Let's Get to Work!

An Interagency Report on Supported Employment Services

11/1/19

Contents

Introduction

The Department of Labor and Training (DLT) The RI Department of Labor and Training provides workforce development, workforce security and workforce protection to the state's workers, employers and citizens, offering employment services, educational services and economic opportunity to both individuals and employers.

The Office of Rehabilitative Services (ORS) within the Department of Human Services (DHS) administers the public state and federally funded Vocational Rehabilitation (VR) Program that assists individuals with disabilities (including physical, behavioral and developmental) to choose, prepare for, obtain and maintain employment.

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) oversees the service system for Rhode Islanders who live with mental illness, substance use disorder and/or a developmental disability.

On January 28, 2019, BHDDH, ORS and the Governor's Workforce Board within DLT, launched a Cross-Disability Employment *Let's Get to Work!* kick-off event at the Warwick Public Library. With close to 100 attendees, it was clear that there was a strong desire to work toward achieving the goal of providing pathways and opportunities to employment for all who want to work.

The Planning Process

An interagency planning team of state agencies in partnership with the Sherlock Center at RI College was formed and tasked with embarking on a stakeholder information gathering process with a deliverable of a report in the Fall of 2019 to summarize the findings and make recommendations.

Planning Team Members

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Community Conversations

The first step of this planning process was to initiate a series of conversations with community partners and consumers to gain their feedback about their current experiences, areas that are working and ways in which to change the employment service delivery system. The initial topic

of conversation, "Resources and Strategies to Implementing Supported Employment Programs," was attended by 130 stakeholders.

Schedule of Community Conversations:

- Conversation with Agency Administrators
    - March 15 at RI College (35 attendees)
- Conversations with Program Staff and Administrators
    - March 19 At Community Provider Network of RI, (20 attendees)
    - April 1 at the Substance Use and Mental Health Leadership Council (15 attendees)
- Conversation with consumers of mental health services:
    - April 17 at Hillsgrove House, Warwick, RI (20 attendees)
    - July 17 at OASIS, Providence, RI (16 attendees)
- Conversations with consumers of developmental disability services
    - August 7 at the Job Seekers Club, Providence, RI (13 attendees)
    - August 14 at the Sentinels'' meeting, Providence, RI (11 attendees)

All sessions included a presentation (Appendix A) about the State's support of Employment First, the current state of employment, nationally and in RI, and factors that support employment outcomes. Participants were then asked what they felt was currently working to support achieving better employment outcomes, what may be preventing those outcomes and what is needed on both a short- and long-term basis. Through facilitated discussion, participants shared their priorities.

Providers

Agency administrators and staff were divided into small groups. Each group explored one of the following areas: Finance and Funding Strategies, Staffing and Program Resources; and Agency Infrastructure.

Consumers

Consumers of services monitored through the BHDDH Division of Developmental Disabilities (DDD) and the Division of Behavioral Health (DBH) were given an 8-item survey (Appendix B) to gauge their satisfaction with local, state and federal systems and employment supports. To expand outreach scope, the survey was also made available online.

State of Employment

According to the Annual Disability Statistics Compendium[1] as reported by Respect Ability Statistics[2], the national employment rate for the US working age population is 72%, which is

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[1] Lauer, E.A. & Houtenville, A.J., 2019. Annual Disability Statistics Compendium: 2018. Durham, NH: University of New Hampshire, Institute on Disability https://disabilitycompendium.org/county-reports
[2] https://www.respectability.org/Statistics

significantly higher than the 37% employment rate for individuals with disabilities. When we look at the employment rates for Rhode Island, the general working age population is at 78% compared to 40% for individuals with disabilities. Of note, the employment rate range for all states for people with disability was 26-56%.

Table 1: Employment Rates

Employment rate	General population	Disability
US	72%	37%
RI	78%	40%
DBH -BHOLD		9-12%
DDD – Survey		28%

In analyzing the employment rates for those served through BHDDH, we find that the DDD and DBH do not use the same methods for collecting and reporting employment outcomes. The seven community mental health centers, report between a 9 - 12% employment rate through the Behavioral Health Online Data System (BHOLD). The employment rate for 36 developmental disability providers is 28% based on the 2018 Annual Developmental Disability Employment and Day Activity Survey. In 2018, ORS reported 69 individuals with a developmental disability and 27 with a behavioral health disability as successfully employed through supported employment services.
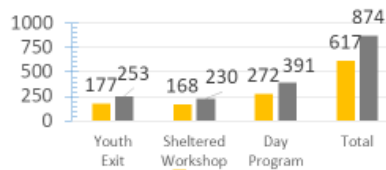
Figure 1: BHDDH & ORS Supported Employment Data
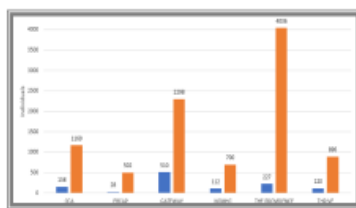
Influencing Factors

In 2014, BHDDH rolled out to stakeholders a separate Employment First Policy for both the Division of Developmental Disabilities and Division of Behavioral Healthcare. At that time the State of RI was also in negotiation with the Department of Justice regarding a 10-year plan to end the segregation of people with intellectual and developmental disabilities in sheltered workshops and facility-based day services.

Over the past six years, the State, with the Division of Developmental Disabilities, has focused attention and resources on improving community-based day and employment supports. This includes revising policies to support employment and community day services, increasing capacity (knowledge/skills), implementing service delivery pilots - Person Centered Supported Employment Program 1&2, as well as investing in new data management systems.

The behavioral health system has changed service delivery models several times over the past 20 years:

- Assertive Community Treatment (ACT 1) began in the 90's and ended in 2009
- Assertive Community Treatment (ACT 2) began in 2006 and ended in 2009
- RI Consumer System of Care (RICSOC) began in 2009 and ended in 2011
- Medicaid Health Home (MHH) began in Oct 2011 and ended December 2015
- Integrated Health Home (IHH) began on January 1, 2016
- Assertive Community Treatment (ACT) began on January 1, 2016
- 2016 Medicaid dollars switched from BHDDH to the Executive Office of Health and Human Services EOHHS

During this period many behavioral health agencies reported a decrease in priority of employment service provision due to the adoption of new model priorities, changes in employment services funding and a decrease in capacity (lack of staff, employment knowledge/skill and resources).

ORS is a funding source (fee for service) for Supported and Non-Supported Employment Services, of which many (but not all) BHDDH providers are vendors. ORS would like to expand vendors providing Supported Employment Services. ORS recognizes a need to expand the number of behavioral health and developmental disability vendors of Supported Employment Service while increasing capacity to provide evidence- based services through a braided funding model.

Table 2: ORS Vendors

	# Approved Vendors	# Vendors Actively Providing SE Services
BH	9	4
DD	29	25

In December 2017, ORS had to initiate a referral waitlist due to a decrease of re-allotment funding from the Rehabilitation Services Administration. ORS did not close off applications for

services and Vocational Rehabilitative (VR) counselors continued to determine consumer interest, abilities, capabilities, obstacles, and eligibility for services. The waitlist in January 2019 reached a high of approximately 850 consumers of which approximately 70 were also BHDDH consumers. The waitlist resulted in ORS funding, an often-reliable vendor funding source, to be paused for services to new applicants, with waitlist applied by date of application. This change had a negative fiscal impact and created uncertainty for BHDDH developmental disability and behavioral health organizations with a braided funding business model (ORS/Medicaid). These organizations were faced with losing a once reliable funding source for an unknown period of time.

ORS was able to re-open the waiting list in November 2018 for those identified as Category 1 (most severely disabled) taking 25 individuals off the wait list per month. In October/November 2019, 375 individuals were removed from the waitlist because of cost savings, not filling vacant positions, and an increase in re-allotment dollars in 2019. Currently, there is a total Category 1 waitlist count of less than 250 which is still high Traditionally, there are none waiting in Category 1 and only about 40 in Category 2.

The Department of Labor and Training (DLT) and the Governor's Workforce Board, under the Workforce Innovation and Opportunity Act (WIOA), are mandated to address the workforce development needs of youth and adults with disabilities. In recent years under WIOA, there has been increased collaboration to improve employment outcomes for individuals with disabilities between state agencies and community partners. The Governor's Workforce Board, guided by WIOA has engaged state partners (DLT, ORS, BHDDH, DHS and the Rhode Island Department of Education) as well as advocates to set goals and increase a more diverse workforce. A new WIOA state plan is due in 2020 and provides opportunity for further collaboration, creativity and system transformation.

The local America's One Stop Career center, netWorkRI, has locations which are ADA compliant, and bring together workforce development partners. DLT, with the support of federal grants, have offered services to job seekers with disabilities with the most recent being the Disability Employment Initiative. Additionally, the Governor's Workforce Board has funded programs and employer hiring incentives, such as Workforce Immersion and Real Jobs Training programs.

What We Heard

Common Themes from Community Conversations

Below is a summary of the feedback gleaned from the stakeholder forums. Complete notes from the provider sessions may be found in Appendix C and notes from the consumer sessions in Appendix D.

Things that are Working:

- Though not well known, there is an Employment First Policy created through Executive Order in 2014

- Some effort to reduce regulation requirements and streamline data collection
- ORS Fee for Service Structure, Individual Service Plans, Work Incentive Benefits Counseling
- Recognition by the RI Legislature that wages of Direct Support Professionals need to be raised
- There are consumers interested in employment and dedicated professionals throughout the service system
- Supported Employment Services training (ACRE Certificate) is available and provides good foundation
- There is a willingness to build collaboration, try new models of service, pilots in the DDD system and Workforce Board grants
- There is access to work incentive information and benefits counseling though 1:1 counseling, public information sessions and online.
- Students are entering the adult system with expectations of employment and more employment experience; some even have a job at graduation
- Peer advocacy and specialists help promote the message that employment is possible

Issues/Concerns/Needs

- Staff turnover and shortages, in both Behavioral Health and Developmental Disabilities, limits agency provision and quality employment support. Without a stable and long-term workforce, employment supports/outcomes will not significantly improve.
- Fear of losing entitlements (Health Insurance [Medicaid/Medicare], SSI/SSDI, Food Stamps, housing subsidy) due to employment is pervasive across all stakeholders. Long held myths, lack of facts and implementation issues with entitlement programs, housing and Social Security concerns make consumers and others hesitant to choose or encourage employment for those with disability.
- There are low expectations of employment outcomes for people with a developmental or behavioral health disability across all stakeholder groups.
- There is a lack of stakeholder (consumers, family, public and private organization administration and staff, and especially employers) awareness about the value of employment and the capabilities of people with a behavioral health or intellectual/developmental disability. Employers have concerns and many seem unwilling to hire people with a developmental or behavioral health disability. Education is needed.
- Easy access to employment related information and services is not available.
- Transportation for employment is challenging, e.g. many jobs are not on bus routes; availability- limited routes, service at time needed, cost.
- Employment staff at all levels need comprehensive workforce development information and skills training. Increase knowledge and access to the State's workforce development

resources through DLT --workforce, provider and staff implementation of employment services best practices and strategies and support to employment program implementation/management.

- Funding resources for employment services and supports need to be consistent; be at appropriate funding levels, and clearly understood (service and billing) and flexible; knowledge and proficiency of braiding and blending funding is also needed. There is not an agreed upon understanding of use of multiple funding sources without "double dipping".
- Job development, individualized, as well as collaborative employer outreach, quality and quantity is lacking. Employers, as an engaged stakeholder, is essential and seen as lacking. There is a belief that a more coordinated employer outreach effort would help-identify employers with an interest in recruiting; identify potential job openings, as well as, introduce employers to Supported and Customized Employment.
- Individuals with high support needs lack access to customized employment and technology/supports and job accommodations.
- There is no statewide vision regarding employment of people with a behavioral health or developmental disability, supported by a clear plan, metrics to measure progress and supported by sustainable funding.

Consumer Survey Results

BHDDH consumers and family members (32 with a behavioral health disability, 30 with a developmental disability, 3 other) completed a survey either at forums or online. The survey asked consumers and family to rate agreement with 8 statements related to employment engagement, services, etc. from 1 (Strongly Disagree) to 5 (Strongly Agree) with opportunity to offer comments about what is working/ barriers and ideas. Survey participants (65) responded with an **average satisfaction rating with employment services and supports of 3.4 (Agree=4)**. Though a limited sample, it provides some awareness of consumer and family experience related to employment expectations, services and supports.

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The average rating for each statement is below:

1) The agency that provides primary community support services promotes a belief that employment (employment first) is expected and is a priority.   Average rating 3.7

2) Staff help to explore employment goals monthly or more frequently.   Average rating 3.8

3) Staff are very knowledgeable about employment supports and resources.   Average rating 3.7

4) Employment supports/services are readily available when needed.   Average rating 3.6

5) The agency where community support services are provided has rules and policies that make it easy for me to access employment services and supports.   Average rating 3.5

6) The rules and benefits associated with State and Federal programs (e.g. SSI, SSDI, Medicaid, Housing, Food Stamps) support individuals with disabilities to go to work.   Average rating 3.2

7) I'm very aware of the available resources and services that support my employment goals (choosing, getting, retaining, advancing).   Average rating 3.4

8) I'm satisfied with the services and supports to help me choose, get, keep and advance my employment goals.   Average rating 3.4

Recommendations

Through the Let's Get to Work information gathering process, stakeholders were asked to offer short term and long-term ideas to address funding, staffing and infrastructure to improve employment services. These initial recommendations support BHDDH stakeholders and state agencies to:

(1) build on collaborations, strengthen what is working, address and remove barriers

(2) advance a cross disability employment transformation effort

(3) build a sustainable infrastructure of employment supports.

The recommendations and accompanying action steps are presented in Table 1 and are organized across seven factors that support systems transformation. The recommendations are also color coded according to readiness to implement and dependence on resources.

Green: In progress or ready to implement

Yellow: May be implemented in the short-term

Blue: May be implemented in the long-term

Table 3: Recommendations to promote the 7 factors that influence system transformation, service quality and improve employment outcomes

Factor 1: Established Employment Service Infrastructure

Recommendation from the Community	Action Step	Lead State Entities	Timeframe	Resources
a) Enhance resources to support implementation of employment efforts across disabilities	1. Align existing resources 2. Identify and apply for appropriate grant opportunities	BHDDH DLT ORS	Blue	Employment First Policy Federal, state and private grants
b) Stabilize employment services and direct care workforce	1. Engage stakeholders to advocate for funding to support increased direct service wages 2. Establish pathways to recruitment and strategies for retention	Workforce boards BHDDH	Blue	CPNRI, SUMLC, Institute for Education in Healthcare-RIC
c) Expand BH Supported Employment providers	1. Discuss feasibility with Medicaid to allow non-Community Mental Health Centers providers organizations to deliver employment services	BHDDH, ORS	Blue	
d) Establish a permanent body responsible for general planning and evaluation of disability employment policies, programs and dollars.	1. 2020 WIOA state planning will elevate continuous system planning as it relates to persons with disabilities	ORS DLT	Yellow	

Factor 2: There is a culture of employment across stakeholders

Recommendation	Action Step	Lead State Entities	Timeframe	Resources

a)	Improve stakeholder knowledge, including medical professionals and business about the value of disability employment	1. Expand recently funded Real Pathways RI investment in employer awareness and champion building 2. Collaborate with Supported Employment Counsels and the Cross Disability Coalition to develop strategies and resources to support engagement. Provide stakeholder Technical Assistance to support effort.	DLT ORS, BHDDH and Sherlock Center	Green	Advocacy groups
b)	Encourage all State agencies and Community partners to reflect the value disability employment in their mission, vision statements and policies and practices.	1. State agencies and providers will conduct self-assessments and update policies, practices, job descriptions and onboarding accordingly	State Planning Team agencies	Green	BHDDH Employment 1st policy; WINTAC Core Features of Quality Supported Employment Services
c)	Revive and edit state websites to emphasize disability employment value and connection to resources	1. Develop branding of consistent content and messaging for website/s and develop plan for updating	State Planning Team agencies	Yellow	DLT contract may conduct test messaging through the ODE
d)	Promote value of disability employment during October Disability Employment Awareness Month and the related BH and DD designated months	1. Utilize Trade Associations to disseminate national planning tools to advocates, members, providers and employers	ORS BHDDH	Green	National Disability Employment Awareness Month materials

				Success stories Outcome data
Factor 3: Active employment engagement and easy access to supports and services				
Recommendation	Action Step	Lead State Entities	Timeframe	Resources
A. Consumers/Providers				
a) Expand materials developed in DD system of how to access employment services and benefits counseling to BH consumers. Focus should be on entry points and educating existing staff.	1. Review existing information to identify content specific to behavioral health and expand distribution, e.g. distribute guide as a part of a hospital discharge package and through other entrance points so that all doors lead to employment.	ORS BHDDH	Blue	Sherlock Center – Work Incentives Planning and Assistance project
b) Providers establish practices of employment engagement efforts throughout service experience	1. Define and promote employment supports beginning with intake, during annual planning, and throughout delivery of all support services 2. Monitor practices through Quality Assurance.	BHDDH ORS	Green	Evidence Based practices resources
B. Business				
a) Employer expansion through the creation of a cross disability employment development collaborative.	1. Review models, methodologies and strategies from other states 2. Develop concept/program design, funding & staffing and outcome metrics. 3. Pilot for 18 months	ORS BHDDH DLT	Blue	WINTAC, SELN, APSE, Salve Regina University, Sherlock Center,

			Lead State Entities	Timeframe	Resources
		4. Identify long term funding resources 5. Develop a statewide and/or industry specific outreach plan			NCISI
b)	Allow employers to self-identify as "disability employment friendly" through EmployRI and other state job boards and hiring events	1. Develop criteria for "disability employment friendly" 2. Create an Employer Pledge 3. Provide supporter certificates	Workforce Board	Blue	

Factor 4: Knowledge and implementation of best/evidence-based employment practices

Recommendation		Action Step	Lead State Entities	Timeframe	Resources
a)	Determine minimum training requirements and ongoing professional development needed to support quality employment services and employment engagement across disabilities	1. Convene a workgroup (State personnel and stakeholders – 20 people) 2. Determine minimum staff requirements and professional development policy, including quality assurance measures. 3. Develop ongoing PD based upon needs	BHDDH	Yellow	WINTAC, provider standards and employment specialist standards; ACRE competencies
b)	Adopt a comprehensive, cross disabilities training and technical assistance approach (didactic training, online training modules, toolkits, booster sessions and implementation support) to build capacity within provider agencies to operationalize work in employment services and other parts of the systems.	1. Develop annual training plan based upon priorities and needs of state and provider staff 2. Determine current training available and	Planning Team agencies	Yellow	

	Recommendation	Action Step	Lead State Entities	Timeframe	Resources
		develop new training to meet needs 3. Offer funding methods to support training and post training assistance			
c)	Implement evidence-based practices in Supported Employment and monitor fidelity measures	1. Utilize technical assistance to identify EBPs for Supported Employment services and resources/tools to support implementation	ORS BHDDH Sherlock Center	Yellow	
d)	Increase employment staffs' knowledge to improve overall understanding of RI labor market, workforce development landscape, career pathways and resources.	1. Create a series of workshops and/or resources	DLT/GWB	Yellow	DLT-Labor Market, OSESN, NetWorkRI, Skills for RI Future

Factor 5: Multiple Funding Options are understood, accessible and utilized

	Recommendation	Action Step	Lead State Entities	Timeframe	Resources
a)	Create a guidebook and electronic training modules for both DD and BH providers to educate on different sources of funding, how they can be used both independently and together, billing codes, and other available supports and resources.	1. Expand work being done by DDD on billing guide to create a BH Employment Billing Guide 2. Review examples from other states 3. Determine plan for maintenance of any products developed	Planning Team agencies	Yellow	WINTAC SELN
b)	Explore models of braided, blended and pooled funding.	1. Request TA to look at different models of SE and define collaborative	ORS BHDDH	Green	WINTAC SELN

Recommendation	Action Step	Lead State Entities	Timeframe	Resources
	funding models (e.g. allow subcontracts for specialty services in BH, add option to buy "specialty" services within DD tier package)			NESCSO contract
c) Increase state and/or provider revenue through expanding funding sources such as Ticket to Work (TTW) Employment Network (EN) including Partnership Plus w/ ORS; SNAP Employment and other sources as identified.	1. Enlist SSA TTW, WINTAC and Sherlock Center WIPA program to develop TTW strategy, identify possible pathways for agencies to become ENs or get funding stream from existing State EN as a Partnership Plus provider.	ORS Sherlock Center BHDDH	Blue	WIPA TA SNAP TA SSA WINTAC

Factor 6: Focus on Quality Improvement through clear goals, data collection and oversight

Recommendation	Action Step	Lead State Entities	Timeframe	Resources
a) Set a 5 -year statewide employment rate reach goal for behavioral health.	1. Enlist stakeholders to develop reach goal, annual targets and supporting plans. 2. Clarify/create consistent methodology for metrics on employment rates	GWB BHDDH ORS	Blue	IARP & VRCC 30x30 VRCC employment campaign
b) Develop and report Quality Services indicators and statewide employment rate benchmarks.	1. Develop into the WIOA plan 2. Report data no less than Bi Annually on state websites	DLT ORS	Blue	WIOA inter agency committee w/ stakeholders

	Recommendation	Action Step	Lead State Entities	Timeframe	Resources
		3. Provide annual report to Governor's Workforce Board. 4. Identify existing or develop annual customer experience survey. 5. Determine need for a feedback line via state websites			
c)	Develop certification standards in behavioral health that support disability employment value and implementation of quality services	1. Provide training to staff on standards and tools for implementing and monitoring fidelity to practice 2. BHDDH/ORS include in Quality Improvement and/or licensing reviews	BHDDH ORS	Yellow	DDD certification standards

Factor 7: Policy and regulation align to remove barriers and engage stakeholder collaboration

	Recommendation	Action Step	Lead State Entities	Timeframe	Resources
a)	Ensure stakeholder involvement in the development of the WIOA state plan	1. Recruit representatives to participate in planning activities	ORS DLT	Green	WIOA state plan development
b)	Increase knowledge across disabilities on how to access general benefits, work incentive information, access to individualized Work Incentives (WI) information and expand WI benefits counseling.	1. Conduct assessment of other state models 2. Determine service model & funding sources to improve access to information and 1;1 counseling. 3. Skill up stakeholders on WI planning and support	DLT Sherlock Center	Yellow	WIOA Disability advisory group Medicaid for the working disabled WIPA

c) Evaluate Employment Service Medicaid rate and options through the Medicaid waiver	1. Review current Medicaid use for employment supports and determine need for revisions 2. Adjust regulations and submit for Medicaid approval if needed	BHDDH	Blue	DHS and NESCSO assessments Medicaid for the working disabled workgroup
d) Engage DOT disability advisory committee and RIPTA executive team and others	1. Consult with Medicaid on use of MTM, the state's Non-Emergency Medical Transportation vendor 2. Provide information on current public transportation options and alternatives	Planning Team agencies	Blue	

Next Steps

The Departments appreciate the input from the community and staff that contributed to the development of this report and are committed to create a unified approach to address employment across disabilities. The Office of Rehabilitative Services, as the authority for employment across disabilities and as a member of the Workforce Investment Opportunities Act planning team, will elevate continuous systems planning as it relates to employment of persons with disabilities and incorporate recommendations of the Let's Get to Work Plan. This will necessitate cross agency collaboration and strategizing.

While each of the action steps outlined in Table 1 are important to systems transformation, the following have been identified as the top priorities for the next two years:

1a #1	Align existing resources
1a #2	Apply for grant opportunities to support piloting models of cross disability employment
1c#1	Create certifications standards for supported services in behavioral health
2a#1	Expand Real Pathways RI's investment in employer awareness and champion building
2c#1	Develop branding of consistent content and messaging for the Departments' websites
5a#1,2 &3	Expand upon the developmental disabilities billing guide to include behavioral healthcare with assistance from WINTAC
5b#1	Work with WINTAC to review collaborative funding models, service and training models that can be incorporated across Departments to advance employment
6a#1	Create a statewide disability employment goal and report on progress

ORS, DLT and BHDDH will identify and assign key staff to lead efforts to continue work with community providers and stakeholders toward the development of a comprehensive workplan to implement the action items listed above.

Progress updates will be reported on their respective websites. Stakeholders will be reconvened next Fall for a full update.

Acronyms

ACRE	Association of Community Rehabilitation Educators
BHDDH	Behavioral Healthcare, Developmental Disabilities and Hospitals
BHOLD	Behavioral Health Online Data System
CPNRI	Community Provider Network of RI
DBH	Division of Behavioral Healthcare (within BHDDH)
DDD	Division of Developmental Disabilities (within BHDDH)
DLT	Department of Labor and Training
DEI	Disability Employment Initiative
GWB	Governor's Workforce Board
IARP	International Association of Rehabilitation Professionals
NCISI	National Center for Innovation & System Improvement
NESCO	New England States Consortium Systems Organization
ODE	Office of Digital Excellence
ORS	Office of Rehabilitative Services
OSESN	Ocean State Employment Service Network
SE	Supported Employment
SELN	State Employment Leadership Network
SNAP	Supplemental Nutrition Assistance Program
SSA	Social Security Administration
SUMHLC	Substance Use and Mental Health Leadership Council
WINTAC	Workforce Innovation Technical Assistance Center
WIPA	Sherlock Center Work Incentives Planning Assistance
VRCC	Vocational Rehabilitation Counseling Coalition

Appendices

Appendices will be provided as separate attachments to this report.

Appendix A   Power Point Presentation

Appendix B   Consumer Survey

Appendix C   Provider Forum Notes

Appendix D   Consumer Forum Notes