

**Employment First in Maine: What's It Going To Take?  
Audience Feedback**

Theme Area	Comment
<p><b>Involvement of People with Disabilities</b></p> <p><b>Opportunities</b></p>	<ul style="list-style-type: none"> <li>• We need to bring people with disabilities (not employed by state agencies) fully engaged and included in decisions that are about them. They need to speak for themselves.</li> <li>• Begin in elementary school to communicate about work with a planned process.</li> <li>• Building a successful transition program to help kids know what to do/be prepared after high school – empowerment.</li> <li>• Allow people part-time work to start. Most businesses won't.</li> <li>• Give participants right to choose to try and choose not to work.</li> <li>• We need more employment in Maine that helps everyone get to work that wants to work.</li> <li>• Opportunities for adults to expand their experiences with jobs – trying things.</li> <li>• Make it easy to access.</li> <li>• Reduce paperwork.</li> <li>• Job commitments from employers.</li> <li>• Jobs – Clients should not be working with developers for 1 – 2 years with no outcome!</li> <li>• Job commitments from our community.</li> <li>• Provide more part time opportunities.</li> <li>• Provide more manufacturing/industrial jobs.</li> <li>• Have businesses take a leap of faith &amp; give people with disabilities a chance.</li> <li>• Jobs – when you do so well &amp; don't need a job coach – Logisticare ends their rides to &amp; from work = outer rural areas – help – the person can't pay for rides now.</li> <li>• Fair..... what you go to in the Fall. ☺</li> <li>• <u>Employers</u> – How to accommodate their jobs to increase access for job seekers. <u>Need</u> – more work needs to be done with employers, such as workshops to assist with identifying ways to accommodate their jobs, such as: flexible schedules, change job duties, partial telecommuting, co-worker assistance.</li> <li>• Part-time job opportunities.</li> <li>• More outreach to companies regarding people with disabilities and work.</li> <li>• Consumer agreement to the advantages of employment.</li> <li>• We need to understand the needs on an <u>individual</u> basis and use this to design employment opportunities – this will have to include increase understanding and awareness of difference of people above and beyond their disability alone.</li> <li>• Identifying strengths of consumers and making sure they have several opportunities and choices for success.</li> <li>• Jobs in Maine.</li> </ul>
<p><b>Information</b></p> <p><b>Beliefs and Attitudes</b></p>	<ul style="list-style-type: none"> <li>• We need people who have influence in the lives of people with disabilities (families, friends, providers, case workers, etc. to <u>value</u> and expect people to have a job and support life experiences that will likely lead to employment. Expectations! Experiences! Employment!</li> <li>• The need to believe in each individual skills and education surrounding. Never say never.</li> <li>• Managing expectations.</li> <li>• We need to invest in the front line messengers in E 1<sup>st</sup>. Until case managers, program managers and other gate keepers</li> </ul>

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	<p>ask “what do you need to work” instead of “you don’t want to work, do you?”</p> <ul style="list-style-type: none"> <li>• Educating businesses about benefits.</li> <li>• More education and training to support providers to make the connection to how they can be part of supporting employment.</li> <li>• Commit to showcasing this initiative at SAMHS Consumer Council Annual Hope Conference 2015.</li> <li>• Expectations for employment for kids with disabilities must be the norm. Expectations must be increased for all children with significant disabilities for a job, a home of their own, typical friendships &amp; relationships within their communities.</li> <li>• <u>Buy-in</u> from school personnel, special ed. teachers &amp; directors &amp; DOE administration. First they need training!</li> <li>• Change state programs/paper work to say I.I. &amp; D.D.</li> <li>• More CWIC to provide information to individuals so that they can even make an informed choice! Decrease their fears/myths. Ms. Hill shared a key role this resource plays. This in itself will enhance awareness that <u>work</u> can occur &amp; the floor won’t fall out from under folks! ☺ 1<sup>st</sup> step – cause the “gatekeepers” are providing misinformation around this item.</li> <li>• On VR applications should we have an expectation that competitive job outcome is the goal?</li> <li>• Broad education of all stakeholders – to raise expectations of what is possible.</li> <li>• More ongoing communication on work being done &amp; how it will affect the work of case mgrs., providers, future employees.</li> <li>• More trainings &amp; support as well as ongoing education, esp. with very behavioral clients.</li> <li>• More employer engagement w/ Chambers of Commerce and other employer groups. Meeting with individual businesses, especially in rural areas.</li> <li>• Very early potential education regarding how employment first will impact, effect and benefit their child with a disability.</li> <li>• Change society’s and systems beliefs about people’s ability to recover, live full lives.</li> <li>• Focus on increasing expectations for young people.</li> <li>• Change the mindset that a person can’t work certain hours because of other scheduled services. (i.e. in-home supports can’t be changed to accommodate the hours the job is available.)</li> <li>• More education to businesses on how they can leverage the program and enhance productivity.</li> <li>• How will students with disabilities &amp; their parents know about EFM during the transition planning &amp; what will they know about it?</li> <li>• We need to <u>educate</u> employers/business on disability employment and then ensure the state provides sustainable support (when needed – job coaches, etc.)</li> <li>• Publicity campaign by successful Maine businesses integrating workers who have disabilities in their workforce.</li> <li>• Continue to promote the hiring of pwd.</li> <li>• More collaboration with businesses.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Doctors &amp; nurses start making this a question at medical visits. Also making this more important on benefit reviews.</li> <li>• Regional roundtable bringing businesses/families//providers together.</li> <li>• Enhance communication with families and participants about “what’s possible.”</li> <li>• Make information accessible and available to those who are in need of it.</li> <li>• Informing businesses about customized employment and how it benefits both the employer and the individual. Looking at the value that this offers the community.</li> <li>• Informing Mom &amp; Pop businesses the benefits of hiring the challenged. A) Providing small businesses with financial help to hire. B) Providing non-profits financial help. If this is available then <u>market</u> this assistance to Mainers. <u>Money</u></li> <li>• More people (individuals, families, providers, etc.) need to “buy-in” to the idea that <u>everyone</u> can work.</li> <li>• Education on all levels, for all people.</li> <li>• Educating businesses about benefits.</li> </ul>
<p><b>Resources</b></p> <p><b>Employment Supports</b></p>	<ul style="list-style-type: none"> <li>• Re: CRP’s – Increased pay and consistent pay across systems for long term support. Along with this increased expectations re: training, continued ed requirements and QA/QI review.</li> <li>• Incentives for good people to become job developer/coaches – adequate reimbursement rates, recognition, etc.</li> <li>• More providers of employment services in rural areas.</li> <li>• Increase in government resource allocation (eg med waiver) to integrated employment to build infrastructure (i.e. need more staff to achieve established goals); Includes increase in benefits counseling (CWICs/Work Incentive Specialists)</li> <li>• Establish nationally recognized credentials &amp; related training for professionals in our field based on best practices/outcomes (or increase access to existing such as CESP and Customized Employment respectively)</li> <li>• Additional staff to work with transitioning youth in particular (if starting at Age 14).</li> <li>• Better education for case managers and business owners.</li> <li>• Effective transportation – to work, to college, to daily living activities</li> <li>• Support from transportation to make sure they get to work on time.</li> <li>• Support from Homes. They need to take the job seriously, not just a “program.” They need to understand that they are being held to the same standards as everyone else.</li> <li>• Affordable transportation. How can they maintain a job in a rural state (community) w/o transportation. I can find jobs.</li> <li>• Transportation to jobs, to adjacent town for jobs</li> <li>• Benefits Counselor to address housing, food stamps.</li> <li>• Transportation Services</li> <li>• Better transportation: Increased availability of public transport options (espec. Rural areas); More timely Medicaid transport (1 hour window is not acceptable for work).</li> <li>• Funding</li> <li>• Fund what helps people move forward.</li> <li>• Augmenting grant \$ for people that earn pennies over MeCare limits.</li> <li>• Increase funding for long-term supports for job coaching so that wait lists for these will be eliminate and better</li> </ul>

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	<p>coordination with VR by the DHHS Case Managers to eliminate delay in transition from VR funding to other LTS.</p> <ul style="list-style-type: none"> <li>• Funding for public transportation expansion so that people can get to work. Enough vehicles &amp; drivers so there are not significant delays in getting from home to work.</li> <li>• <u>Eliminate the DHHS Waiver Wait List!</u></li> <li>• Follow through with resources available with funds to ensure the programs are viable.</li> <li>• Consistent reliable reimbursement rates.</li> <li>• We need to be flexible re: long term DHHS funding for individuals with disabilities. I fear the impetus to phase out/job coaching decrease hr. may result in some clients losing their jobs because those creating guidelines may not understand the reasons a client can't maintain their job with their present level of job coaching.</li> <li>• Lower OADS caseloads ASAP. PCP is a lot to cover &amp; check on every piece of it.</li> <li>• An ability for VR to devote ample time to each and every person, regardless of any limitations.</li> <li>• Making resources available to educate &amp; prepare stakeholders.</li> <li>• Pay for employment outcomes – MH agencies, Ticket to Work, VR, etc.</li> <li>• More benefits counselors across the state to serve individuals w/ disabilities and supporting their decision to return to work. This service truly assists indiv. w/ understanding their benefits &amp; <u>available incentives</u>.</li> <li>• Transportation</li> <li>• Transportation – can't get &amp; keep a job when you can't get to work.</li> <li>• Transportation is a major issue.</li> <li>• Build capacity in the system of supports...incentivize attainment of credentials by providers of employment services.</li> <li>• More tools to support CRP's focusing on Deaf/HH population.</li> <li>• More sign-fluent providers in all parts of the state.</li> <li>• Re-fill RCD positions in Lewiston &amp; Bangor.</li> <li>• Fund employment specialist position at Maine Educational Center for Deaf &amp; Hard of Hearing.</li> <li>• Have a list of CBSA's that CRP's have (in their pocket) so VRC can pick from CRP's that have established contacts to have faster CBSA results, instead of paying for months to find CBSA site and then finding out unable to complete or need ongoing support. Smooth transactions faster results. Many people stop contacting due to no contact from CRP that is looking.</li> <li>• Active BLN &amp; provider group – creative, thoughtful/services....? (illegible) come from regs/institutions.</li> <li>• Career planning to prepare client for being “work ready.”</li> <li>• Benefits &amp; how income will be affected (Social Security, MaineCare).</li> <li>• \$</li> <li>• Enhanced education, support, technical assistance in quality employment outcomes to providers, state personnel, schools, families, pwd, etc.</li> <li>• Funding for support services and education of society, individuals and providers.</li> <li>• Transportation.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Better transportation – increased availability of public transport options (espec rural areas); more timely Medicaid transport (1 hour window is not acceptable for work).</li> <li>• \$ in addition to nuts &amp; bolts on the ground as a VRC.</li> <li>• Resources in terms of staff in CRP agencies who are trained &amp; able.</li> </ul>
<p><b>Systems Building/Improvement</b></p> <p align="center"><b>Cross-Disability</b></p>	<ul style="list-style-type: none"> <li>• Strengthen systems/relationships for effective promotion of positive outcomes (e.g. stories of successful employment scenarios for people with IDD and businesses) and data (e.g. cost benefit ratios for taxpayers and service recipients, employer feedback data, etc.)</li> <li>• Consider upping the limit of income to keep MaineCare next step ObamaCare or Blue Cross won't pay for case management of supports.</li> <li>• MaineCare is a deficit based service – so for LTS it doesn't fit well.</li> <li>• When folks lose MeCare they may not have home supports, so lose their jobs.</li> <li>• Regular/consistent training/round table discussions of what is working &amp; what needs to be tweaked as we make changes.</li> <li>• CDS <u>must</u> be engaged so that the parents of children enter that system hear different, positive messages about what is possible for their child's future.</li> <li>• Group homes to recognize plans?</li> <li>• Access to MaineCare – why are some disabled people not qualifying for service? What can I do to help?</li> <li>• Greater access to waiver funding. A clear/transparent understanding of where clients are on the wait list.</li> <li>• State leadership in bridging relationships with business community.</li> <li>• All providers, guardians and funding have to work in collaboration.</li> <li>• The State/Waiver/APS (billing) need to understand that each person is an individual and may have setbacks before making progress, this includes mental health.</li> <li>• Including all disabilities in EFM is great – but the systems of IDD &amp; MHSA are <u>very</u> different in some significant ways.</li> <li>• Constant budgeting – work over 18-20 hrs/wk = SSI is slashed – Social Security predicts 3 months ahead – huge rep payee process – do we limit # hours/wk?</li> <li>• A guaranteed successful transition plan for competitive, integrated employment for individuals who are currently working under 14c. Some of these men &amp; women have the most significant needs and it would be detrimental for them to lose their current job w/out a guarantee for successful placement in an integrated, competitive job.</li> <li>• We have some great programs in Maine. What about making those systems work better! Not creating new...fix old.</li> <li>• The work of the Coalition is great. However, the action steps seem to be geared mostly to people with ID/DD. How is EFM Coalition working towards inclusion of all disabilities?</li> <li>• True cooperation and transparency between state agencies and service providers.</li> <li>• Total commitment from top down through every strata to the boots on the ground.</li> <li>• A systemic change that is completely acknowledged.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Increased service coordination and better communication across government agencies at the state level, as well as greater flexibility &amp; willingness to try new ideas (a commitment to innovation).</li> <li>• New ways to provide pay for people to gain and obtain skills to become employed.</li> <li>• Become more inclusive of all disabilities, cultural barriers and language barriers.</li> <li>• Commitment to economic development (global).</li> <li>• Local participation within each office of each dept.</li> <li>• Specific tasks that we, working in the field, can do to help.</li> <li>• Communicate with other states to promote wider legislation – more state laws; increase visibility; national awareness. Only Maine and Washington have laws! Bring other states on board. National conference could have state-legislature/state laws –training (train-the-trainer). Cause contagious enactment!</li> <li>• Enforce sub-minimum wage requirements before eliminating it.</li> <li>• We need a system that meets people where they are at. Provides services to ready people to work, supports to support throughout whole time needing supports &amp; provides for flexibility for those that need increased time or support.</li> <li>• Stop funding of subminimum wage group employment in waivers.</li> </ul>
<b>Youth Transition</b>	<ul style="list-style-type: none"> <li>• We need to invest more into school to work programs. Start early through school.</li> <li>• Engage child educational advocate to help with making sure school districts are following IEPs and moving graduating children to successful transitions.</li> <li>• We need to support more transition services, planning and skill based curriculum before they become adults. More attention needs to be on transition services.</li> <li>• Share IPE plans with adult providers in a variety of settings the individual may receive services from.</li> <li>• Additional staff to support youth 14 years old (WIOA).</li> <li>• Utilization of existing resources TCEW/Bridge etc. in the schools/as homework assignments/term projects.</li> <li>• Education in the elementary schools, including parents/staff.</li> <li>• Need a well-developed school system wide program (both within spec ed and out) to align students to prepare for the workforce.</li> <li>• More VRC's dedicated to transition age individuals so the caseloads can be a more manageable level. This increasing the quality of VR services, voc. Guidance &amp; rehab counseling.</li> <li>• Making sure kids coming out of school know what to expect.</li> <li>• I am limited in my district by funding and appropriate transportation (vs using a school bus or taxi for one or two students &amp; support staff) in order to provide extensive job shadow experiences. I am also limited by my ability to engage or get community businesses accept our services/job shadows (it is also work on their part!). What can I do to improve my actions and my lack of transport w/in my district? How can I appropriately engage the community into acceptance? I currently work w/up to 10 local businesses providing a variety of experiences in order for my students to make informed future choices.</li> <li>• Transition counselor position established for only Deaf/HH students.</li> </ul>

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	<ul style="list-style-type: none"> <li>• More transition in secondary school support.</li> <li>• Communication between VR &amp; Schools in terms of individual students.</li> <li>• Develop ways to filter down the assorted recommendations to line workers, teachers, etc. &amp; families, individuals with disabilities. How will this be done?</li> <li>• As a VRC (transition) I need additional funding to provide many more CRP's to serve clients. Training for certification of job coaches &amp; more employers involved with hiring (i.e. more "development" being done).</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• Focus on employment in all mental health treatment settings. Provide education to health care providers about the <u>benefits</u> of work.</li> <li>• Increased discussion of mental health issues in relation to disabilities and employment.</li> <li>• 1915 (i) waiver</li> <li>• 1915 (i) waiver</li> <li>• Focus on mental health &amp; SA waiver!</li> <li>• I work on an ACT Team @ Tri-County and work with folks who have severe and persistent mental illness and unfortunately carry a stigma with them paced by society. These folks struggle greatly with maintaining and obtaining employment. If we could have a program to help these specific folks that would be very helpful as most programs gear to folks with I/DD.</li> <li>• We need people who are diagnosed with major mental illness to have MaineCare (full) in order to provide needed services to build in stability and in trust in "systems" of providers to "try" work. Refusing people because of funding to start services prohibits people gaining employment.</li> <li>• Require <u>ongoing training</u> for MHRTC related employment.</li> </ul>