Interviews of Consumers and Counselors

Project CLIMB Evaluation

December 2003

Prepared for the Division of Vocational Rehabilitation.

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About the Center for Disabilities Studies

The Center for Disabilities Studies at the University of Delaware is one of the 62 University Affiliated Programs Centers for Excellence in Developmental Disability Research Education and Service (UCD) in the United States. The Center was established in 1992 and works in conjunction with individuals with disabilities to better their lives. The Center staff and affiliated faculty teach both pre-service and in-service courses for teachers, social service workers, and other service providers working with individuals with disabilities and their families. The Center operates state-of-the-art programs and assists both public and private organizations in adopting the procedure developed to operate those programs. Center staff and affiliated faculty also serve on state and national policy boards and commissions that address housing, transportation, education, advocacy, child care, health care, and other service areas. Center staff also conduct program evaluations with programs serving individuals with disabilities and assist in policy development at both the local and state levels. The Center for Disabilities Studies is located in 166 Graham Hall at the University of Delaware in Newark. The Director of the Center is Dr. Michael Gamel-McCormick.

About The Division of Vocational Rehabilitation

The Division of Vocational Rehabilitation (DVR), a division of the Delaware Department of Labor, has essential partnerships with individuals with disabilities, advocates, and employers. DVR is a public program offered through the state of Delaware and helps people with physical and mental disabilities to obtain or retain employment. The mission of DVR is “to provide opportunities and resources to eligible individuals with disabilities, leading to success in employment and independent living.” The services offered to consumers from DVR include vocational assessment, employment planning, counseling and guidance, job placement, and job follow-up. Project CLIMB (Consortium Leadership and Independence through Managing Benefits) is offered through DVR to individuals who are working or interested in working and are receiving any type of public support benefits. The CLIMB program provides benefits counseling by trained Benefits Specialists. The counseling sessions include information on the impact of earnings on benefits, management of benefits when becoming employed, and reducing barriers to employment encountered by public support programs. DVR's commitment is to help people with disabilities increase their independence through employment. Dr. Andrea Guest is the Director of the Division.

About the Delaware Education Research and Development Center

The University of Delaware Education Research and Development Center provides the state with a developmental and inquiry capacity in support of efforts to reform educational policy and practice. The R&D Center currently partners with the Delaware Department of Education, U.S. Department of Education, National Science Foundation, as well as various private and charitable organizations. The mission of the R&D Center is “to be a major voice that informs education policy and practice.” The R&D Center addresses its mission through six areas of work: development work; data-based decision-making; studies, analyses, and publications; systemic reform evaluation; ad hoc evaluation support, and university support and service. The R&D Center acts as a link between the areas of educational research and practice. Dr. Andrea Noble is the Director of the R&D Center.
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Executive Summary

Interviews of Project CLIMB consumers, benefits counselors and Project CLIMB consortium members were conducted in order to determine the impact that the project is having related to benefits counseling for adults with disabilities. Staff of the Center for Disabilities Studies of the College of Human Services, Education, and Public Policy at the University of Delaware conducted 28 interviews with consumers from approximately 100 consumers who were contacted. In addition, four consortium members and benefits counselors were interviewed.

The content of the interviews conducted with the consumers included: household configuration, educational history, disability information, benefits currently being received, perception of Project CLIMB services, and perceptions of supports and barriers to employment. Benefits counselors and consortium members also were asked about Project CLIMB services and perceptions of supports and barriers to consumers’ employment.

Findings of the interviews included:

- Consumers indicated that benefits counselors were very helpful; they stated that the counselors were knowledgeable, friendly, organized, and follow-up with information and services when asked; of the strengths identified by the consumers, 30% of their comments mentioned the positive aspects of the benefits counselors;
- benefits counselors stated that the strengths of Project CLIMB included the confidentiality of the counseling; Consortium members stated that the strengths of the project were linked to the positive characteristics of the benefits counselors;
- over 60% of the interviewed consumers reported that they better understood the rules and regulations related to employment; over 57% of the consumers reported that they better understood how becoming employed would affect the benefits they received;
- consumers’ suggestions for improving Project CLIMB included adding more services to the project; the most common service requested by the interviewed consumers was having more benefits counselors available on a full-time basis;
- all of the benefits counselors interviewed stated that more staff was needed to enable the counselors to meet with more clients;
- consumers identified barriers to employment that were primarily personal barriers such as their own physical health and lack of specific job skills;
- consumers also stated that some of the barriers to employment consisted of systemic barriers such as availability of employment, lack of transition supports, and transportation;
- benefits counselors identified lack of job benefits as the primary barrier to employment; counselors felt that personal characteristics of consumers were a less important barrier but was still significant; and
- consortium members identified systemic barriers, including the availability of medical benefits, as the primary barriers to employment; they also mentioned personal barriers, including social and physical limitations.

The perceptions of consumers about barriers to employment indicate that they feel their personal characteristics and skills are the barrier while counselors and consortium members perceive that systemic issues are the primary barriers to employment.
Interviews of Consumers and Counselors: *Project CLIMB*

**Introduction**

During the summer and into the fall of 2003, consumers, benefits counselors and consortium members involved with the Division of Vocational Rehabilitation Project CLIMB services were interviewed to determine the impact that the program was having on consumers and their perceptions of the barriers to employment. Twenty-eight consumers, Project CLIMB benefits counselors, and four Project CLIMB consortium members were interviewed.

The consumers interviewed were from throughout the state and represented a variety of disabilities. Slightly more women than men were interviewed. The average age of the consumers was late 30s to mid-40s. The specific disabilities of the consumers included physical, cognitive, and mental health disabilities. For specifics on the backgrounds of the consumers interviewed see Tables 1-3 below.

<table>
<thead>
<tr>
<th>Demographics by Gender</th>
<th>Gender</th>
<th>Average Age</th>
<th>Primary Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>53.57%</td>
<td>Bipolar Disorder (26.67%)</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>46.43%</td>
<td>Depression and Hypertension (30.77%)</td>
</tr>
<tr>
<td></td>
<td>Female and Male</td>
<td>100.00%</td>
<td>Bipolar Disorder and Depression (28.57%)</td>
</tr>
</tbody>
</table>
Table 2. Female consumers interviewed and specific disability.

<table>
<thead>
<tr>
<th>Disability</th>
<th>Number of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bipolar Disorder</td>
<td>4</td>
<td>26.67%</td>
</tr>
<tr>
<td>Depression</td>
<td>2</td>
<td>13.33%</td>
</tr>
<tr>
<td>Mental Retardation</td>
<td>2</td>
<td>13.33%</td>
</tr>
<tr>
<td>ADD/dyslexia</td>
<td>1</td>
<td>6.67%</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>1</td>
<td>6.67%</td>
</tr>
<tr>
<td>Herniated disk</td>
<td>1</td>
<td>6.67%</td>
</tr>
<tr>
<td>Knee replacement</td>
<td>1</td>
<td>6.67%</td>
</tr>
<tr>
<td>LD/dyslexia</td>
<td>1</td>
<td>6.67%</td>
</tr>
<tr>
<td>Polymyocitis</td>
<td>1</td>
<td>6.67%</td>
</tr>
<tr>
<td>Retinitis Pigmentosis</td>
<td>1</td>
<td>6.67%</td>
</tr>
</tbody>
</table>

Table 3. Male consumers interviewed and specific disability.

<table>
<thead>
<tr>
<th>Disability</th>
<th>Number of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>2</td>
<td>15.38%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>2</td>
<td>15.38%</td>
</tr>
<tr>
<td>Back problem</td>
<td>1</td>
<td>7.69%</td>
</tr>
<tr>
<td>C5 Complete Quadriplegia</td>
<td>1</td>
<td>7.69%</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>1</td>
<td>7.69%</td>
</tr>
<tr>
<td>Down Syndrome</td>
<td>1</td>
<td>7.69%</td>
</tr>
<tr>
<td>Dwarfism-severe</td>
<td>1</td>
<td>7.69%</td>
</tr>
<tr>
<td>Left-sided brain injury</td>
<td>1</td>
<td>7.69%</td>
</tr>
<tr>
<td>Mental Retardation</td>
<td>1</td>
<td>7.69%</td>
</tr>
<tr>
<td>Sarcoidosis</td>
<td>1</td>
<td>7.69%</td>
</tr>
<tr>
<td>Stroke</td>
<td>1</td>
<td>7.69%</td>
</tr>
</tbody>
</table>

For more information on the demographic backgrounds of the consumers interviewed, including education level, household configuration, and household income, please see Figures 1-13 in Appendix A.

The following summary of the interviews with consumers identifies, from their perspectives, benefits that the consumers received from Project CLIMB and barriers that they feel remain in place regarding employment. Similar summaries follow from the points of view of benefits counselors and Project CLIMB consortium members.
Consumers’ Perceptions of Project CLIMB Services and Barriers to Employment

The consumers interviewed were overwhelmingly positive about the services they have received from Project CLIMB and were especially positive about the Project CLIMB benefits counselors. What follows is a summary of the benefits perceived by the consumers interviewed along with their perceptions of continued barriers to employment.

Benefits Counselors  When asked what services and supports they received from Project CLIMB, all of the interviewed consumers mentioned specific information and services they received from the benefits counselors. The consumers were often specific about the services they received from the counselors, noting the information provided to them about SSI/SSDI, employee rights under ADA, and job search assistance. Five of the consumers (17%) interviewed could not specifically remember Project CLIMB but did remember their benefits counselors and were able to describe specific services provided by Project CLIMB.

Comments about specific Project CLIMB benefits counselors included statements from consumers such as:

• “Excellent program…the counselor was very helpful;”
• “She helped me get a job.”
• “She helped me apply for SSDI and understand what happens when I get a job.”

Benefits Counselor Skills  The consumers interviewed also highlighted skills of the benefits counselors. The words they used to describe the counselors’ behaviors and characteristics included: friendly, personable, knowledgeable, organized, and encouraging. The consumers also said that the counselors followed-through with promises and provided guidance. In addition to identifying these characteristics about the counselors, the consumers were especially appreciative about these characteristics and conveyed that it was a pleasant experience to work with the counselors.

The only critical comments made about Project CLIMB were included during an interview with the parents of a consumer. The consumer, who was not present during the interview, lives in the parents’ household. The consumer’s parents had attended the benefits counseling on behalf of their adult child. The parents indicated that during the benefits counseling they were unable to receive answers to all of their questions. Specifically, they stated that “the counseling was primarily to find out what would happen to [our child’s] benefits when one of us went on social security. That answer was not clear.” The parents also indicated that the timing during which they received the counseling was not appropriate because, at the time of counseling, their son was not employed. They also
expressed frustration with other services not connected to Project CLIMB, including housing and transportation.

All of the consumers who were interviewed stated that they were satisfied with the services that they had received through Project CLIMB and indicated that the benefits counselors had provided the information in terms that the consumers were able to understand.

Perception of Project CLIMB  A majority of the consumers interviewed reported that they understood the services and supports that they received from Project CLIMB. Of the 28 consumers interviewed, over 60% (n=17) reported understanding the relationship of Project CLIMB to the various state and federal benefits programs. In addition, over 57% (n=16) reported having a better understanding of how becoming employed would effect the benefits they received. There were, however, a significant minority of the consumers (32%, n=9) who did not specifically remember receiving services from Project CLIMB or that the project was a separate service of the Division of Vocational Rehabilitation.

Those consumers who had a clear understanding of Project CLIMB as a specific set of services from the Division of Vocational Rehabilitation had a very positive opinion of the project. They stated that the project was “an excellent program” or that “they helped me understand about working.” No negative comments were made by consumers about the project.

Understanding Regulations and Employment Requirements  Although the consumers reported very positive relationships with the Benefits Counselors, and a positive opinion about Project CLIMB overall, they were divided about their ability to understand the relationship between employment and benefits. Approximately 61% of the consumers interviewed (n=17) reported that they better understood the rules and regulations related to employment and retaining their benefits such as Medicaid and SSDI. Many of these consumers stated specifically that they better understood the regulations. Representative comments included statements such as:

• “…she [the Project CLIMB benefits counselor] explained it in a way that I could understand it”
• “…she informed me of a lot of things that aren’t common knowledge”
• “I understood better about making money and getting a job”
• “I learned exactly how much I can make before losing benefits.”
• “I learned about pay ceilings and pay increases.”
• “I have less fear now about losing my SSI benefits.”

A 39% minority of consumers interviewed reported that they did not understand the requirements related to working. When asked if they better understood the requirements related to employment and the impact it could have on their
benefits, they generally stated that they did not remember very much of the counseling or that they did not understand the requirements.

A number of consumers interviewed stated specifically that Project CLIMB gave them an avenue to ask questions about their employment and their benefits. Three consumers specifically stated that they called their Project CLIMB benefits counselors to ask specific questions about their jobs, pay rates, wage raises, and promotions. One consumer said, “I was able to call [my benefits counselor] and ask the questions I needed to ask. She helped me understand.” While not mentioned by all consumers who were interviewed, having a mechanism to contact a benefits counselor about employment and benefits issues was important to a number of those interviewed. For specifics on the major strengths of the counseling and the major suggestions for improvement made by the consumers, see Table 4 below.

Table 4. Counseling Strengths and Suggestions for Improvement

<table>
<thead>
<tr>
<th>Strengths of Benefits Counseling</th>
<th>Suggestions for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• benefits counselors are friendly, personable, knowledgeable, organized, and they follow-up</td>
<td>• clearer explanations need to be given during counseling</td>
</tr>
<tr>
<td>• explanation of the information in terms I can understand</td>
<td>• meet with counselors more than once</td>
</tr>
<tr>
<td>• learned how much money I can make before I lose my benefits</td>
<td>• have more counselors in DVR available on full time basis</td>
</tr>
<tr>
<td>• private setting</td>
<td>• make program more public and more accessible to individuals with disabilities</td>
</tr>
<tr>
<td>• counselor could look up the specific policies and regulations for my benefits</td>
<td>• increased follow-up with clients after initial meeting</td>
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BARRIERS TO EMPLOYMENT  When discussing continued barriers to employment, the consumers interviewed identified barriers that were from two categories: personal and systemic. What follows is a summary of those barriers.

Personal Barriers  Consumers identified personal characteristics that limited their ability to search for and retain jobs. These personal characteristics included needing more training in a content area (e.g., technology, bookkeeping), additional education (e.g., college courses), or a general set of employment skills (e.g. interviewing skills, job coaching). Several consumers also stated that they have difficulty in finding a job for which they are both qualified and enjoy doing. Consumers also identified interpersonal skills that they felt limited their ability to
retain jobs. These included such skills as methods for reducing stress, skills for interacting with co-workers, and conflict management.

Consumers also identified a number of personal barriers directly related to their disabilities. Many of the consumers who had physical disabilities reported that it was difficult to find employers who would accommodate their disabilities with adapted physical space (e.g., desks and chairs) and adapted responsibilities. Learning to cope with the side effects of medications was also mentioned by consumers as a barrier to employment.

One consumer stated that she would like to see a job mentor program that would support an individual in a job and follow-up with her about how a job was proceeding. She felt that being placed in a job was not the difficult part for her, but that the unanticipated problems that arise after she has been in the position are the stumbling blocks for her. She felt that a mentor could help her problem-solve difficult interpersonal situations that would allow her to retain a position.

**Systemic Barriers**  Consumers had far fewer comments about the systemic barriers that limited their abilities to be employed. The most frequently mentioned barrier to employment was transportation. Those interviewed mentioned the unreliability of public transportation, the inaccessibility of public transportation and the unreliability of DAST (para-transit) services.

Also mentioned by the consumers was the difficulty in finding employment that was not minimum wage and service related. Many of those interviewed expressed a desire to work in jobs that would provide benefits and allow them not to be dependent upon Medicaid, SSI, or SSDI. However, they cited that entry level positions do not provide benefits. The perception of many of the consumers was that they could work and maintain their government benefits, especially those related to health care, but that there would come a time when they would make too much money to retain those benefits yet not make enough to pay for those benefits out of pocket, nor be in a job that provided those benefits.

A final systemic issue identified by the consumers was their perception of employers. Many of the consumers, particularly those with physical disabilities, reported that employers did not view them as viable employees. While they did not mention specific instances of discrimination, the consumers shared their perception that employers did not wish to hire persons with disabilities and especially did not wish to provide accommodations for persons with disabilities. Individual consumers were very detailed in describing the accommodations they would need to work in specific environments. They often stated that employers did not want or could not provide those accommodations. Examples included such accommodations as standing when working instead of sitting; having a sit-down job; breaks every 30 minutes; desks that are different heights; adapted chairs, and adapted bathroom facilities.
Table 5. Summary of Project CLIMB Services and Continued Barriers to Employment as Reported by Consumers

<table>
<thead>
<tr>
<th>Project CLIMB Services</th>
<th>Continued Employment Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• strong relationships with project Benefits Counselors</td>
<td>• need for specific content training or development of specific skill set</td>
</tr>
<tr>
<td>• Benefits Counselors have very good interpersonal skills and abilities</td>
<td>• lack of education on a college level</td>
</tr>
<tr>
<td>• strong specific skills of the Benefits Counselors</td>
<td>• need to develop specific interpersonal employment related skills</td>
</tr>
<tr>
<td>• positive opinion of Project CLIMB and its services</td>
<td>• minimum wage/service oriented positions</td>
</tr>
<tr>
<td>• Benefits Counselors who could be re-contacted about employment and benefits questions</td>
<td>• transportation</td>
</tr>
<tr>
<td></td>
<td>• employer attitudes</td>
</tr>
<tr>
<td></td>
<td>• lack of accommodations at employment sites</td>
</tr>
</tbody>
</table>

**General Comments about Project CLIMB** The consumers interviewed did have one additional set of comments about the project. Many of the consumers stated that they felt that the project should be better advertised among the disability community. One consumer specifically stated “CLIMB needs to be out there. We need this service.”

**Comments about Work and Life** A number of the consumers interviewed talked about the relationship of work to the other components of their lives. For these consumers, there was a general attitude that work was one part of their lives and that they needed other activities and relationships in their lives. One consumer talked about the importance of her church relationships, another about her choir activities. Another consumer stated that she liked the interpersonal aspect of her employment and wanted to make sure that this continued outside of work. Also, one consumer mentioned that more group homes and more afternoon activities are needed.

Finally, a significant minority of the consumers interviewed mentioned that they wanted the general public and especially casual acquaintances to see them for the individuals they were instead of their disabilities. They also mentioned that they felt that both the general public and service providers often did not understand their disabilities. One consumer mentioned how grateful he was for a counselor who understood his disability and was able to help him communicate it to other agencies.
Benefits Counselors’ Perceptions of Project CLIMB
Services and Perceptions of Consumer Barriers to Employment

The benefits counselors interviewed were overwhelmingly positive about Project CLIMB. What follows is a summary of the services as perceived by the benefits counselors interviewed along with their perceptions of continued barriers to employment for consumers of Project CLIMB.

Services Received by Consumers When asked what services and supports were received by their clients from Project CLIMB, the counselors mentioned that they had provided information on the impact of work upon benefits in addition to providing assistance in areas such as reporting income to SSI, employment, budgeting, and overall encouragement.

Comments about the Project CLIMB services from the benefits counselors included statements from the counselors such as:

- “…this is very necessary and the number of people we see validates that”
- “In the past year and a half, I have seen a big impact on how we’ve impacted the ability of disabled people to work and the realization that they can work.”

Benefits Counselors’ Perception of Project CLIMB None of the counselors interviewed had any negative comments about Project CLIMB. In fact, one counselor stated, “this is the greatest job I’ve ever had.” The counselors who were interviewed stated that, after counseling, consumers had a good understanding of the information about benefits and employment. Specifically, counselors mentioned that consumers received more specific information about the impact of work on benefits and that the majority of consumers have more understanding of the general guidelines after counseling.

When asked how consumers could gain access to the services from Project CLIMB, all of the counselors interviewed mentioned referrals, both from agencies and from DVR, and workshops provided to agencies and the general community. In addition to referrals and workshops, the counselors mentioned that consumers could learn about CLIMB at a DVR orientation and via word of mouth.

Understanding Regulations and Employment Requirements The benefits counselors were very positive about the ability of consumers to understand the regulations of benefits programs and the relationship between employment and benefits. All of the counselors stated that, after counseling, consumers have a better understanding of the benefits structure, more awareness of benefits information, and more specific information on the impact of working. Specifically, one counselor stressed that few consumers understand all of the rules
and regulations, but that the majority of consumers have more understanding of the general guidelines after counseling. Overall, the counselors seemed to indicate that consumers appreciate having the information broken down into steps that they can understand. Comments from the counselors included:

- “[Consumers are] more aware and less overwhelmed by benefits information…one [consumer] responded by saying, ‘Why didn’t anyone tell me this before?’”
- “The majority realize they can improve their standard of living without the fear of losing benefits and people realize that they have more options than they originally realized”
- “Clients get more specific information on the impact of working.”

In addition, one counselor mentioned that consumers often need ongoing counseling. Specifically, she mentioned that she counseled consumers to give her a call when they got a job and when they got their first paycheck. This is a demonstration of the willingness of the counselors to maintain contact with consumers after counseling.

**Strengths of Counseling** When discussing the strengths of the benefits counseling, the counselors stated that confidentiality was important to their clients. Specifically, one counselor stated:

- “The biggest strength is that we don’t work for SSI or one of the public support agencies…so when people meet with us people feel they can be completely honest with us.”

The accessibility of the benefits counselors and their willingness to listen to consumers were also cited by the counselors as being strengths of the counseling. One counselor specifically mentioned that the benefits counselors’ qualities, such as being compassionate, good listeners, and courteous, were strengths of the counseling. One of the counselors interviewed also mentioned that the summary letter that is mailed to consumers following counseling is an important piece because it breaks down the effect of income on benefits. In terms of how the counseling could be improved, all of the benefits counselors stated that more support staff were needed to enable the counselors to meet with more consumers.
<table>
<thead>
<tr>
<th><strong>Project CLIMB Strengths</strong></th>
<th><strong>Suggestions For Improvement</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• clients feel that they can share all information without the fear that it may impact upon them negatively</td>
<td>• more staff support to enable us to meet with more consumers</td>
</tr>
<tr>
<td>• benefits counselors do not work for one of the public support agencies</td>
<td>• no improvement needed</td>
</tr>
<tr>
<td>• realization by consumers that they can return to work and improve their standard of living</td>
<td></td>
</tr>
<tr>
<td>• specialists are compassionate, good listeners, and courteous</td>
<td></td>
</tr>
<tr>
<td>• summary letter sent to client following meeting</td>
<td></td>
</tr>
</tbody>
</table>

**BARRIERS TO EMPLOYMENT** When discussing continued barriers to employment that consumers face, as with the consumers themselves, the benefits counselors identified both systemic and personal barriers. What follows is a summary of those barriers.

**Systemic Barriers** The benefits counselors interviewed noted numerous systemic barriers to employment that are faced by consumers. These barriers included lack of medical benefits, lack of prescription coverage, and lack of work incentives. All of the benefits counselors interviewed noted that the lack of availability of medical benefits through employers has presented a barrier to employment for consumers. The counselors stated that many of their clients work part-time and that their jobs do not include a benefits package. For consumers who do work full-time, their jobs frequently do not come with benefits. The counselors also mentioned that returning to work often places consumers’ income above the Medicaid limit and, as a result, they can lose their medical benefits. All of the counselors interviewed also noted that the high cost of medications coupled with the fear of losing prescription insurance dissuades consumers from pursuing employment. One of the counselors interviewed stated:

- “I have one client who has Multiple Sclerosis (MS) and his medications cost over $1,000 per month and he was receiving Medicaid before returning to work. But by returning to work he was $50 over the Medicaid limit so he lost the coverage. When we called [an organization] to see if he could get any support they said, ‘tell him to quit his job.’”
A final systemic issue mentioned by the benefits counselors was the lack of work incentives available to encourage consumers to work. All of the counselors interviewed stated that the public support benefits should be more transitional rather than being taken away immediately after a consumer is over the income limit. One counselor suggested that a possible work incentive could be that consumers retain their benefits during a trial work period. Also, it was noted that the process of having to reapply for benefits after a job loss can be a deterrent to seeking employment. In addition, better understanding from employers and the availability of more jobs were noted as suggestions for providing work incentives to consumers.

**Personal Barriers**  Counselors had far fewer comments about personal barriers to employment for consumers. The personal characteristics that were identified included the need for increased skills and the need for jobs that consumers want. Also mentioned by the counselors was that consumers need to have a willingness to work and a strong work ethic.

Counselors did mention physical limitations and physical accommodations as a barrier to employment for some consumers. Specifically, one counselor stated that the physical problems that impact on stamina affect the ability of consumers to retain a position.

Table 7. Summary of Project CLIMB Services and Continued Barriers to Employment as Reported by Benefits Counselors

<table>
<thead>
<tr>
<th>Project CLIMB Services</th>
<th>Continued Employment Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• counselors explain the rules of the different public support benefits</td>
<td>• most of consumer’s jobs do not come with benefits</td>
</tr>
<tr>
<td>• consumers get more specific information on the impact of working</td>
<td>• lack of prescription assistance</td>
</tr>
<tr>
<td>• counselors break information into small steps for consumers</td>
<td>• public support benefits need to be more transitional</td>
</tr>
<tr>
<td>• consumers feel that they can share all information without the fear that it may impact upon them negatively</td>
<td>• process of reapplying for benefits if individual loses job</td>
</tr>
<tr>
<td>• benefits counselors who are compassionate, good listeners, and courteous</td>
<td>• impact of physical limitations of stamina</td>
</tr>
<tr>
<td></td>
<td>• better understanding from employers</td>
</tr>
</tbody>
</table>

**General Comments about Project CLIMB**  The benefits counselors interviewed did have one additional set of comments about the project. All of the counselors interviewed indicated that they have a high level of job satisfaction. Their statements included:
• “I love what I do...this is very necessary and the number of people we see validates that.”
• “I’ve had a lot of people who, after meeting with me, have at least attempted to return to work.”
Consortium Members’ Perceptions of Project CLIMB Services and Perceptions of Consumer Barriers to Employment

The consortium members interviewed were able to provide an overall perspective about Project CLIMB services due to their oversight involvement with the project. As a result, the consortium members interviewed were able to provide information on the role that benefits counselors and consumers play in the delivery and receipt of CLIMB services. In addition, the consortium members interviewed were able to offer their perspectives on the barriers to employment for consumers.

Benefits Counseling  When asked about the services and supports that consumers receive from Project CLIMB, the consortium members mentioned such phrases as “benefits counseling”, “educational sessions”, and “group presentations”. All consortium members interviewed also mentioned that consumers receive information about how going to work will effect the benefits they receive.

Consortium Members’ Perception of Project CLIMB  All of the consortium members interviewed stated that, after benefits counseling, consumers have a better understanding of how becoming employed affects the benefits they receive.

When asked about how consumers could gain access to the services from Project CLIMB, all consortium members interviewed mentioned that consumers are referred to the services from various sources. The referral sources mentioned included agencies, case managers, counselors, doctors, program directors, the Opportunity Center, Inc. (OCI), and the Division of Vocational Rehabilitation (DVR).

Understanding Regulations and Employment Requirements  The consortium members were very positive about the ability of consumers to understand how becoming employed affects the benefits they receive. The comments of the consortium members included:

• “Counseling helps them [consumers] to understand they can work and keep some benefits.”
• “They [consumers] are definitely better off as far as being motivated to work after the counseling.”

However, when the consortium members interviewed were asked if consumers had a better understanding of the requirements of the various state and federal benefits programs, the consortium members were unsure. One consortium member stated that it “may not be relevant for clients to understand this” and “that’s hard for anyone to understand.” Overall, the consortium members
interviewed indicated that it was more important for consumers gain an overall understanding of the impact of work upon their benefits rather than gaining an understanding of regulatory policies.

**Strengths of Counseling** When discussing the strengths of the benefits counseling, the consortium members mentioned that the benefits counseling provided comprehensive, comforting, and in-depth information. One consortium member stated that Project CLIMB services provided a “one-stop place to gain understanding” for consumers acquire understanding and that “there’s nowhere else they [consumers] can go to get all the information they get from benefits counselors.” Also, the ways in which the benefits counselors interact with consumers were mentioned as being key strengths. One example is this statement:

- “Benefits counselors are very knowledgeable and interact well with clients. Clients feel comfortable and feel that counselors are guiding them in the right way. Clients remember counselor’s names; something good is happening.”

When asked about ways in which the benefits counseling could be improved, the main theme that emerged from the comments of the consortium members was that there needs to be increased follow-up that is long term in nature. In addition, more outreach, more funding, increased organization of group presentations, and more training of staff were mentioned as suggestion for improving Project CLIMB.

One consortium member suggested that the counseling could be better if there were more of a direct relationship between Project CLIMB and the entitlement services such as SSI and Medicaid. In contrast, the benefits counselors interviewed stated that a strength of the project was that they did not work directly for an entitlement service. The benefits counselors interviewed stated that because of their autonomy consumers felt comfortable sharing information without the fear that it would be reported to an agency and impact upon them negatively.
Table 8.  Consortium Member’s Summary of Strengths of Benefit Counseling and Suggestions for Improvement

<table>
<thead>
<tr>
<th>Project CLIMB Strengths</th>
<th>Suggestions For Improvement</th>
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<tbody>
<tr>
<td>• knowledgeable counselors</td>
<td>• long-term follow-up with consumers to assess impact of counseling</td>
</tr>
<tr>
<td>• counseling helps consumers to understand that they can work and still keep some benefits</td>
<td>• development of an agenda for group presentations</td>
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<tr>
<td>• consumers feel comfortable with the counselors</td>
<td>• more of a direct relationship between CLIMB and entitlement services</td>
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<tr>
<td>• provides consumers with a motivation to work</td>
<td>• more outreach</td>
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<td>• increased staff training</td>
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<td>• more funding</td>
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**BARRIERS TO EMPLOYMENT**  When discussing continued barriers to employment that consumers face, the consortium members also identified systemic and personal barriers. What follows is a summary of those barriers.

**Systemic Barriers**  The consortium members interviewed noted numerous systemic barriers to employment that consumers face. These barriers included fear of loss of benefits, transportation, lack of universal medical insurance, increasing rent rates as a result of employment, and a lack of transition periods for working and retaining benefits. All of the consortium members mentioned systemic factors as providing barriers to employment for consumers. The two main systemic barriers identified by consortium members were barriers to benefits and barriers due to transportation. Specifically, consortium members interviewed stated:

- “The way things are now, it is not necessarily in the best interest of the individual to be employed due to potential loss of benefits. It’s a shame when people want to work.”
- “transportation is [the] number one [barrier]”

One consortium member also mentioned barriers due to a lack of work incentives and a lack of transition periods during which consumers can be employed and retain benefits.

- “It would be helpful to give mental health clients a work period where clients can keep entitlements, work incentives, keep rent rates from rising.”

The barrier faced by consumers of finding jobs that offer benefits was also touched on. One consortium member pointed out that a barrier exists in “finding
a job that would get them up to the level of benefits; if they’re working a minimum wage job it’s going to be tough to get benefits.” Overall, all of the consortium members indicated that systemic changes need to take place in order to increase the availability of benefits and to increase the availability of transportation.

**Personal Barriers** The consortium members had many comments about personal barriers that limit the motivation of consumers to work. Specifically, consortium members listed having a support system in place and the self-motivation of consumers as being key factors in employment success. The statements of consortium members on personal barriers included:

- “support from all areas, from families, counselors, job coaches, they need emotional support and transportation”
- “their desire to work, motivation to work”

Another area in personal barriers that was listed by the consortium members included self-esteem. The comments of one consortium member included, “people with low self-esteem and self-worth are difficult to motivate. Building up self-esteem and self-worth results in success. People need to believe in themselves.”

In addition, social and physical limitations that consumers face, including socialization problems at work and mental illness were listed as personal barriers. One consortium member also stated that regular treatment of their disability would help consumers to be permanently employed.

Table 9. Summary of Project CLIMB Services and Continued Barriers to Employment as Reported by Consortium Members

<table>
<thead>
<tr>
<th><strong>Project CLIMB Services</strong></th>
<th><strong>Continued Employment Barriers</strong></th>
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<tr>
<td>• consumers get a full understanding about the impact of benefits and work</td>
<td>• fear of loss of benefits</td>
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<tr>
<td>• knowledgeable counselors</td>
<td>• transportation</td>
</tr>
<tr>
<td>• clients feel comfortable with the counselors</td>
<td>• lack of work period transition time where clients can keep their entitlements</td>
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<tr>
<td>• educating clients on how to report income</td>
<td>• lack of support systems</td>
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<tr>
<td>• motivation to work</td>
<td>• lack of motivation to work</td>
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<td>• low self-esteem</td>
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**General Comments about Project CLIMB** The consortium members interviewed did have one additional set of comments about the project. One
consortium members stated that being on the consortium and the sub-committees had been a lot of work and suggested that the responsibilities of the consortium and sub-committee be separated in the future. Another consortium member stated that many of the barriers to employment were systemic items that needed to be changed at the federal level. In addition, the consortium members had the following comments about Project CLIMB:

- “would like to see more people get involved; more counseling”
- “would hate to see this program go away; would be a disservice to people; should be part of core services…they should look at commingling of funds from different sources to fund this program”

Summary of Perspectives of Project CLIMB Services and Barriers to Employment

The three groups interviewed for this evaluation, consumers, benefits counselors, and consortium members, overwhelmingly stated that they felt Project CLIMB was benefiting the consumers who have received services. In particular, from consumer perspectives, Project CLIMB benefits counselors are very valuable and effective in their ability to communicate the impact that employment will have on consumers’ medical, health, and prescription benefits as well as non-medical related benefits such as SSI and housing support eligibility. It is clear that these three stakeholder groups feel that the benefits counseling has accomplished its goal of communicating the effects of employment for consumers receiving disability benefits.

The three groups did, however, disagree on some of the continued barriers to employment for persons with disabilities. The consumers clearly felt that personal characteristics were significant barriers to employment. Their personal job skills, coping strategies and interpersonal skills were identified as barriers. Benefits counselors and consortium members, however, focused on systemic barriers as reasons why persons with disabilities continue to be under- or unemployed.
Appendix:
Figures of Consumer Data
Figure 1. Consumer Gender

Female
15.00 / 53.6%

Male
13.00 / 46.4%
Figure 2. Consumer Location

- New Castle: N=10 (36%)
- Kent: N=9 (32%)
- Wilmington: N=8 (29%)
- Sussex: N=1 (4%)
Figure 3. Consumer Age

Count

Consumer Age

23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64
Figure 4. Consumer Age by Category

- 50-65: 11 / 39%
- 40-49: 3 / 11%
- 30-39: 4 / 14%
- 22-29: 10 / 36%

Center for Disabilities Studies
Figure 5. Primary Disability

Primary Disability

Count

N=4 14%
N=3 11%
N=2 7%
N=1 4%

Bipolar Disorder, Depression, Cerebral Palsy, ADD/dyslexia, C5 Complete Quadriplegia, Down Syndrome, Herniated disk, LD/dyslexia, Left-sided brain injury, Polymyositis, Reinitis Pigmentosa, Sarcoidosis, Stroke.
Figure 6. Primary Disability by Category

- Physical: 12.00 / 42.9%
- Mental Health: 8.00 / 28.6%
- Cognitive: 8.00 / 28.6%
Figure 7. Secondary Disability of Consumers

- OCD: N=3, 18%
- Anxiety: N=2, 12%
- Hearing Loss: N=1, 6%
- Anxiety Disorder
- ADD
- Arthritis
- Bipolar Disorder
- Blackouts
- Diabetes
- Hypertension
- Learning Disability
- Manic Depression
- Post Traum Stress DIs
Figure 8. Tertiary Disability of Consumers

N=1
10%
Figure 9. Number of Adults 18 and Over
Living in Household, Including Consumer

- 4 people (21.4%)
- 6 people (25.0%)
- 7 people (28.6%)
- 8 people (28.6%)
Figure 10. Number of Children Under 18 Living in Consumer Household

- N=22 (78%)
- N=3 (11%)
- N=1 (4%)
- N=2 (7%)

Number of Children Under 18 Living in Household
Figure 11. Consumer Household Income

Per Year

Consumer household income per year
Figure 12. Consumer Household Income

By Category

- $5,000-10,000
  - 7.00 / 29.2%
  - 2 / 8.3%

- $10,001-20,000
  - 10.00 / 41.7%

- $20,001-35,000
  - 3.00 / 12.5%

- $35,001-55,000
  - 2 / 8.3%

- $55,001-75,000
  - 2 / 8.3%

- $5,000-10,000
  - 2 / 8.3%

- $10,001-20,000
  - 10.00 / 41.7%

- $20,001-35,000
  - 3.00 / 12.5%

- $35,001-55,000
  - 2 / 8.3%

- $55,001-75,000
  - 2 / 8.3%
Figure 13. Consumer Level of Education

- Certificate: 1.00 / 3.6%
- Less than H.S.: 2.00 / 7.1%
- High School/GED: 20.00 / 71.4%
- College and higher: 2.00 / 7.1%
- Associate's Degree: 3.00 / 10.7%
Figure 14. Consumer Homelessness Experience

Yes
9.00 / 32.1%

No
19.00 / 67.9%
Figure 15. Consumer Number of Moves Since Acquiring Disability

Number of moves since acquiring disability

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<th>12%</th>
<th>N=9</th>
<th>36%</th>
<th>N=4</th>
<th>16%</th>
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Figure 16. Consumer Primary Form of Transportation

- Car, drives self: N=11, 39%
- Car, family drives: N=4, 14%
- DART, family: N=3, 11%
- DART, walks: N=2, 7%
- DART, friends: N=1, 4%
- Paratransit, family: N=...
Figure 17. Recent Consumer Positions of Employment

- Clerical: N=9 (36%)
- Retail: N=4 (16%)
- Education: N=3 (12%)
- Food Service: N=2 (8%)
- Maintenance: N=1 (4%)
Figure 19. Consumer Hours Worked Per Week at Most Recent Job

- Less than 20: 7.00 / 33.3%
- 20-39: 8.00 / 38.1%
- 40 and greater: 6.00 / 28.6%
Figure 20. Consumer Current Employment Status

- Employed: 10.00 / 35.7%
- Unemployed: 18.00 / 64.3%
Figure 21. Consumers Receiving SSI Benefits

No

Yes

14.00 / 50.0%
Figure 22. Consumers Receiving SSDI Benefits

- No: 14.00 / 50.0%
- Yes: 14.00 / 50.0%
Figure 23. Consumers Receiving Medicaid Benefits

<table>
<thead>
<tr>
<th>Yes</th>
<th>20.00 / 74.1%</th>
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<tbody>
<tr>
<td>No</td>
<td>7.00 / 25.9%</td>
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</table>
Figure 24. Consumers Receiving Medicare Benefits

No
9.00 / 32.1%

Yes
19.00 / 67.9%
Figure 25. Consumers Receiving Section 8 Benefits

- Yes: 5.00 / 17.9%
- No: 23.00 / 82.1%
Figure 26. Consumers Receiving Benefits from TANF/ABC Program

Yes
1.00 / 3.6%

No
27.00 / 96.4%
Figure 27. Consumers Receiving Benefits from Food Stamps Program

- Yes: 9.00 / 32.1%
- No: 19.00 / 67.9%
Figure 28. Consumers Receiving Unemployment Income

Yes
1.00 / 3.6%

No
27.00 / 96.4%
Figure 29. Consumers Covered by Health Insurance

- Yes: 27.00 / 96.4%
- No: 1.00 / 3.6%
Figure 30. Consumer Insurance Coverage

- BC/BS, Medicare: 2.00 / 7.1%
- Medicaid: 8.00 / 28.6%
- Medicare/Medicaid: 8.00 / 28.6%
- Medicare: 4.00 / 14.3%
- Other: 6.00 / 21.4%
Figure 31. Location of Interview

- Consumer's home (majority)
- Phone
- Grotto's Pizza
- Border's Books
- Burger King
Acknowledgements

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~ Thank you
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