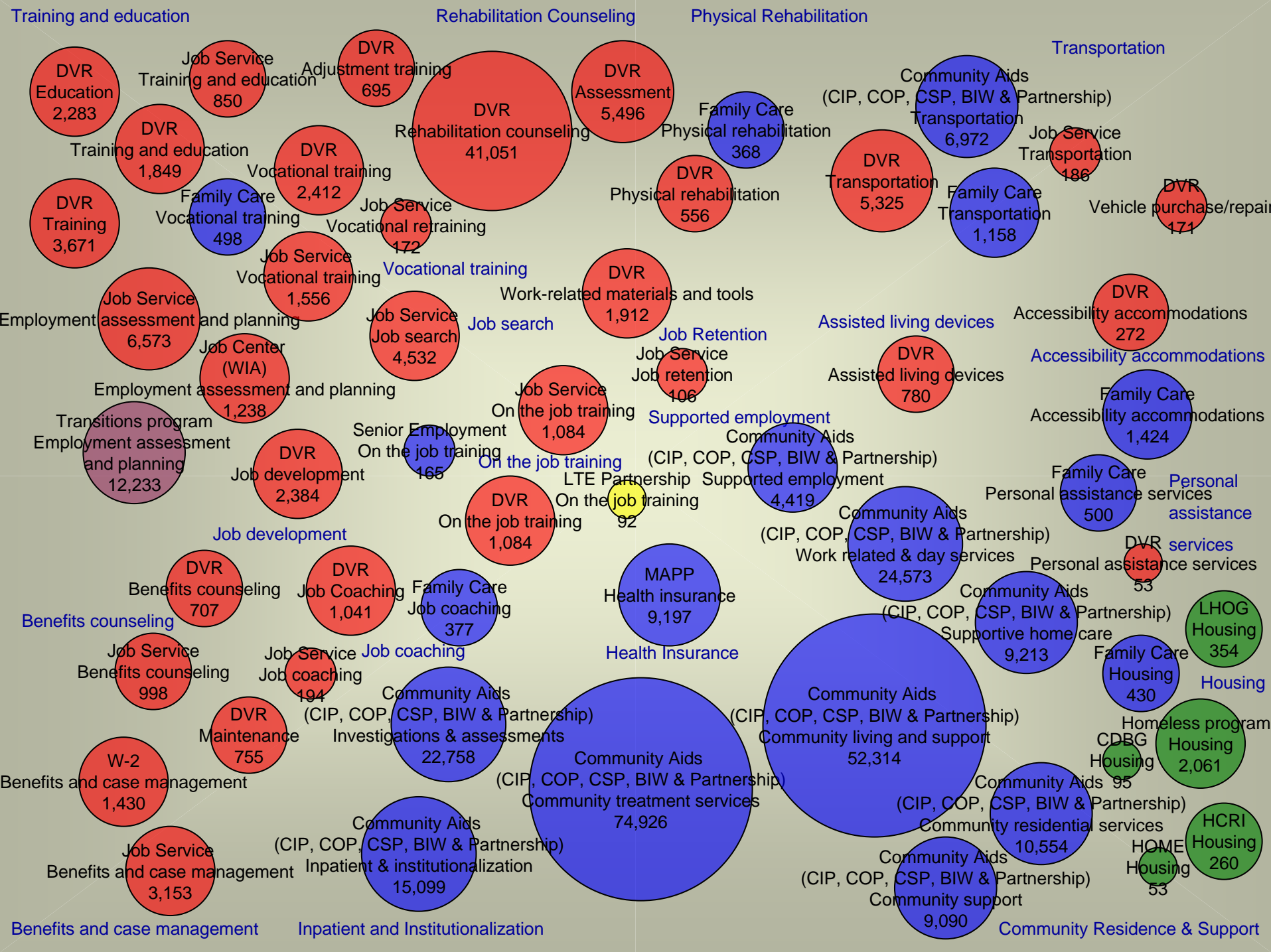
Department of Commerce



Department of Revenue



Department of Veterans Affairs



# Environmental Scan

Additional Programs with Service Categories Serving Less than 50 participants

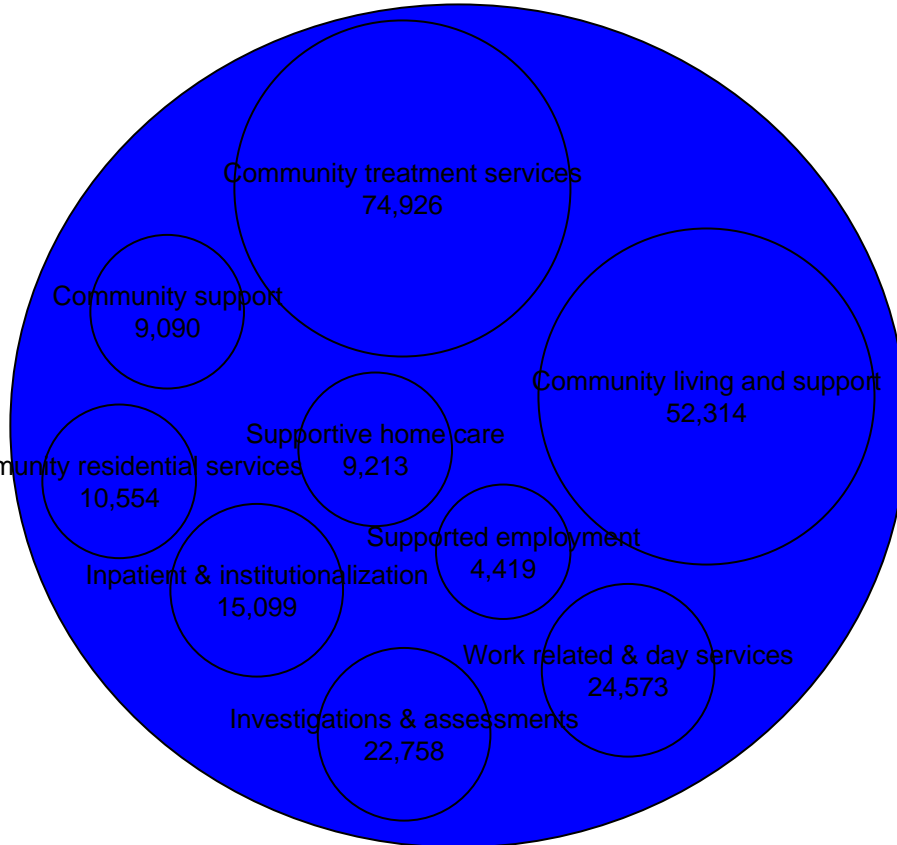
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- Job Service, Financial literacy training, 25 participants
- Job Service, Physical rehabilitation services, 25 participants
- Veterans Assistance Program, Housing, 15 participants
- Veterans Assistance Program, Treatment and counseling services, 15 participants
- Job Service, Child care, 14 participants
- Job Service, Housing, 12 participants
- Entrepreneurial Training Grant-Wisconsin Development Fund, Small business grants, 11 participants
- Entrepreneurial Training Grant-Minority Business Fund, Small business grants, 4 participants
- Dairy 2020 Early Planning Grant, Small business grants, 2 participants
- Early Planning Grant-Minority Business Development, Small business grants, 1 participant

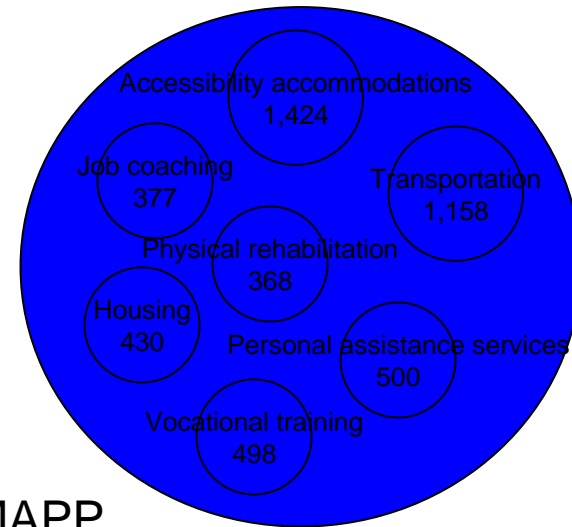
# Environmental Scan

Department of Health and Family Services Visual Representation

## Community Aids (CIP, COP, CSP, BIW & Partnership CY 2004



## Family Care CY 2004



## MAPP PY 2005



## Senior Employment PY 2005

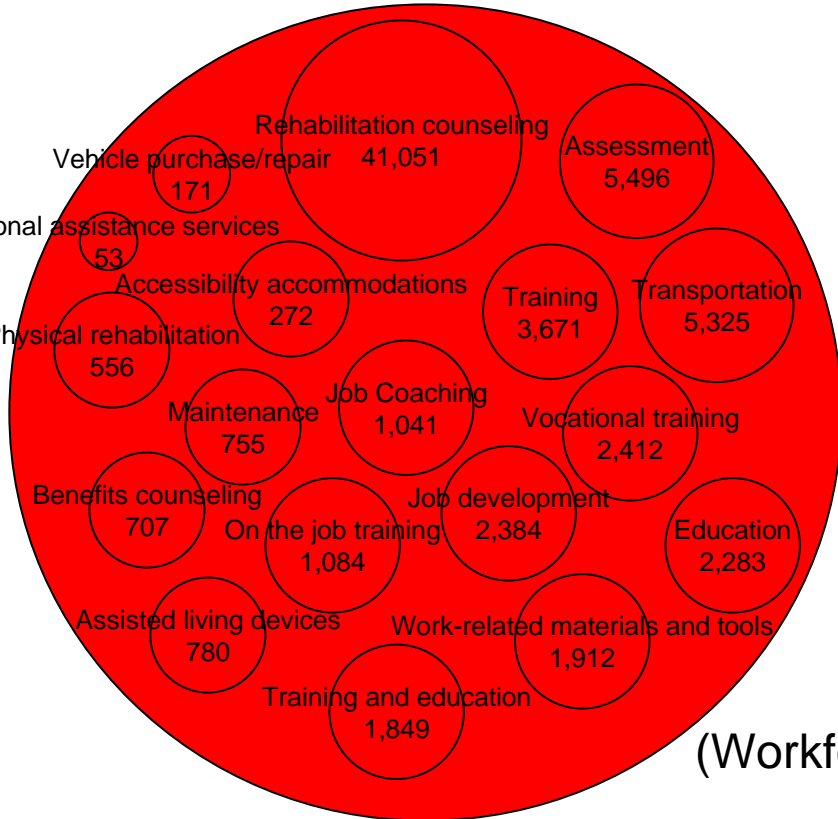


Note: Participation numbers indicate persons served with all categories of disability

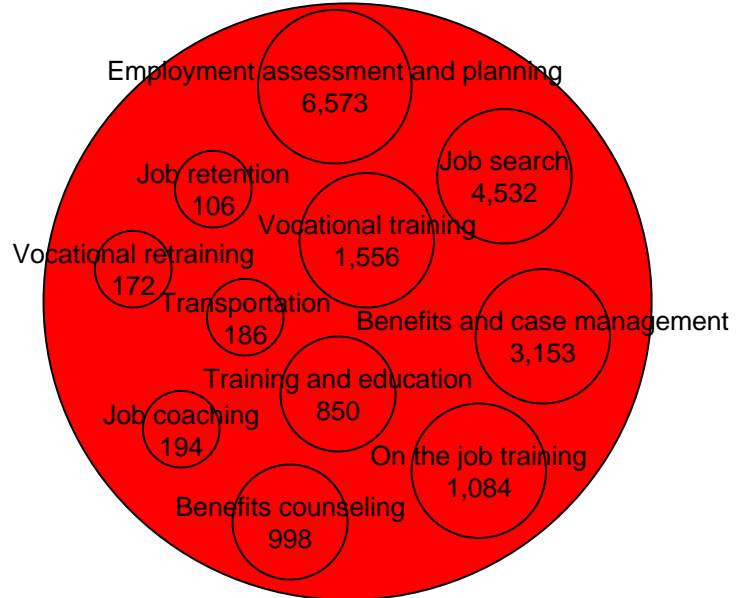
# Environmental Scan

Department of Workforce Development Visual Representation

## Division of Vocational Rehabilitation SFY 2005



## Job Service (Wagner-Peyser) FFY 2004



## Job Center (Workforce Investment Act) FFY 2005



## Wisconsin Works (W2) FFY 2005



Note: Participation numbers indicate persons served with all categories of disability

# Environmental Scan

Department of Public Instruction Visual Representation

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## Transitions Program December 2004 Count



Note: Participation numbers indicate persons served  
with all categories of disability,  
excluding learning disabled



# Environmental Scan

Department of Commerce Visual Representation

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Homeless Programs  
PY 2005



Local Housing Organization  
Grants (LHOG)  
PY 2005



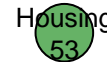
Housing Cost  
Reduction Initiative (HCRI)  
PY 2005



Community Development  
Block Grants (CDBG)  
PY 2005



HOME Programs  
PY 2005



- Entrepreneurial Training Grant-Wisconsin Development Fund, Small business grants, 11 participants
- Entrepreneurial Training Grant-Minority Business Fund, Small business grants, 4 participants
- Dairy 2020 Early Planning Grant, Small business grants, 2 participants
- Early Planning Grant-Minority Business Development, Small business grants, 1 participant

Note: Participation numbers indicate households served with all categories of disability

# Environmental Scan

Department of Revenue Visual Representation

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## LTE Partnership Program SFY 2004

On the job training  
92

# Environmental Scan

Department of Veterans Affairs Visual Representation

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## Veterans Assistance Program SFY 2005

- Veterans Assistance Program, Housing, 15 participants
- Veterans Assistance Program, Treatment and counseling services, 15 participants

Note: Participation numbers indicate persons served  
with all categories of disability

**Appendix K:**  
**Pathways-SVRI-DWS Employer Training Needs Survey**

Preliminary Results: November 3, 2005

Out of the topics listed on the survey, the following shows the *most frequently selected* response to the topic. Following each topic listed is the *mean rating* given for that particular topic.

- The topics that people would attend (1) are:
  - Alternative hiring methods to expand your applicant base (2.07)
    - So, for example, this means that for the topic of “alternative hiring methods...” the most frequently selected response was a 1. The average topic rating was a 2.07.
  
- The topics that people are likely to attend (2) are:
  - Projected workforce demographics (age, gender, disability) and how this will impact business in the future (2.34)
  - Best practices-what’s working in other locations (2.40)
  - Fair and inclusive hiring practices (2.39)
  - Accessible advertising and job application processes (2.65)
  - Diversifying your workplace-recruitment resources and tools (2.46)
  - Resources specific to recruitment, hiring, managing, and dismissing employees (2.37)
  - Addressing communication barriers (i.e. non-English speaking, hearing impaired, etc.) (2.69)
  - Wisconsin Fair Employment Law (2.43)
  - Implementation of the Family Medical Leave Act and demonstrated cases of compliance (2.61)
  - Implementation of the Americans with Disabilities Act (ADA) and demonstrated cases of ADA compliance (2.54)
  - Understanding the relationship between ADA, EEOC, and Wisconsin Fair Employment laws (2.36)
  - Creating and revising employee handbooks, company policies, and job descriptions to comply with ADA (2.61)
  - Worker’s compensation, loss control, and return to work issues (2.84)
  - Low or no cost ergonomic applications (2.78)
  - Ergonomics and accommodations that reduce injuries and increase productivity for all workers (2.90)
  - Common accommodations for differing disabilities (2.90)
  
- The topics that people are neutral to attending (3) are:
  - Health insurance options-private (3.48)
  - Utilization of tax credits, deductions, and other incentives (3.37)
  - Lean Enterprise Systems (reducing waste in all business operations) (3.18)
  - Conducting workplace ergonomic assessments (2.97)
  
- The topics that people are not likely to attend (4) are:
  - *none have been selected*

**Appendix K:  
Pathways-SVRI-DWS Employer Training Needs Survey**

- The topics that people would not attend (5) are:
  - Health insurance options-public (3.40)
  - Malcolm Baldrige quality measures (3.45)

There were a lot of people that indicated more than one preference, for the following preference items. However, out of the data entered, the *preliminary* results are as follows:

The preferred training format is a **seminar**.

The preferred method of training announcements is **email**.

The preferred presentation length is **less than 1.5 hours**.

The preferred time of day is **morning**.

The majority of people who responded to this email are **Human Resource Managers**.

## **Appendix L: Medicaid Infrastructure Grant Opportunities for Collaboration in 2006**

### **Employment:**

**Grow Wisconsin** - In 2003, Governor Doyle began a new economic development initiative, an agenda of action steps to continue to grow Wisconsin's economy and create jobs. It focused on three areas: investing in business, investing in people and fostering a competitive business climate. The 2005 Agenda contained new proposals to create jobs, build wealth, and improve the quality of life in Wisconsin.

The Governor's Grow Wisconsin plan is a multifaceted strategy to make more effective use of existing resources to create good paying jobs and to leverage additional private and federal investment in Wisconsin. Grow Wisconsin set forth eight strategic goals:

#### **1. Retain and Create High-Wage Jobs**

We must create and expand job opportunities that will increase earning power for average Wisconsin families.

#### **2. Prepare Workers for Tomorrow's Economy**

We must invest in our talented workforce so Wisconsin workers can advance up existing and emerging career ladders as our economy prospers and grows.

#### **3. Add Value in Wisconsin's Economic Base**

We must use a high-end strategy to help increase productivity, foster innovation, and add value to our current economic base, including manufacturing, agriculture, and tourism.

#### **4. Create and Unleash Knowledge to Build Emerging Industries**

We must commercialize the first-rate knowledge and intellectual property being developed in our universities, laboratories, and companies so that emerging industries and their well-paying jobs take root in Wisconsin.

#### **5. Tap Wisconsin's Full Urban Potential**

We must tap Milwaukee's full potential to ensure that its finance, culture, entertainment, and urban amenities are fully developed and benefit the entire state.

#### **6. Implement Strategies Regionally**

We must work with regional groups, business and labor leaders, and local officials on tailoring economic development strategies across the state according to diverse local needs.

#### **7. Lower Regulatory Burdens, Keep Standards High**

We must continue a regulatory reform policy that keeps standards high, protects our environment, and achieves faster, simpler, and more efficient regulatory processes.

#### **8. Build a World Class Infrastructure**

We must build the energy, transportation, and communications infrastructure that Wisconsin needs to be fully engaged in the national and world economy.”

The updated, *Grow Wisconsin: The 2005 Agenda*, offered nearly 200 new and recent initiatives. Governor Doyle called for eighteen new pieces of legislation. The *Grow Wisconsin: The 2005 Agenda*, can be reviewed at:

[www.wisgov.state.wi.us/docview.asp?docid=4787&locid=19](http://www.wisgov.state.wi.us/docview.asp?docid=4787&locid=19)

The agenda highlights dozens of investments made through the budget and offers information and updates on new proposals and initiatives being implemented.

Grow Regional Opportunities in Wisconsin, Region by Region Grants - In June 2005, Governor Doyle announced the availability of competitive grants to promote regional approaches to linking economic and workforce development throughout Wisconsin. The Growing Regional Opportunities in Wisconsin (GROW) Region by Region grants, were established to advance the Governor's *Grow Wisconsin* initiative. The GROW Region by Region program is offering grants to encourage and reinforce regional efforts to integrate workforce development with economic growth strategies. Regions are at different stages of preparation in their efforts, so the GROW Region by Region program will distinguish between two types of grants:

- Grants to **established** regional partnerships, to enable those partnerships to reach new levels of cooperation and to develop their capacity to implement workforce-focused partnership projects.
- Grants to **new** regional partnerships to assist in the initial formation of such partnerships and the early planning and implementation of partnership activities.

The Region by Region grants are funded through the state Council on Workforce Investment (CWI, Wisconsin MIG advisory body) and administered by DWD,

Six partnerships were awarded 2005 GROW grants through funding from the Region by Region grants. Three grants will go to existing partnerships seeking to broaden their scope, implement specific program activities, or both. Three other GROW grant applicants received starter funding intended to enable new partnerships to complete the initial process of regional partnership-building and begin their strategic planning efforts.

The Medicaid Infrastructure Grant strategic planning process will include initiatives to collaborate with the CWI and DWD initiatives to develop MIG specific regional projects. The Medicaid Infrastructure strategic planning process will also help in our collaboration with the future "Agendas" as they are designed to continue the progress started under *Grow Wisconsin* and to keep Wisconsin moving toward the high end.

**Wisconsin Manufacturers and Commerce** - The Office of Independence and Employment has collaborated with the Wisconsin Manufacturers and Commerce on the Employer Training Needs Survey.

### **Transportation:**

In 2005 the Wisconsin Department of Transportation (WisDOT) began their state long-range transportation plan, "Connections 2030".

Connections 2030 is currently being developed and is scheduled to be completed by 2006. The status of Connections 2030 can be checked by visiting the Connections 2030 website: [www.wiconnections2030.gov](http://www.wiconnections2030.gov). On the website information is provided on the planning process, opportunities to become involved, and opportunities to submit comments to WisDOT.

In continuing efforts to collaborate on issues affecting transportation Office of Independence and Employment and the Medicaid Infrastructure Grant Team will serve on a Transportation Advisory Council. Gail Schwersenska, Chief-Aging Network Operations Section, in the state Bureau that the MIG team is assigned secured a *United We Ride Grant* from the Federal Transit Authority. The grant creates a Transportation Advisory Council to work on the state Framework for Action. The framework for action is to develop consensus for a statewide action plan for the coordination of human service transportation resulting in an improved community transportation system. We will continue to maintain integration of our Transportation initiative into this broad effort

### **Long-Term Care Reform:**

The Wisconsin Council on Long Term Care Reform was created in July 2003, by Helene Nelson, Secretary of the Department of Health and Family Services, organizational home for Wisconsin's MIG. Its mission is to advise the Department on goals and strategies for implementing statewide reforms of long-term care for elderly people and adults with disabilities

On September 29, 2004, the DHFS received notice of award from CMS for comprehensive system reform of the long-term support system. Since receipt of the systems change grant the Office of Independence and Employment and Medicaid Infrastructure Grant Team has collaborated with systems change grant staff. Efforts will continue to ensure that the long-term support systems change will incorporate changes then encourage and support the employment goals of people with disabilities.

The Medicaid Infrastructure Grant team, when appropriate, will help support the learning and outcomes of our previous year's experience and will build on the learning and outcomes from DHFS's five previous Systems Change Grants to:

- Develop and make significant progress in implementing a comprehensive strategic plan for statewide expansion of long-term care reform that assures expanded access, better quality, and more choice to consumers by applying managed care strategies in new and expanded programs facilitated by public/private partnerships.



- Engage consumers in the effort to rebalance the system by providing timely information to Wisconsin citizens so they can make informed decisions about long-term care service options, and to provide information about prevention and financial planning to delay the need for publicly-funded long-term care services.
- Better manage where, when and how people access the long-term care system to achieve a better balance between institutional and community-based care.
- Enhance the availability of service options, especially consumer-directed supports, and achieve more cost-effective use of the resources already invested in the system.
- Improve the quality and consistency of long-term care services in Wisconsin, and support local long-term care programs in implementing those strategies to ensure the cost-effectiveness of a re-balanced system.

Some of the anticipated major products and outcomes include:

- A comprehensive strategic plan to achieve reform statewide in six to ten years;
- A statewide pre-admission assessment and consultation process to prevent unnecessary institutional admissions, regardless of the funding source for those admissions, including web based consumer self assessment for long-term care;
- Performance monitoring of consumer outcomes in institutional and home and community-based waiver settings;
- Local collaborative reform models that build on Wisconsin's existing reform efforts and local energy and capacity, solicited from county, multi-county, or other local entities;
- A "virtual resource center" providing on-line, comprehensive information on aging and disability topics, including long-term care and promoting personal responsibility, choices and planning for long-term care;
- Pilot models for nursing home restructuring, including bed reductions, acuity based payment options and financial and non-financial incentives for restructuring;
- Incorporation of nurses in all care management teams;
- Training curriculum for options counselors;
- Expanded provider capacity, service types and consumer-directed long-term care options;
- Models for a long-term care workforce that is flexible and responsive across care settings;
- Enhanced tools to provide an infrastructure for comprehensive statewide reform, including web-based collection of service and cost data; and
- Process and outcome evaluations that will guide us in our future implementation activities.”

### **Assistive Technology:**

The DHFS Office of Independence and Employment is the organizational home for the Medicaid Infrastructure Grant and the Federal Assistive Technology Act grant, *WisTech*.

The opportunity to organizationally administer these two grants facilitates collaboration and avoids duplication of services.

The federal Assistive Technology Act requires an Assistive Technology Advisory Council (AT Council). The Wisconsin AT Council will provide consumer-directed advice to DHFS on the operation and implementation of WisTech. The Council will provide advice on the State Plan through meetings and communication with WisTech staff. Subcommittees will be convened to address specific goals, review implementation progress, State Level and State Leadership activities, and amendments to the plan. The membership of Wisconsin Assistive Technology Advisory Council is comprised of four members from organizations mandated in the Act, Wisconsin Division of Vocational Rehabilitation, Wisconsin Department of Public Instruction, Council on Workforce Investment, and Wisconsin's Independent Living Centers, as well as six consumer members.

Through efforts of collaboration and planning Wisconsin's Medicaid Infrastructure Grant includes a project that provides training to professional disability practitioners to better match consumers with appropriate AT that increases employment. This project is coordinating a series of training events for physical and occupational therapists and speech language pathologists, and other rehabilitation professionals to help them to assess consumers AT needs and acquire appropriate AT devices.

### **Cross Units Functional Teams:**

The Division of Disabilities and Elder Services organizational structure within DHFS facilitates cross-unit functional teams within and across bureau lines to guide statewide implementation of long-term support redesign. The cross unit functional teams report to the Bureau of Long-Term Support-Joint Steering Committee. Medicaid Infrastructure Grants team members serve as members of the cross unit functional teams and represent the needs of people with disabilities who require long-term support services in order to work. The cross unit functional teams provide opportunities to collaborate in the development of policies, procedures, regulations, and training. Current cross units functional teams include:

- Quality
- Aging and Disability Resource Center
- Reporting and Monitoring
- Merged Financial Eligibility
- Functional Screen
- Training
- Consumer Directed Services
- Waiver Management

### **Civil Rights:**

The Medicaid Infrastructure Grant team has and will continue to support the work of the ADA Wisconsin Partnership. The ADA Wisconsin Partnership is a coalition of people

with disabilities, business and government that promotes full implementation of the Americans with Disabilities Act (ADA). The ADA Wisconsin Partnership is part of a regional network of similar programs and is affiliated with the Great Lakes Disability and Business Technical Assistance Center (GLDBTAC), located at the Department of Disability and Human Development at the University of Illinois at Chicago. The ADA Wisconsin Partnership is managed by Rehabilitation For Wisconsin, Inc. (RFW). The ADA Wisconsin Partnership is available to:

- answer questions about the Americans with Disabilities Act;
- help understand your rights or responsibilities covered under the ADA;
- help find solutions by providing technical assistance about the ADA;
- send the most current information about the ADA;
- help find resources to address various ADA issues and requirements;
- provide or support ADA trainings, workshops and in-service opportunities for business, agency or group”

### **Medicare Prescription Drug Benefit:**

The Department of Health and Family Services has established a "Core Team" to work on the implementation and overall impact of the Medicare Modernization Act (MMA). The Core Team has been meeting every 2 weeks, for more than nine months to address all of the policy and implementation issues required to transition to the new Medicare Part D prescription drug benefits. The Core Team includes a staff member from the Office of Independence and Employment that is organizationally and functionally connected to MIG.

In addition, the Core Team the Department has formed the Wisconsin Medicare Part D Work Group. The Work Group is a coordinated effort among a variety of public and private agencies to ensure the smooth implementation of the new Medicare prescription drug benefit. The purpose and focus of this workgroup is to:

1. Organize a system of information and resources to ease introduction of Medicare Part D
2. Create a work plan that coordinates agency roles

Office of Independence and Employment staff are members of the Medicare Part D Workgroup. In order to ensure coordination of outreach to Medicaid Purchase Plan participants, active involvement of these staff with both the Core Team and Medicare Part D Workgroup will continue through June 2006.

## **Education:**

**Department of Public Instruction (DPI) - Wisconsin's Design for Transition Success.** evaluation data defined the following transition service and process needs in the State of Wisconsin:

- (1) Collection of and program modification based upon exited students' follow-up information;
- (2) Application of strategies that improve parent and student participation and leadership in the IEP transition planning process;
- (3) Practices to improve community agency participation, collaboration and shared ownership in IEP transition planning and services;
- (4) Development of policy and practices to insure all school staff understand the purpose and process of IEPs and transition services, and appropriate school staff effectively participate in transition IEP meetings and provide accommodations in general education - guidance counselors, vocational educators, social workers, general educators, administrators, etc.,
- (5) Practices to insure all students with disabilities have developed realistic post-high school plans,
- (6) Strategies to improve post-school employment rates, higher education enrollment and independent living of students with disabilities; and
- (7) Practices to bring districts into compliance with the new transition service requirements.

To accomplish the transition service and process needs for the State of Wisconsin the Department of Public Instruction (DPI) developed Wisconsin Statewide Transition Initiative (WSTI) a state discretionary project that offers a comprehensive approach to providing transition services in the State of Wisconsin. This initiative provides resources for twelve CESA-based Transition Coordinators, a project director, and a DPI Transition Consultant to provide transition support services, information dissemination, and staff development for parents, education professionals, and community agency professionals throughout Wisconsin

The Medicaid Infrastructure Grant team has been engaged with the Department of Public Instruction, Pre-K-16 Leadership Council, Wisconsin School Board Association, Department of Workforce Development/Division of Vocational Rehabilitation and others to forward the State of Wisconsin transition initiatives for students with disabilities. Medicaid Infrastructure Grant resources will be utilized to expand the opportunity for the development of transition services and processes in Wisconsin in collaboration with our partners.

The Wisconsin MIG has had a business relationship with the University of Wisconsin-Madison's Waisman Center since the initial year of the grant (2000). The Waisman Center has held quarterly meeting of a statewide Transitions Workgroup in which the

MIG team plays a prominent and active role. This ongoing relationship serves to inform the grant's projects, provides critical organizational and personal linkages and assists the team as it develops new approaches to engaging youth in employment and post secondary planning.

**Appendix L**  
**Ongoing Strategic Partnerships and Collaborations**

<b>Sponsor</b>	<b>Project</b>
Wisconsin Department of Transportation (WisDOT)	Connections 2030
Bureau of Aging and Disability Resources	United We Ride
Department of Health and Family Services	Wisconsin Council on Long Term Care Reform
Department of Health and Family Services	Comprehensive Systems Reform Effort
Department of Health and Family Services	WisTech and WisLoan
Department of Health and Family Services	Part D Core Team (MMA implementation)
Division of Disability and Elder Services	Cross-Functional Teams
The Office of Governor Doyle	Grow Wisconsin
Wisconsin Manufacturers and Commerce	Employer Training Needs Survey
ADA Wisconsin Partnership	Promotion of the ADA
Department of Public Instruction	Design for Transition Success