

**Tri-County November, 2005 Health and Benefits Training on Work and Disability: Summary of November Follow-Up Results**  
 (SurveyMonkey: A link to the follow-up survey was emailed to 66 participants who gave contact information on a sign up sheet during the training session. Of the 66 participants, 33 completed the follow-up survey, for a response rate of 55%).

1. First, please estimate how often within the past three months that you:						
	Not at all	One time a month	More than once a month	Once a week	More than once a week	Response Average
Attempted to access benefits planning information via the Internet, telephone or printed materials	28% (9)	<b>41% (13)</b>	16% (5)	6% (2)	9% (3)	<b>2.28</b>
Engaged in benefits planning activities with individuals with disabilities	27% (9)	<b>30% (10)</b>	24% (8)	12% (4)	6% (2)	<b>2.39</b>
Referred individuals with disabilities to other organizations for assistance with benefits planning	3% (1)	30% (10)	<b>42% (14)</b>	12% (4)	12% (4)	<b>3.00</b>
<b>Total Respondents</b>						<b>33</b>
(skipped this question)						<b>0</b>

**Note:** In comparing these results to those reported in the “anticipated increase in benefits counseling activities” section of the exit evaluation report, 72% of participants reported that they anticipated attempting to access benefits planning information via the Internet, telephone or printed materials at least more than once a month. Approximately three months after the training, exactly 72% reported actually engaging in this activity at least once a month (as these participants themselves predicted). 60% of participants who filled out the exit

questionnaire anticipated engaging in benefits planning activities with individuals with disabilities at least more than once a month, and 72% reported actually engaging in this activity at least once a month approximately three months after the training. This percentage **exceeds** expectations these participants had in how much they thought they would actually engage in these activities. Last, 71% of participants anticipated that they would refer individuals with disabilities to other organizations for assistance with benefits planning at least more than once a month, while 96% of the follow-up participants reported actually engaging in this activity at least more than once a month, approximately three months after the training. Again, this percentage exceeds the expectations participants had about how often they would engage in this activity.

2. As a result of the training, have you increased the number of times that you have engaged in benefits counseling activities?			
		Response Percent	Response Total
Yes	<input type="checkbox"/>	42.4%	14
<b>No</b>	<input type="checkbox"/>	<b>57.6%</b>	<b>19</b>
<b>Total Respondents</b>			<b>33</b>
<b>(skipped this question)</b>			<b>0</b>

**Note:** The exit questionnaire indicates that 64% of the training participants anticipated an overall increase in benefits counseling activities. Interestingly, of the participants who filled out the follow-up questionnaire, only 42% reported an actual increase in benefits counseling activities. Participants gave several reasons as to why they did not perceive an increase in these activities (see below for specific comments), but the percentages on the first question seem to contradict the answers given on the second question (exit evaluation participants reported that, as a result of the training, they anticipated an increase in the number of times they would engage in specific activities compared to the number of times they had engaged in the past. Their percentages on the first question either matched or exceeded their expectations of how much of an increase there would be.) It's possible that this reflects a bias in retrospect; perhaps several months after the training, they were unable to accurately recall how often they had engaged in benefits counseling activities before the training took place.

Please describe why or why not:	
<u>1.</u>	Honestly, I am still not that comfortable discussing this topic with client for fear of saying the wrong thing. Since the training I do more confidence but not enough for my comfort. I do refer clients to ILRC for benefits counseling and

	will continue to do since they are the experts.
<u>2.</u>	I feel I have a more knowledge about benefits counseling since the training.
<u>3.</u>	I do not work directly with individuals with disabilities. If they come to our school and need help, I will refer them to the DOR.
<u>4.</u>	With more information, I have more to share with my consumers.
<u>5.</u>	I have not had the request.
<u>6.</u>	I have more information to offer now.
<u>7.</u>	It supplemented my knowledge of benefits and work incentives and is practical in developing IPEs.
<u>8.</u>	Although I feel more knowledgeable since the training regarding benefits planning, there has not been a significant increase in the number of times I engaged in benefits counseling per week.
<u>9.</u>	There is to much technical information. Information is usually taught from a shot gun approach, and so participants need to sort it all out. Many of the employees responsible for the work and information do not know the specifics and may not have the critical thinking ability to provide accurate information. For example, I sent a client to CO Social Services to apply for Medi-Cal, yet they sent him to SSA with out obtain actual needs and concerns. After five tries, the applicant was referred to the correct agency to at least submit his application. The CO services did not know much info about the process.
<u>10.</u>	A very complicated process. It would appear that an extensive checklist outlining which benefit programs, salary limits-for work, etc. may prove helpful.

Participants' overall comments

Please describe what specific elements of the training session have been most helpful to you during the past few months:	
<u>1.</u>	I was able to pass out the brochures in your resource centers regarding this material.

<b>4.</b>	n/a
<b>5.</b>	All related to SSI
<b>6.</b>	Refresher as to benefits available.
<b>7.</b>	The reference notebook in general has been helpful.
<b>8.</b>	The Medicare and Work Incentives portions.
<b>9.</b>	I have a much better understanding of how work will affect my client's benefits. I am better equipped in assisting my clients in obtaining benefits, and know where to refer them to obtain help in applying for and accessing benefits planning material, agencies, etc.
<b>10.</b>	Referral information. The information is too technical for a Voc. Rehab Counselor to know in detail and provide correct information and provide such information on a one to one basis. The communities need experts who can provide information to those who need it.

6. As a result of the training, has there been an increase in the number of networking connections available to you?			
		Response Percent	Response Total
Yes	<input type="checkbox"/>	42.9%	12
<b>No</b>	<input type="checkbox"/>	<b>57.1%</b>	<b>16</b>
<b>Total Respondents</b>			<b>28</b>
(skipped this question)			5

**Note:** (see below for specific comments).

Please describe why or why not:

<u>1.</u>	Everything has remained the same.
<u>2.</u>	Not sure.
<u>3.</u>	Haven't accessed networking connections.
<u>4.</u>	n/a
<u>5.</u>	It opens the door to more consumers who may have or need benefits I now know more about.
<u>6.</u>	Met new people, connected names with faces, etc.
<u>7.</u>	Because I am aware of what other organizations that I can use.
<u>8.</u>	Please see response to question 4.
<u>9.</u>	There seems to be many web sites that can provide information. However, one must sort it all out, which can be difficult to many. In Santa Barbara I believe there is one person at ILRC who makes it her job to know about the SSA and Medical system. However, many other communities do not have such a person. People seem to need one to one consultation and advice.
<u>10.</u>	internet resources

**Note:** One participant's comment that everything has remained the same (when answers to question #1 reflects that this is probably not the case) gives me more confidence that for this sample, retrospective bias may be key in some of the percentages that have surfaced. But also note that I say this with caution and can only surmise, especially because it is the comment of only one participant.

If you were to do the training again, what would you say would be most critical for you to gain or learn from the training?	
<u>1.</u>	how to refer people
<u>2.</u>	Personally, I would have been fine with a general overview being that I direct people as to where to find information and services.
<u>3.</u>	I simply need to review what was stated in the training regarding health benefits after employment.
<u>4.</u>	Refresher

5. Any updated changes in policies and legislation.

6. It was already very helpful and well presented.

7. Spend more time probably on incentives to get disabled people back to work, like Ticket to Work.

8. How working affects a person's benefits.

9. Sort out the Working Disabled program and related benefits from those who do not plan to work but want to the correct medical insurance for their needs. Who does what in each community as far as medical coverage, i.e. Medi-Cal, etc, etc.

10. more local network contact. I trained outside of my local area.

Do you have anything to add that we haven't asked about?

1. This training should have been mandated by Medi-cal workers with the Human Services Department. This is

10. See #8.