



**STATE OF CONNECTICUT
NATIONAL GOVERNOR'S ASSOCIATION**

Transition Services for Youth with Disabilities

EXECUTIVE SUMMARY



Public Consulting Group, Inc. is an Affirmative Action/Equal Opportunity Employer.

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INTRODUCTION AND METHODOLOGY

Connecticut has received a technical assistance grant from the National Governor's Association to conduct an analysis of resources available to youth with disabilities who are transitioning into employment. Connecticut is pursuing a multi-agency, multi-discipline approach by reviewing the services provided by each agency. This method will help determine where transition services are provided, the type of services provided, overlap and gaps in services provision.

The Connecticut NGA project contracted with Public Consulting Group, Inc. to map the resources available from several agencies. The project was divided into two phases. During the first phase of the project, PCG examined the Bureau of Rehabilitation Services (BRS), the Department of Mental Health and Addiction Services (DMHAS), the Department of Mental Retardation (DMR), the State Department of Education (SDE), and the Board of Education and Services for the Blind (BESB). During the second phase of the project PCG examined the Department of Social Services (DSS), the Department of Labor (DOL), Capital Workforce Partners (CWP), the Department of Correction, (DOC), the Department of Children and Families (DCF), and Court Supported Services Division (CSSD).

The goal of the project was to identify state agency resources associated with transitioning youth with disabilities to employment. The target population for this review included individuals age 14-30, with an identified disability. Identified disability included substance abuse, as well as all students with an IEP and "504" students.

PCG met with each identified agency to learn about the state agency resources. We collected a great deal of information from the agencies through staff conversations, online sources and printed materials. PCG focused on the services provided and the data systems used to maintain information about these services.

I. FINDINGS, RECOMMENDATIONS AND NEXT STEPS

PCG would like to thank all of the agency staff who met with us and provided information for this report. We received a great deal of information and in the following paragraphs seek to consolidate and present some of the findings that came out of our meetings and the information gathered. Findings are categorized in the following groupings:

- Service Provision
- Contracted Providers
- Mission and Critical Functions
- Service Expenditures
- Technology & Data Gathering
- Interagency Collaboration and Communication
- Success Measurement and Tracking
- Barriers to Employment

The findings are followed by questions, recommended next steps and other areas for improvement.

Service Provision

The resources mapped for each agency can be grouped into 13 service categories. These service categories and the corresponding agency program or services are illustrated in the following table.

Agency	Transition Planning	Supported Employment (Facilitated Competitive Work)	Self-Employment	Sheltered Employment (Non-Competitive Employment Setting)	Post-Employment	Job/ Vocational Training	Job Search	Home Modifications	Vehicle Modifications	Community Experience	Library for Disability Resources and Training	Health Insurance	Housing
SDE	<input checked="" type="checkbox"/> Transition Coordinators/ Specialists Cooperative Education Services					<input checked="" type="checkbox"/> LEAs operate a number of vocational training programs for alternative education students					<input checked="" type="checkbox"/> Special Education Resource Center		
DMHAS	<input checked="" type="checkbox"/> Vocational Counselor			<input checked="" type="checkbox"/> Connecticut Valley Hospital Mall employs hospital consumers to prepare them to transition to the community		<input checked="" type="checkbox"/> Psychosocial Clubs may offer vocational training opportunities				<input checked="" type="checkbox"/> Young Adult Services houses clients in the community to encourage independence \$26,006,721 792 Youths Served			<input checked="" type="checkbox"/> Young Adult Services
DSS/BRS	<input checked="" type="checkbox"/> Voc Rehab Counselors Embedded Transition Counselors 579 Youths Served in Transition	<input checked="" type="checkbox"/> Employment Specialists	<input checked="" type="checkbox"/> Vocational Rehabilitation		<input checked="" type="checkbox"/> Individualized Plans Included in Voc Rehab	<input checked="" type="checkbox"/> VR Comprehensive Services \$7,922,359 \$2,601 per client* Included in Voc Rehab	<input checked="" type="checkbox"/> Vocational Rehabilitation Included in Voc Rehab	<input checked="" type="checkbox"/> Vocational Rehabilitation Included in Voc Rehab	<input checked="" type="checkbox"/> Vocational Rehabilitation Included in Voc Rehab				
DMR	<input checked="" type="checkbox"/> LEA/School Coordinators 3971 clients	<input checked="" type="checkbox"/> Day Support Program 4034 clients		<input checked="" type="checkbox"/> Day Support Program 912 clients†		<input checked="" type="checkbox"/> Day Support Program / VR through BRS 547 clients				<input checked="" type="checkbox"/> Day Support Program 3482 clients			
BESB	<input checked="" type="checkbox"/> Voc Rehab Counselors Transition Coordinators	<input checked="" type="checkbox"/> Employment Specialists	<input checked="" type="checkbox"/> Vocational Rehabilitation 1,000 Clients		<input checked="" type="checkbox"/> Individualized Plans Included in Voc Rehab	<input checked="" type="checkbox"/> VR Comprehensive Services	<input checked="" type="checkbox"/> Vocational Rehabilitation Included in Voc Rehab	<input checked="" type="checkbox"/> Vocational Rehabilitation		<input checked="" type="checkbox"/> Vocational Rehabilitation High School Summer Program			

Agency	Transition Planning	Supported Employment (Facilitated Competitive Work)	Self-Employment	Sheltered Employment (Non-Competitive Employment Setting)	Post-Employment	Job/ Vocational Training	Job Search	Home Modifications	Vehicle Modifications	Community Experience	Library for Disability Resources and Training	Health Insurance	Housing
DOL	<input checked="" type="checkbox"/> Youth and adults participate in programs that provide: job search, resume assistance, and computer training				<input checked="" type="checkbox"/> Case workers follow-up with clients to ascertain if the client needs further help, and to update performance measures	<input checked="" type="checkbox"/> One-stops offer training workshops	<input checked="" type="checkbox"/> One-stops offer jobsearch						
DOC	<input checked="" type="checkbox"/> DOC transition planners work with inmates to develop a plan six months prior to release	<input checked="" type="checkbox"/> CEC is a supported employment environment				<input checked="" type="checkbox"/> DOC offers vocational training	<input checked="" type="checkbox"/> May access one-stops						
CSSD	<input checked="" type="checkbox"/> Parole officers work with clients on a transition plan					<input checked="" type="checkbox"/> CSSD funds CRPs that provide vocational training							
CWP	<input checked="" type="checkbox"/> Summer Youth Employment Program - Ongoing summer programs that promote transition	<input checked="" type="checkbox"/> Summer Youth Employment & Learning Program				<input checked="" type="checkbox"/> CTWorks centers provide vocational training/job preparedness programs.	<input checked="" type="checkbox"/> CTWorks centers provide vocational training/job preparedness programs						
DCF	<input checked="" type="checkbox"/> All Programs	<input checked="" type="checkbox"/> Transitional Living Assistance Program, Community Housing Assistance Program **		<input checked="" type="checkbox"/> Transitional Living Assistance Program, Community Housing Assistance Program **	<input checked="" type="checkbox"/> Transitional Living Assistance Program, Community Housing Assistance Program**								<input checked="" type="checkbox"/> Group Homes, USDII
DSS												<input checked="" type="checkbox"/> HUSKY A&B Medicaid for the Employed Disabled ConnPACE SAGA	<input checked="" type="checkbox"/> T-RAP, TRSP, Security Deposit Guarantee, Rental Assistance Program,
‡													

* Total amount for all Vocational Rehabilitation

† Total number in sheltered employment

‡ Not including BRS or JFES Services

**DCF may fund Vocational Training, Job Search, and Supported Employment in these programs.

There is significant overlap in the types of services offered by participating agencies. For example, every agency interviewed has a transition planning component. In addition, every agency provides some type of job or vocational training. BRS, BESB, DMHAS and DMR offer the broadest range of services with each agency offering 5 or more services in the 13 categories identified. Services tend to be provided based on who the client is (e.g. what disability the client has, what age the client is) rather than what the client needs (e.g. job training).

In addition to the overlapping services provided, agency staff noted several gaps in services delivery. For example, clients transitioning from high intensity services in DMHAS or DCF may go from receiving maximum support often including multiple services, housing and round the clock care to receiving services that provide significantly less support. There is no “step-down” or medium intensity service for clients to transition into before entering the community and workforce with minimal supports.

As a second example, transitioning “504” students may fall through the cracks of transition planning because they do not have IEPs and therefore are often not identified by schools as needing transition planning. No division of the State Department of Education is specifically responsible for ensuring that these students have adequate transition planning and supports.

Contracted Providers

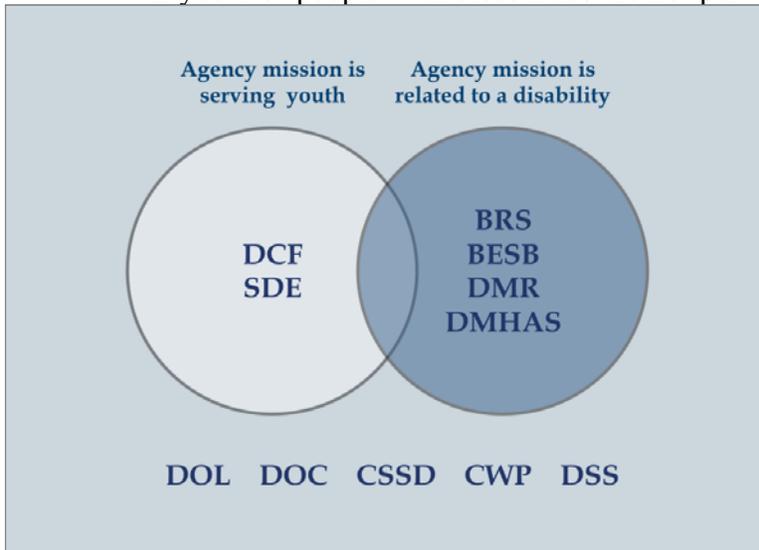
Does the Agency Use Contracted Providers?		
Agency	Yes	# Used
DOL	<input checked="" type="checkbox"/>	Not Available
DOC	<input checked="" type="checkbox"/>	Not Available
CSSD	<input checked="" type="checkbox"/>	Approximately 80
CWP	<input checked="" type="checkbox"/>	Over 30
DCF	<input checked="" type="checkbox"/>	Over 100
DSS	<input checked="" type="checkbox"/>	Not Available
DSS/BRS	<input checked="" type="checkbox"/>	75
BESB	<input checked="" type="checkbox"/>	Over 75
SDE	<input checked="" type="checkbox"/>	Over 70
		87% of Day/Employment programs provided by CRPs
DMR	<input checked="" type="checkbox"/>	
DMHAS	<input checked="" type="checkbox"/>	Over 90

All of the participating agencies utilized contracted providers for some part of their program service provision. Because similar services are provided, it is likely that agencies utilized some of the same providers. Agencies are generally not comparing provider rates or seeking to bulk purchase services.

Mission and Critical Functions

The objective of this project was to map the resources available to youth with disabilities as they transition to employment. All agencies included offer some services associated with this target population and the target objectives. However, the missions and critical functions of the agencies included in this project often are not focused on the team’s target population. There are several considerations when thinking about agency missions and priorities including:

- If youth or people with disabilities are not part of an agency mission how will



services targeted to these populations be a priority?

- Developing programs and services not aligned with an agency’s mission is often costly and inefficient.

Program Exclusively Serves Youth	
BESB:	Children Services Division
CSSD:	Juvenile Risk Reduction Center Alternative Incarceration Centers Project Green APT Foundation Gender Specific Latino Youthful Offender Services
DCF:	Adolescent Division Unified School Districts Behavioral Health Services Voluntary Services
DOC:	Manson Youth Vocational/Job Preparation Services
DOL:	WIA Youth Services CT Youth Leadership Program Start On Success High School/High Tech
CWP:	Summer Youth Employment & Learning Program Future Workforce Investment System
DMHAS:	Young Adult Services
DSS:	HUSKY B
SDE:	Secondary Transition Services IEP Services
Program Serves Various Ages	
BESB:	Adult Services Vocational Rehabilitation Services
BRS:	Vocational Rehabilitation Services
DOC:	York Facility Vocational Rehabilitation/Job Preparation Services
DOL:	WIA Adult Services WIA Dislocated Worker Services Jobs First Employment Services CTWorks Career Center
CWP:	CT Works Career Center Jobs First Employment Services
DMHAS:	LMHA Treatment
DMR:	Day and Employment Support Programs
DSS:	HUSKY A Temporary Family Assistance State Administered General Assistance Transitional Rental Assistance ConnPACE Medicaid for the Employed Disabled

In addition to the participating agencies' differing missions, state agencies do not utilize consistent definitions of disability in the provision of services. This is an important consideration when identifying the goals and next steps for this multi-agency team for this project.

Disability Data			
Agency	Does the Agency Define Disability	Does the Agency Use Disability in the Eligibility Determination?	Does the Agency Track Disability Electronically?
DOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOC	<input checked="" type="checkbox"/>		<input type="checkbox"/>
CSSD [^]			<input checked="" type="checkbox"/>
CWP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DCF#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DSS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DSS/BRS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BESB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SDE*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DMR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DMHAS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

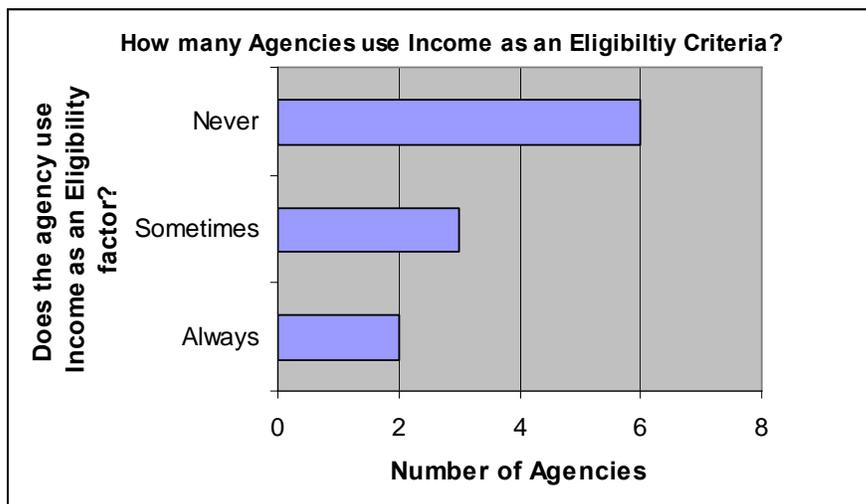
Key	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	Sometimes

*The LEA has the individual student data. SDE has this information in the aggregate

[^] CSSD tracks mental health and substance abuse issues, but does not have an agency wide definition of disability

#DCF uses disability to determine eligibility for mental health services

Six of the 11 agencies included in this project do not use income as a factor in eligibility determination. Three of the agencies utilized income as a factor in some instances or for some services.

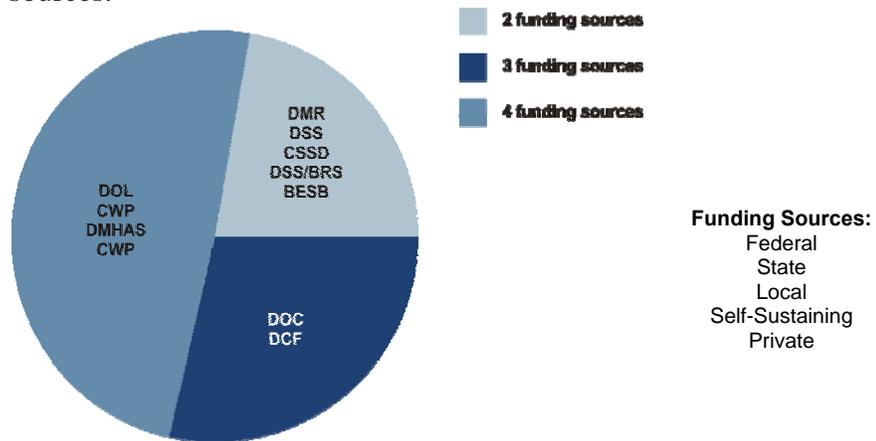


Issues such as whether age, disability and income are included as focuses and/or priorities in service delivery are important considerations when the agencies are determining next steps in addressing service gaps and overlaps.

Service Expenditures

Per client service expenditures vary widely for the programs reviewed (from \$138 to over \$39,000 depending on program and service type.) Items/services are not priced by component and there is no commonality among agencies in how programs and services are priced. For these reasons, there is currently no effective way to compare costs between services for the purpose of analyzing efficiency and joint purchasing opportunities.

Agency programs are funded with federal, state, local, or private funds. CSSD and BRS programs reviewed are funded with a single funding source, while four of the agencies utilize three funding sources.

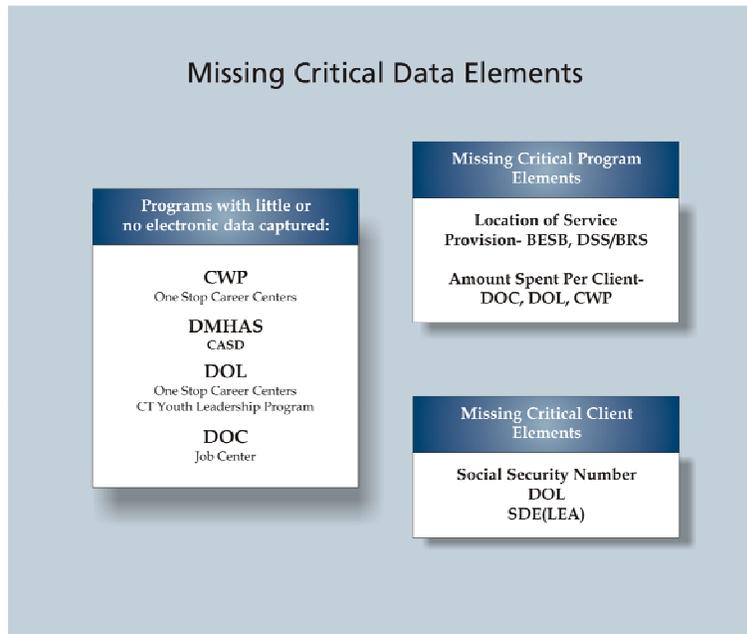


Technology/Data Gathering

The participating agencies use many different data systems to manage program and client information. The names of the data systems are listed in the following table:

Agency	Data System
BESB	Libera
DSS/BRS	Wang
CSSD	Softscape (CMIS)
DCF	Link
DOC	Inmate Information System
DOL	Softscape (CTBusiness Works System)
CWP	Softscape (CTBusiness Works System)
DMHAS	Visual Basic Application
DMR	CAMRIS
	Medical Services and Public Assistance: DBMS(IBM) - known as EMS, Housing: Homeless Management Information System (FOCUS)
DSS	
SDE	Special Education Data Application and Collection

Various agency staff expressed interest in exploring data sharing to make service provision more effective and efficient. Agencies do not collect the same data, and in some cases programs within the agencies do not collect the similar data. In some cases pieces of data that would be important for information sharing or program effectiveness or efficiency determinations are not currently collected in existing systems. Data analysis between agencies and programs is not useful or even possible unless the data has commonality.



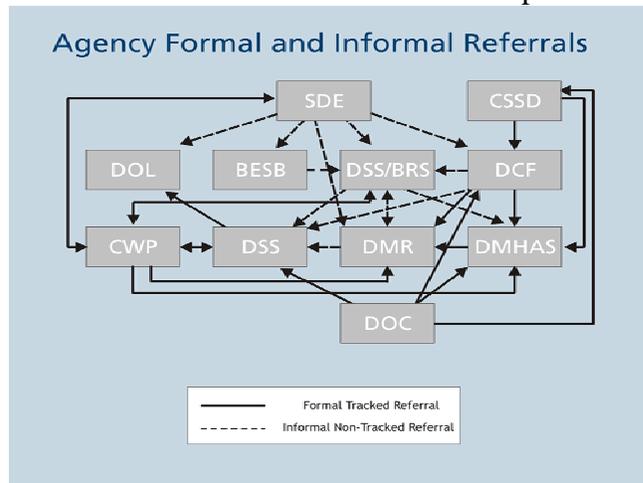
Overall, there is no formalized, consistent way to share information about clients, programs or spending between agencies. Many agencies do share client data, in accordance with HIPAA policies and through MOUs, when a particular client agrees to the data sharing. Often this information is provided in a hard copy format.

In addition to the overall technology findings, there are also some agency specific findings:

- BESB and BRS have the same data requirements and federal reporting requirements but have purchased different technology systems.
- Two agencies, CSSD and DOL, utilize a *Softscape* data system but have not been able to obtain a data dictionary from the vendor.

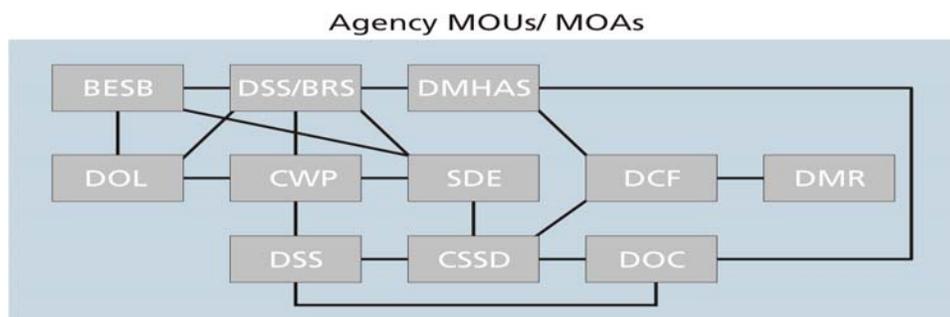
Interagency Collaboration and Communication

The agencies reviewed have complex relationships. Young adults may receive services from multiple agencies during the same time period. Some agencies have formal Memoranda of Understanding or Memoranda of Agreement to work together on transition related issues, others have informal agreements. In some cases agencies will refer consumers for services to other agencies, while in other cases they may not. This creates a web of services and relationships.



The diagram to the left illustrates which agencies refer clients to other agencies, and whether those referrals are formally tracked, or informally made and not tracked.

The diagram below illustrates the Memorandums of Understanding (MOUs) and Memorandums of Agreement (MOAs) that were identified during the resource mapping project. The majority of agencies have multiple MOUs and MOAs for services provided to the target population.



The MOUs and MOAs utilized vary in scope and relationship. Scope and relationship range from co-location of staff to service provision. The graphic below lists the agencies that utilize each kind of arrangement.

**Nature of Formal Agreements Between
Agencies (MOU's/ MOA's)**

Co-Location	Information Transfer	Coordination/ Collaboration	Joint Funding/ Support of Staff	Service Provision
BESB-DSS/BRS-DOL DSS-DMR-DOC-DCF	DCF-DMHAS DOC-DCF DCF-CSSD DSS-CSSD DOC-CSSD DCF-DMR	DSS/BRS- DMHAS DMHAS-DCF DOC-DMHAS DMR-DCF DCF-CSSD DOC-CSSD DOC-DSS	SDE-BRS DSS/BRS-SDE-BESB DSS/BRS-LEAs CSSD-DMAS CSSD-DCF	SDE-CWP DSS/BRS-CWP CSSD-DMHAS DOL-CWP CSSD-DCF DOC-CSSD DCF-DMHAS

The following are some examples outlining just a few of the many interagency agreements in place.

- *DOC Job Centers help inmates find jobs as they are transitioning back into the community. Inmates use the DOL database to search for jobs.*
- *DOC and DMHAS meet monthly regarding pending discharges of inmates who are DMHAS involved.*
- *DOC and DCF have an agreement regarding information transfer for DCF youth who enter DOC custody.*
- *BRS locates staff at some of the DOL CTWorks centers. This agreement allows BRS staff to help facilitate job searches for BRS clients.*
- *CSSD and DMHAS have an agreement whereby CSSD buys services through the DMHAS service network for offenders in need of residential substance abuse treatment.*
- *CSSD and DSS have an agreement whereby CSSD reports to DSS any eligible claims under TANF for qualifying contracted services.*
- *SDE and BRS share an FTE, a Transition Coordinator, who coordinates employment and training services for individuals with disabilities.*

Success Measurement and Tracking

One of the areas reviewed during the resource mapping was whether agencies formally tracked and measure the outcomes of their various transition related programs and services. Four agencies were identified as having formal, tracked measures of success. The agencies that formally measure and track success (BRS, BESB, CWP and DOL) are federally required to do so. These agencies are tracking outcomes that are easily quantifiable – the number of people who get jobs.

Agency	Formal Success Measurement	Informal Success Measurement	No Measurement
DSS/BRS	<input checked="" type="checkbox"/>		
BESB	<input checked="" type="checkbox"/>		
CSSD	<input checked="" type="checkbox"/>		
CWP	<input checked="" type="checkbox"/>		
DCF		<input checked="" type="checkbox"/>	
DMHAS		<input checked="" type="checkbox"/>	
DMR			<input checked="" type="checkbox"/>
DOC			<input checked="" type="checkbox"/>
DOL	<input checked="" type="checkbox"/>		
DSS		<input checked="" type="checkbox"/>	
SDE		<input checked="" type="checkbox"/>	

Elements of Formal Success Measurement Include:	Elements of Informal Success Measurement Include:
• Electronically Tracked	• Not Electronically Tracked
• Ability to be Queried	• Info Compiled through Ad-hoc Surveys
• Reported On	
• 100% of Program Population Monitored	• Not Monitored for 100% of Program Population

Barriers to Employment Identified by Agency Staff

Agency staff were asked to identify barriers to employment for individuals with disabilities. The following barriers were identified. Barriers are not listed in any particular order of importance or ranked.

Major Barriers to Employment Identified by Agency Staff	
Transportation	Individuals with disabilities who don't live near public transportation may have a particularly difficult time achieving and maintaining employment
Low Expectations	A culture of low expectations discourages individuals who are disabled from becoming employed
Lack of Transition Counselors	Individuals with disabilities may need services, but many not have access to them because of a dearth of transition counselors
Dependence on Benefits	Individuals with disabilities may not seek employment if they believe they will lose their current benefits and services once they are employed
Lack of Interagency Coordination	Lack of interagency communication leads to service overlap and among agencies
Agency Lack of Ability/Resources to Serve the Disabled	Some agencies reported that services are not designed for people with disabilities
Lack of Uniform Electronic Tracking	Agencies are not able to share comparable electronic data due to technology and data sharing constraints
Employers Lack Confidence	Employers may not view individuals with disabilities as capable of maintaining employment, involvement in the criminal justice system further amplifies this issue
Affordable Housing	Individuals who lack stable housing will have a difficult time finding and maintaining employment
Substance Abuse	Consumers with substance abuse barriers may have a difficult time maintaining employment

Questions and Next Steps

The initial objective of this project was to map the resources available to youth with disabilities who are transitioning to employment. This objective has been accomplished with a comprehensive report listing and describing the available resources in detail. The team's ultimate goals influence next steps. PCG offers the following questions, areas for discussion, next steps and recommendations to further Connecticut's conversation about improving service provision for transitioning youth with disabilities.

- Now that resources have been identified how will the agencies use this information to move forward? (What is the goal the team is seeking to achieve?)
- Mission and Specialization – Align Services with the Agency's Mission
 - Agency mission should be an important consideration for moving forward. Developing state of the art programming for youth with disabilities in transition will be costly in agencies that do not focus on this population.
 - When an agency experiences conflicting priorities they must go back to their critical mission. Generally, agencies will not be the most successful in areas of service delivery that are not part of their critical mission.
- Questions:
 - What are agencies' critical missions and how do these missions align with the team goals?
 - Where does self sufficiency rank relative to your agency's critical mission?
 - Where does work fit into self sufficiency?
- Recommendations
 - Consider using a facilitated conversation focused on agency critical mission to think through how services should be aligned.
 - Consider more interagency service agreements. Allow the agency that specializes in that particular area of service delivery to provide the service.
- Technology & Data Gathering Questions:
 - What is the goal of utilizing a common data system and/or sharing data among agencies? Possible goals include the following:
 - EASIER - Ease client interactions with state agencies – e.g. allowing clients to provide information only once to the state.
 - CHEAPER - Measuring the overall state impact of providing services for individual clients. Allowing service coordination, particularly in light of the multiple case managers and transition plans a single client may have.

- BETTER - Measure/compare agency programs to each other to identify effective programs and improve effectiveness.
- Who will make sense out of the data?
 - The agencies involved are not grouped under a single secretariat.
- Contracted Providers
 - Agencies use many contracted providers to deliver similar services. It is likely that the same providers are being used by multiple agencies but without the benefit of coordinated purchasing and cost savings.
- Recommendation:
 - Review contracted providers utilized by multiple agencies, determine areas of overlap and identify contracting and service provision efficiencies.

Agency specific Areas for Improvement

During our meetings and conversations with agency staff various potential areas of improvement and service gaps were identified. In some cases multiple agencies would be impacted by any change to address the issue.

During the course of the project we have not worked with all of the agencies involved to determine 1) if there is agreement around the existence of the identified area, or 2) whether the agencies prioritize the area for change.

In the following table we list several of these areas for your consideration. We recommend that the agencies review these identified areas and determine internally and with the other agencies if the areas represent areas of focus for change.

Agency Involved/Impacted	Agency Staff Identified Service Gaps and Areas of Improvement
CSSD, DOC, SDE	Court-involved children and youth need more educational and vocational support. Educational and vocational support will help youth avoid recidivism.
DOC, LEA	DOC is required to educate the youth population. When a youth enters DOC care, the LEA that had served the youth must transfer the student's IEP to DOC. This transfer often takes a significant amount of time, and DOC must rely upon the youth in custody to relate IEP information. Medical issues may also be listed on the IEP, leaving DOC unaware of medical needs.
SDE	"504" students are not provided service through SDE's Secondary Transition Services. There is no specific program within SDE that is responsible for ensuring transition services are provided to these students. When questions do arise, they are often referred to the Department of Equity.
SDE/LEA, DMR	LEAs may provide services to students with mental retardation through the school year during which an individual turns 21, or until the individual graduates. DMR does not begin to provide service until clients are 21. This requires clients to remain in high school until they are 21 to avoid a gap in service provision, even though they may be ready to graduate from school. Limited resources at both DMR and the LEAs exacerbate the service provision tug of war.
DMHAS	There is a gap in services regarding LMHA and hospital communication during the transition from the hospital to the LMHA. LMHAS are not always involved in the transition plan, and therefore clients do not smoothly transition from hospital care to LMHA care.
DMHAS, DCF	The Young Adult Services program is a high intensity program that provides maximum support to participants. Few participants have transitioned out of the program, in part because "step-down" or intermediate levels of care/service are often not available. DCF also provides clients with high intensity services with limited "step-down" programs available.
CSSD, DOL, CWP	CSSD and DOL purchased a data system from Softscape. CWP, as part of DOL also uses this system. Softscape has not provided a data dictionary to either CSSD or DOL.
BRS, BESB	BRS has embedded transition counselors in six of the state's largest school districts. Both agencies' staff have noted that transition counselors in additional schools may be helpful.
BESB	BESB recognizes the need for a benefits counselor to assist people in understanding the benefits of work. BRS has 7 benefit counselors that BESB may utilize, but few BESB consumers are referred to these counselors.
DCF	Due to challenges operating in the field, DCF Social Workers do not maintain unified reporting techniques. Querying data becomes difficult when information is not centrally-located.
DCF	CT does not have a single agency that provides services to individuals with pervasive developmental disorders such as autism. DCF will provide services to these individuals as children, yet when they become adults there is no single agency responsible for their care.
CWP	Employment specialists at the One-Stop Centers are not trained as vocational rehabilitation counselors and often cannot provide extensive services to individuals with disabilities.
CWP	CWP reports that many employers are less interested in part time work arrangements that may be more beneficial to people with disabilities.
DMR	Individuals must be enrolled in Medicaid to be eligible for the DMR waiver. To receive significant services, individuals must be enrolled in the DMR waiver. However, individuals participating in the Medicaid Buy-In program cannot qualify for the waiver and therefore must reduce assets to receive significant services.