

Understanding the Influences of Race, Disability, and Poverty on Employment:

Perspectives from Wisconsin Division of Vocational Rehabilitation (DVR) Participants Living in the Central City of Milwaukee



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Executive Summary

In May 2019, the Wisconsin Division of Vocational Rehabilitation (DVR) connected with the Vocational Rehabilitation Technical Assistance Center on Targeted Communities (VRTAC-TC), also referred to as Project E3, through colleagues at the Workforce Innovation Technical Assistance Center (WINTAC).

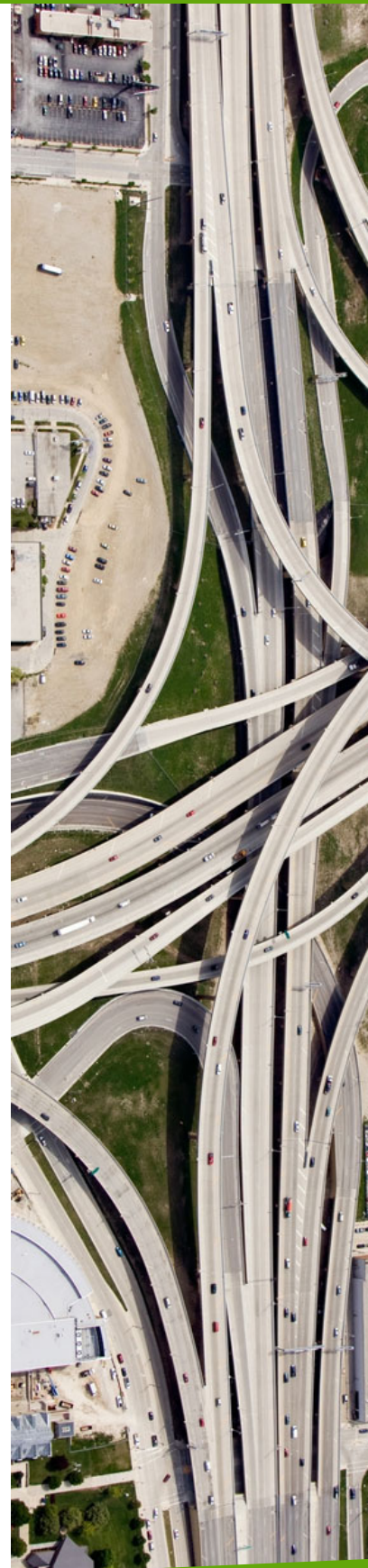
Project E3 and WINTAC serve as national technical assistance centers funded by the Rehabilitation Services Administration (RSA) to assist state vocational rehabilitation agencies with various aspects related to implementing the Workforce Innovation and Opportunity Act of 2014 (WIOA).

Wisconsin DVR expressed interest in gaining a better understanding of the employment service needs and perspective of program participants residing in the Central City of Milwaukee.

This geographic area has many strengths but also faces unique challenges related to a high percentage of community members experiencing concentrated and multigenerational poverty, rooted in structural and historical racism.

This report represents input from 30 residents of Milwaukee's Central City who were engaged with DVR and either pursuing employment and career opportunities or recently having exited the program.

A series of six focus groups were held at the Sherman Phoenix in Milwaukee in early October 2019; transportation and related supports were provided to encourage attendance. Participants shared insight and perspective into their experiences with DVR, their goals and aspirations for the future, and the challenges that poverty or lack of resources presents when seeking and engaging in employment.



Primary Themes Shared by Participants

1. The Importance of Effective Counselor Communication, Responsiveness, and Working Alliance
2. Concerns About Staff Turnover, Delays, and Lack of Time and Flexibility
3. The Influence of Race
4. Challenges Presented by Poverty
5. Participant Perspective on Improving DVR Services

The viewpoints shared by participants closely aligned with trauma experiences documented elsewhere across related disciplines. Trauma can result from exposure to ongoing stressors such as a chronic lack of resources, safety concerns, racial disparity, and uncertainty about the future.

For individuals living in low-income environments, these stressors can compound across generations resulting in trauma at the community level. Enhancing trauma-informed approaches, grounded in the principles of **safety, trustworthiness, choice, collaboration, and empowerment**, to service delivery and policies within DVR is recommended.

Furthermore, purposeful design of a trauma-informed framework across employment and workforce development programs may be helpful in addressing the needs of job seekers with and without disabilities, as well as provide relevant support to employers.

The evaluation team carefully reviewed all participant input and used the information to develop a set of near-term and longer-term recommendations.

The recommendations are intentionally designed to be practical and cost-effective with the goal of addressing participant concerns and suggestions for serving this community. The longer-term recommendations are intended to help inform policy and systems decisions with the potential to positively impact programmatic outcomes.



Near-Term Recommendations

1. Enhance Cultural Competency Among DVR Personnel
2. Enhance Trauma Awareness Among DVR Personnel
3. Engage Consumers as Partners in the VR Process
4. Counselor and Staff Self-Care, Health, and Wellness
5. Focus on Enhancing Communication & Responsiveness
6. Community and Regional Collaboration

Longer-Term Recommendations

1. Trauma Counseling Certification
2. State-Level Collaboration Around a Trauma-Informed Employment Framework
3. Explore Use of VR Innovation and Expansion Funds to Support Efforts
4. Expanding Mental Health Resources

The results, information, and recommendations shared in this report are designed to inform development of enhanced strategies to reduce barriers to DVR participation for individuals with disabilities. The input provided by participants was specific to the perspectives and lived experience of those residing in the Central City of Milwaukee.

While the recommendations were proposed with this geographic area in mind, they may also be helpful for consideration elsewhere in Wisconsin.



Acknowledgements

The Project E3 Evaluation Team thanks the following individuals for their assistance in designing, coordinating, and conducting the focus groups in Milwaukee. Many people contributed significant time and commitment to the project. Their assistance and conscientious efforts were essential in ensuring that evaluation efforts aligned with community and cultural considerations.

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Finally, the Evaluation Team sincerely thanks the DVR consumers who, through their time and effort, offered meaningful contributions across the focus groups. The insight, perspective, and honesty provided enhanced the evaluation process, data collected, and recommendations offered.



Introduction and Background

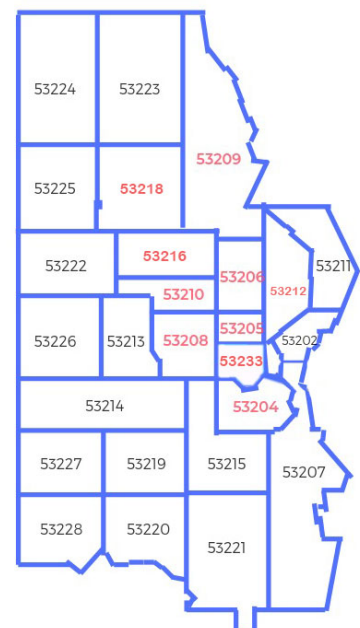
In May 2019, the Wisconsin Division of Vocational Rehabilitation (DVR) requested technical assistance from [Project E3](#) to gather input from residents living in the Central City of Milwaukee regarding the influence of race and community factors on engagement in vocational rehabilitation services.

Project E3, also known as the Vocational Rehabilitation Technical Assistance Center for Targeted Communities (VRTAC-TC), is a national initiative funded by the Rehabilitation Services Administration designed to work with state VR programs and their partners to better identify and serve underserved and/or economically disadvantaged persons with disabilities.

In defining underserved populations, specific focus areas include:

- **Adjudicated adults and youth**
- **Culturally diverse populations**
- **Recipients of Temporary Assistance for Needy Families (TANF)**
- **Individuals who have dropped out of high school and those who are functionally illiterate, (e) persons with multiple disabilities**
- **Individuals receiving Social Security benefits**
- **Individuals with disabilities experiencing poverty**
- **Youth with disabilities in foster care.**

During Wisconsin's 2018 Comprehensive Statewide Needs Assessment process, DVR identified a specific interest in better understanding the needs of persons of color residing in Milwaukee's Central City which includes the following zip codes: **53205, 53206, 53208, 53210, 53212, 53216, 53218, and 53233.**



It was suggested that life and community challenges in general presented barriers to consumers:

- Fully participating in employment training programs
- Obtaining and maintaining employment.

Chronic generational poverty is pervasive in the Central City of Milwaukee, and the community experiences unique considerations and barriers to employment that warranted further exploration to identify strategies to address them. The information shared in this report is designed to inform development of enhanced strategies to reduce barriers to DVR participation for individuals with disabilities living in this geographic area. While zip code 53206 is highlighted as an example, the issues identified extend to surrounding zip codes and the recommendations offered may be useful in considering area specific, regional, and statewide initiatives.

Scope of Technical Assistance Provided by Project E3 Staff

Project staff worked closely with DVR senior and regional leadership personnel to develop the targeted technical assistance plan. Preparation began in May 2019 and team-based targeted TA activities took place in earnest between August and December 2019. Data analysis and development of the report occurred between December 2019 and April 2020.

The Scope of Technical Assistance Activities Included:

1. Design of discussion (focus) groups (August 2019)

- Develop work team, including members of the targeted community, to assist in design process.
- Develop questions for discussion groups.

2. Structure/methodology of the discussion (focus) groups (August 2019)

- Number of people in groups.
- Length of sessions.
- Age groupings/demographics of participants.
- Number of groups to perform.
- Other factors.

- 3. Train/coach/support facilitators identified by Milwaukee DVR leadership (September 2019)**
 - Group facilitation skills
 - Research methodology for assessment design and implementation
 - Analysis of data collected
 - Stipend to facilitators for their work in the community.

- 4. Assist in supporting and facilitating discussion (focus) groups (October 2019)**
 - University of Wisconsin-Madison research support on-site.

- 5. Collection and analysis of data from discussion groups (October 2019)**
 - Record and transcribe all discussion group events.
 - Synthesize findings into key themes.

- 6. Participant support (September-October 2019)**
 - Provide funding to secure gift cards for all participants in discussion groups.
 - Coordinate support in the form of transportation, childcare, and snacks.

- 7. Develop report to summarize project activities, findings, and recommendations for use by Wisconsin DVR state and regional leadership (December 2019-April 2020).**

Historical Context of Community, Poverty, and Race in Milwaukee

Exploring the intersection of poverty, race, and disability is complex. However, recognizing that many factors are involved at both the individual and community/environmental levels helps us better understand the history, context, and disparities that influence decision-making, behaviors, and outcomes of individuals living in low-income communities.

Challenges faced by residents of these areas are often a result of prior system-level decisions based on structural racism, segregation, and discrimination that have long-lasting social justice implications.

Influence of Segregation and Discrimination Based on Race

Milwaukee remains one of the most racially segregated cities in the United States, [due in large part to historical 'redlining' practices](#) that occurred from the 1930's to the 1960's. Redlining is a term used to describe 'the discriminatory practices of denying minority populations access to equal loan and housing opportunities'.

Redlining practices were used by financial institutions to determine the level of desirability and perceived risk in lending to residents of specific neighborhoods. The practices, based on the racial biases of evaluators and ingrained discriminatory prejudices of the system, resulted in entire neighborhoods being categorized on maps. Communities comprised mainly of white residents were typically assigned the highest ratings.

Conversely, neighborhoods comprised primarily of non-white minority populations were ascribed the lowest ratings and subsequently denied access to the financial resources needed to purchase homes and related asset building. The communities with higher ratings typically included lake front property and the suburbs surrounding the city. The Central City of Milwaukee, comprised primarily of Black and Non-White Hispanic populations, received the lowest ratings.

Structural discrimination negatively affects individuals and communities, resulting in disparities in access to economic opportunity and education. Higher incarceration rates are frequently a result of systemic poverty in these communities.

Residential segregation as seen through the redlining process, is a major cause of differences in health status between African American and White people because it can determine the social and economic resources for not only individuals and families, but also for entire communities (Williams & Collins, 2001).



It creates disparities in access to the resources needed to support quality public education given that most school districts generate their income locally through property taxes.

This translates into very different opportunities and funding patterns across school districts (Pager & Shepard, 2008). Without a strong public-school system, it becomes increasingly difficult to attract the employers needed to foster economic growth.

The historical practice of redlining defined entire communities and generated further inequity for African Americans living on the North Side in Milwaukee. Despite the advent of federal legislation making it illegal to discriminate based on race through passage of The Civil Rights Act of 1964 and The Fair Housing Act of 1968, patterns of racial segregation persist.

As noted by the University of Wisconsin Applied Population Lab,

“Eighty years after Milwaukee's neighborhoods were coded, their racial demographics still bear striking similarities to the historic redlining map.” (Levine, 2019).

See Appendix 1 for maps highlighting the 1938 redlining map and corresponding 2018 racial/ethnic demographics of Milwaukee by neighborhood.

The lack of jobs and economic prospects in the 53206 zip code and nearby community directly influences residents of the area. According to Marc Levine, senior fellow and founding director of the [University of Wisconsin-Milwaukee's Center for Economic Development](#) , the [lack of economic mobility in the neighborhood "is astounding."](#)

The lack of economic opportunity, along with educational challenges, transportation issues, safety concerns, and other daily stressors result in multiple compounding disadvantages that are concentrated into a defined geographic area.



[An interview highlighting challenges faced by the 53206 community is available.](#) Additionally, **the documentary Milwaukee 53206** underlines the toll that incarceration takes on individuals and families.

Concentrated poverty and lack of economic mobility. The historical redlining practices contributed to deep economic and racial divides in Milwaukee, resulting in specific neighborhoods at high risk for multi-generational poverty.

The community encompassed by zip code 53206 is an example of such a neighborhood as evidenced by recent demographic data in the following table:

Table 1. Basic Comparison Demographic and Economic Data for Zip Code 53206*

Indicator	State of Wisconsin	Milwaukee County	Zip Code 53206
Median Household Income	\$60,773/year (\$5,064/month)	\$27,000/year (\$2,250/month)	\$19,000/year (\$1,583/month)
Median rent (2012-2016)	\$819/month	\$859/month	\$840/month
Poverty rate (2012-2016)	12.3%	22%	51%
Supplemental Security Income rate	118,112	43,119	Data not available for this report.
Fraction Non-White	19.04%	46%	98%
Fraction Single Parents	31%	47%	85%
Incarceration rate	1.47%	5.2%	7.7%
High School Graduation Rate	89.6%	75%	N/A (58.2% for Milwaukee Public Schools)
Home ownership rate	67%	48.9%	34% (down from 39% in 2000)
Fraction with short work commutes (<15 minutes)	37%	23%	4.4%

*Source: [Basic Comparison Demographic and Economic Data for Zip Code 53206](#)

The federal poverty guidelines are updated annually and serve as a measure in determining eligibility for various public programs based on the premise of the minimum income needed to maintain basic needs. In 2019, the poverty guideline for a household of one was \$12,490/year (see Table 2).

Nearly one-fifth of households located in the 53206-community reported **annual income under \$10,000 a year**, forming a concentration of residents living in *extreme* poverty defined as households or individuals with income below 50 percent of the poverty level. **In comparison to surrounding communities, the poverty rate in 53206 was six times greater** than the Milwaukee suburbs.

Table 2. United States Federal Poverty Guidelines for 2019*

2019 Poverty Guidelines (100%)

1	\$12,490/year (\$1,041/month)
2	\$16,910 (\$1,409/month)
3	\$21,330 (\$1,778/month)
4	\$25,750 (\$2,146/month)

* Source: [2019 Poverty Guidelines](#)

The impacts of microaggression. The impact of discrimination occurs at both individual and structural levels. [Discrimination is a social stressor that has psychological and physiological effects on individuals that can compound over time and can lead to long-term negative health outcomes.](#)

The historical redlining practices are examples of major structural discrimination.



However, everyday discrimination also involves ongoing and routine experiences of unfair treatment based on race, gender, disability, economic status, and sexual orientation.

This includes being treated with less courtesy or respect than other people, being treated differently, or feeling harassed or threatened.

Furthermore, microaggressions, the intentional or unintentional slights experienced by members of marginalized groups, are deeply connected to the realities of historical trauma and systemic oppression.

Examples of common microaggressions include being ignored, overlooked, underestimated, stereotyped, the subject of jokes, “color-blindness” (statements such as “we are all the same” or “race doesn’t matter”), with members of majority groups trivializing or minimizing these comments and behaviors.

The research is clear that microaggressions directly contribute to chronic stress, also referred to as “toxic stress”, and have negative impacts on the physical and mental health of African Americans (Hall & Fields, 2015). Microaggressions related to gender, disability, and class can further compound the effects.

Social Determinants of Health

In recent years, researchers and policy makers have raised the importance of better understanding Social Determinants of Health (SDOH) and how they impact key aspects of life including employment, education, and participation in programs. Social determinants of health are defined as, “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks”.



Economic, social, and physical conditions in these various environments and settings (e.g., school, church, workplace, and neighborhood), also referred to as “place”, all have significant influences on quality of life, health, and related outcomes.

Employment and economic stability are important factors defining health as noted by the World Health Organization (WHO, 2019).

The five key domains of SDOH are:

1. Economic Stability (including employment, food insecurity, housing instability, and poverty),
2. Education,
3. Health and Health Care (access and health literacy),
4. Neighborhood and Built Environment (access to healthy food, crime and violence, environmental conditions, quality of housing), and
5. Social and Community Context (discrimination, incarceration, social cohesion).

[Social determinants often originate in historical practices](#), resulting in longer-term impacts at the individual and community levels. Subsequently, residents of impoverished neighborhoods are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy.



Examples of *social determinants* include:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- Culture

Individuals living in low-income communities often experience more adverse health outcomes than others, with poverty serving as both a cause and result of disability.

For example, **the risk for chronic conditions such as heart disease, diabetes, and obesity are higher among those with the lowest income and education levels** (Braveman et al., 2010). Additionally, people with disabilities, particularly those representing racial and ethnic minorities, are exposed to the effects of poverty at higher rates than other groups (Brucker et al., 2015).



Milwaukee County recently passed an ordinance focused on advancing racial equity and improving health outcomes. This important resolution recognizes racism as a public health crisis.

The *Racial Equity Budget Tool*, a structured racial equity lens to critically assess the impacts of budget decisions on communities of color, will be used to better understand who benefits and who burdens from decisions. [Importantly, Milwaukee County officials are striving to transform services across five key domains, including building a diverse and inclusive workforce.](#)

Impact of Concentrated Poverty on Decision-Making

Why is it imperative to understand the effects of race, poverty, and discrimination? These factors independently are important, but together they compound and create complex individual and societal issues.

Historical decisions based on racial discrimination directly impacted economic opportunities for entire communities contributing to generational poverty.

Recent research clearly illustrates the impact that generational poverty (“scarcity”) or the lack of resources over an extended period of time, has on individuals and families (Hall, Shafir, & Zhao, 2014; Mullainathan & Shafir, 2013). Behaviors such as impulsivity, low engagement, and poor decision-making may all be results or symptoms of scarcity.

Individuals and families in urban communities experiencing the conditions of high stress and multiple traumas associated with chronic poverty may have lifestyles that appear chaotic and disorganized, inconsistent and/or conflicted relationships, and a focus on crisis-oriented coping (Collins et al., 2010). **Living in “survival mode”, trying to make it through the day or week, creates a “mental tax” that substantially increases the risk for depression and anxiety.** Just thinking about scarcity increases stress, and survival requires a disproportionate amount of cognitive and emotional resource (Mullainathan & Shafir, 2013).

In considering this, we have the opportunity to better understand the lived experience of individuals with disabilities living in low-income communities and use the knowledge gained to inform enhanced approaches and strategies across practice and policy to improve outcomes for these individuals.



Focus Groups

Methodology

Internal planning for the focus groups began in earnest during August 2019 and included key representatives from the Wisconsin DVR state and regional leadership teams and personnel.

DVR Personnel Involved

Statewide Leadership Team: Delora Newton, Meredith Dressel, Allison Gordon, Diana Kiesling, Anna Eggebrecht, Kathleen Enders, and Andrzej Walz-Chojnacki

Milwaukee Leadership Team: Lea Collins-Worachek, Hal Ackerman, Jennifer Fogarty, and Suzanne Walters

Focus Group Facilitator Consultants

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Community-Based Participatory Research (CBPR) and Culturally Responsive Evaluation (CRE) processes involving close collaboration between Wisconsin DVR, evaluators, and the community were used throughout the project. The intent was to better understand the experience and needs of residents of the Central City of Milwaukee, and use the knowledge gained to inform future efforts.

CBPR is a collaborative approach that equitably involves community members, stakeholders, and evaluators in the process. It recognizes the unique strengths presented by each and combines knowledge and action to promote positive change (Collins et al., 2018). CRE methods further ensured engagement with diverse segments of the community to effectively integrate contextual dimensions, and respect important cultural aspects and perspective throughout the process (Westaby et al., 2019).



A small group of state agency personnel and evaluators initially met in late May 2019 to discuss Wisconsin DVR’s preliminary needs, identify a meeting schedule, and invite additional individuals into the planning process.

Throughout June and July, the team expanded and began focusing their evaluation questions and identifying what they hoped to achieve.

Over the course of August and September, the team concentrated efforts on the development of focus group questions, established a plan for recruiting participants, identified and engaged experienced facilitators from the community as consultants, arranged for logistics (meeting space, meals, participant transportation, childcare, and gift cards), and scheduled the focus group target dates.

A total of six, 2-hour focus groups, stratified by age, were held on October 1-2, 2019 at [the Sherman Phoenix](#). The location was intentionally selected by DVR personnel due to its close proximity to the targeted community as well as the organization’s mission to serve as **“a model for healing our city by generating positive economic and social returns in communities of color”**. Three consultants were invited to serve as skilled facilitators, all were African American men familiar with the Milwaukee’s Central City.

The planning team specifically arranged the sessions across multiple days to offer flexibility in meeting participant scheduling needs and included morning, afternoon, and early evening options. The timing of age-specific focus groups was altered to provide additional flexibility.

Table 3. Focus Group Dates and Number of Participants by Age

Time	Tuesday, October 1 st 2019	Wednesday, October 2 nd 2019
9:30am-11:30am	Age 46+ y/o (n=6)	Age 25-45 y/o (n=4)
12:30pm-2:30pm	Age 25-45 y/o (n=6)	Age 46+ y/o (n=8)
4:00pm-6:00pm	Age 18-24 y/o (n=2)	-
5:30pm-7:30pm		All Age Groups (n=4)



Participant recruitment, incentives, and involvement

DVR personnel in Milwaukee reviewed internal case files to identify potential contributors and invite them to participate in the focus groups via convenience sampling. **A copy of the phone script used to recruit participants via phone is available at Appendix 2.** All individuals were current or former DVR consumers residing in the targeted community who identified as African American, biracial, or multi-racial.

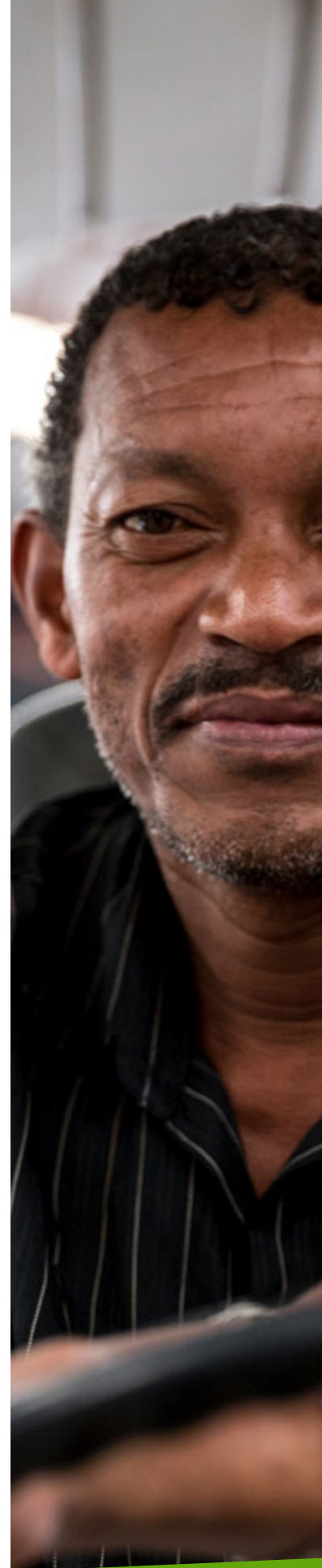
Participants were offered city bus passes for themselves and a companion, as needed, in advance to help mitigate expenses and transportation barriers, and encourage attendance. Additionally, disability accommodations such as interpreters were arranged and provided based upon individual participant needs. Invitees were informed in advance that childcare would be available on-site via a qualified provider at no cost to participants.

A total of 60 participants were recruited and confirmed for the focus groups, 10 in each of the six planned sessions. A total of 30 individuals (12 males and 18 females) participated across the two-day period; with poor weather impacting the anticipated turnout rate on both days.

A written informed consent process was used, and evaluators were available to read the consent form and answer questions prior to participants confirming consent. **A copy of the consent form used by DVR is available at Appendix 3.** Refreshments were provided on site and DVR consumers who participated in the focus groups were offered a \$40 gift card following each session. Consultants, each with background and familiarity with the community, facilitated 60-90-minute focus groups using a series of semi-structured interview questions.

Debriefing sessions were held with the DVR personnel and facilitators following the focus groups to provide an opportunity for input and reflection. **A copy of the focus group interview questions and the questions used to guide the debrief discussions are available in Appendix 4 and 5.**

The six focus groups were recorded, and the audio was subsequently transcribed. Qualitative content analysis techniques were used to identify key themes that emerged from the sessions based on participant input.



Central Findings & Themes

Participants across the six sessions provided valuable information and perspective that illustrates a positive view and demand for the DVR program. Many of the comments focused on the trials of living with limited resources in a community challenged by the enduring effects of chronic poverty and trauma. Overlap across central themes exists as it can be challenging to isolate issues within complex topics and contexts. The evaluators opted to include all relevant information to ensure participant voice was duly conveyed.

Importance of Effective Counselor Communication, Responsiveness, and Working Alliance Participants shared the importance of good communication between counselors and consumers, strong appreciation for counselors that listened and helped address barriers, and the significance of having DVR provide quick responses via phone, email, and text. Counselors that provide direct connection to educational and employment opportunities and those with a thorough knowledge of the opportunities available in the community are preferred.

Participants also expressed a strong interest in working, improving their lives and financial situations, and creating better futures for their children.

Appreciation was acknowledged for counselors who respond quickly, yet also empower and push individuals to try things for themselves.

Specific Participant Comments:

“I was surprised and happy to feel like I was addressed and heard.”

“I had a very good counselor that communicated with me on a regular basis.”

“I want to contribute, and DVR helped me prepare for work, not just sit at home.”

“They [DVR] have helped me tremendously as far as getting a job in my field.”

“The services that I received have been very beneficial in my success.”

“I would definitely say that the purchase of this device has afforded me a better way of living and being able to continue in my effort to contribute to society.”



Concerns About Staff Turnover, Delays, and Lack of Time and Flexibility

While participants noted appreciation for DVR services throughout the conversations, strong themes also emerged regarding concern over:

- Lack of consistency in staffing
- Counselor turnover and case transfers
- Counselor stress
- High caseloads

Participants shared frustration over these issues as well as genuine concern that counselors and offices do not have the resources needed to effectively serve their community.

Participants specifically noted that counselors need to:

- Listen more effectively,
- Spend more time with consumers if they [consumers] are making the time to travel to DVR offices to meet in person, and
- Have more flexibility in using other methods to meet and communicate.

Additionally, participants expressed the need for improved communication, follow-through, and follow-up and reflected that counselors are too busy, the VR process is unclear, and takes too long.

They shared that it's easy for consumers to fall through the cracks as some counselors appear to lack compassion and understanding for the challenges experienced by members of the community.

Staff Turnover

Participants shared that their counselors change frequently, and it can be challenging to keep forward momentum going with educational and employment processes when staff changes occur.



Specific Participant Comments:

“It’s just not happening because there’s so many different counselors that I’ve been through...It’s just kind of frustrating because they know everything about you. Then when you meet that next counselor or assistant, you have to do everything all over again.”

“Everything seems to be fine and then they transfer me to different counselors quite often...having so many different counselors, I again just get passed from one to the other. What’s the problem?”

“I had so many different counselors, I feel like I can never reach my goals by being passed along so often.”

“Being passed around to different counselors. Since I started DVR, I’ve had three different counselors and now at this point I don’t even have a counselor.”

“They just be under too much stress. They need some help. They need more, ah, more people.”

“I felt like I slipped through the cracks.”

Communication and service delays

Participants noted that communicating with counselors can be challenging. Many follow-up attempts are often needed to get action by VR counselors and staff which is frustrating. It was stated that communication difficulties and time lags can have negative consequences on consumers’ employment opportunities.

Specific Participant Comments:

“It’s hard for me to get anybody over the phone.”

“I have to continue to press and press and press for something to happen. And that’s frustrating. Very frustrating.”

“Some of the challenges that we face or some of the challenges that are there really just come from a lack of communication.”

“The DVR process took a long time.”

Need for More Counselor Time, Flexibility, and Responsiveness

Participants consistently stated the lack of responsiveness from counselors and delays in communication and service approvals, connecting it to staff being too busy. They noted that their time with counselors tends to be fairly short and there is a sense of being rushed. Several participants commented on the amount of time and energy that goes into commuting to their DVR appointments due to office locations and transportation challenges. DVR customarily schedules 60-minute appointments with consumers.

However, a commute time of 60-90 minutes using public transportation is common in this community. Due to transportation delays, it is not unusual for consumers to arrive late, thus leaving only 10-15-minutes to meet with their counselor. Participants noted that it can be very frustrating if they arrive late due to delays with the public transportation system only to be told they need to re-schedule; with appointment openings not being available for several weeks.

Participants reflected on staff seeming rushed, stressed, overloaded and mentioning this regularly during meetings with consumers. There were consistent participant comments noting feelings of being dismissed, not truly listened to, and occasionally talked down to. Participants suggested that DVR counselors need to better understand the challenges that individuals in the community experience as they impact consumer involvement in services.

Specific Participant Comments:

“Make people feel more comfortable...do you realize who you are working with?”

“I had limited contact with DVR even though I was in the program. There was no one come in every week, sitting down and asking how you doing? What's going on with you?”

“I feel like they need to go through training to learn how to relate to people.”

“They need to better understand us. I mean, because I feel like some of them don't come from the same background as us... they don't understand what's going on and they can't relate to us.”

“Take time to try to know us. I mean understand us...that way you can better help us. When you know more, you can help us better.”

“I know they're probably overwhelmed with, you know, the consumers that they have.”

“More VR counselor/staff training is needed in interpersonal skills. The staff always seem stressed and overloaded...”

Specific Participant Comments Continued:

“Counselors need better interpersonal skills, no texting during meetings. That text message was more important than me sitting there, that's how I felt.”

“The type of people they work with they need to be coached or maybe they need refreshers and ethics and just how to deal with them or whatever.”

“Being able to get a full, complete understanding of a person, who the individual is.”

“I try to get a hold of my counselor and now she's booked up with so many...they won't even answer their phone.”

Young adults and their parents provided insight and comparison between their experience with DVR general services and those they received through the Wisconsin PROMISE initiative. PROMISE was a federally funded demonstration project conducted in partnership with the U.S. Department of Education-Office of Special Education Programs (OSEP), the Social Security Administration (SSA), and the U.S. Department of Labor (DOL).

In Wisconsin, the Division of Vocational Rehabilitation (DVR) provided leadership in applying for and overseeing the initiative which enrolled 2,024 low-income youth with disabilities receiving Supplemental Security Income (SSI) and their families. Project participants randomly assigned to the PROMISE Services (treatment) group were provided with an array of evidence-based practices focusing on improving employment rates and earnings.

DVR program personnel were trained in trauma-informed practices and continuously engaged with and met participants flexibly in order to support families experiencing the effects of poverty. Specifically, the Milwaukee focus group participants noted distinct differences in communication and rapport with the counselor and recommended that the program needs more counselors using these [PROMISE] approaches.



Influence of Race

Participants across all age groups expressed a long-term understanding of this topic. Stress related to being part of a racial minority group was a consistent theme along with feeling the need to work harder and go above and beyond white counterparts to prove oneself.

Despite the additional effort, participants mentioned numerous examples of feeling they were not treated equally in the workplace. While limited examples of overt discrimination were discussed, participants overwhelmingly described the daily and compounding stress related to the microaggressions experienced as people of color.

Participants across age groups did not state feeling that they were treated differently or unfairly by DVR personnel because of their race. Rather, responses and comments about race centered primarily on their experience societally beyond their community and in employment environments.

Participants age 46 years and older reflected on being hired for jobs specifically to meet employer quotas rather than for their knowledge, skills, or experience. They also reflected on challenges in dealing with racist remarks, glances, and the feeling of needing to outperform non-minority co-workers yet not receiving the same career advancement opportunities.

This led into expression about internal conflict around trust regarding who to trust and feelings of being used to meet the needs of others. There was mention of the challenges concerning the expectation to speak “correctly” around white colleagues. Additionally, a participant identifying as multi-racial noted feelings of uncertainty about identity and not fitting in within either predominantly black or white communities.

Specific Participant Comments:

“We fight even harder for the thing that you know that you can do or that you're qualified to do, for the chances that are given to you. It's just so tedious to get there because it's such a struggle. It's not fair.”

“The way they look at you sometimes makes you uncomfortable.”

“The minute I wake up, I think about it [race].”

“You gotta be twice as better than the white folks.”



Challenges Presented by Poverty

Strong themes emerged around the chronic stress of living in concentrated poverty including fears related to safety, violence, lack of resources, lack of opportunity, and related trauma. Participants shared feelings of depression, hopelessness, and disempowerment related to their circumstances.

The threat of gun-related violence and the toll this has on health was clearly stated. Participants expressed feeling unsafe in their neighborhood, but concern was centered primarily on the welfare of their children and young people more than themselves. There were strong and consistent themes focusing on the stress of growing up and living with limited resources, with an emphasis on the significant challenges presented by transportation barriers.

Specific Participant Comments:

"It's hard for me to send my child out and play or catch the bus...it's so dangerous over there. Anything can happen."

"I mean, overall what keeps me going in life is my kid. I mean, if it wasn't for her, I probably would have gave up on all this."

"I mean, we all got obstacles that's being thrown at you and life itself. I mean you feel like you're not going nowhere with it."

"Then I wouldn't have to worry about my child getting kidnapped...or my son going to jail."

"I'll protect my kid so much in life that it hurts..."

"I smile and stuff because I want them [neighborhood residents] to know I'm not bad blood. You know, because if you look at them wrong, they might shoot you because you looked at them. It hurts your brain just trying to be nice every single day."

"All that gets me up is my kids, cause I'm in a depression with this life."

"I never had anything. I'm a failure. I want to tell the kids to finish school...I didn't have an education. I was stuck."

"It's like the glass ain't half full, it's half empty."

"Hard with no money."

"It can be a problem...getting on a bus at night, especially if it's a third shift or a second."

"Not all the time I want to see you face to face. I mean I live all the way on the other side of town. I mean that's a lot of bus riding just to be in your face for 10 minutes."

Specific Participant Comments Continued:

“My DVR counselor, I don’t think comes closer to my area... sometimes even getting from my house to over there and I keep on telling him because I’m not a bus rider that, I mean, I’m not gonna make it there when you want me to.”

“I got to catch two buses, not one bus to get from my home to [DVR office], I mean, and depending on which one, first of all, one of them taking all out of the route just to get there. Then the other one drops you off like four blocks away from the location and you gotta walk the long blocks on 91st street. And if you five minutes late, guess what? They do not want to see you and they’re going to turn you right back around.”

Additionally, there were challenges conveyed regarding lack of jobs and opportunity in the Central City of Milwaukee requiring participants to travel to the suburbs. Difficulty was noted in terms of transportation options, cost, and navigating the workplace as a minority in predominantly white environments.

“I get looked at differently.”

“And people look at us all the same, but we’re not all the same. That’s how I feel.”

Themes also emerged around wanting to improve the community and create better opportunities for their children.

“So just being able to help the communities around us I think will be like a plus for us.”

“I want my daughter to be successful. I want her to be able to live on her own, to be able to buy her own things and you know, go to school, to higher education.”

Participant Perspective on Improving DVR Services in 53206 and Surrounding Zip Codes
in response to a question specifically requesting input and recommendations on how DVR services can be improved, participants offered input across three distinct areas:

- Marketing and outreach
- Collaboration
- Dedicated personnel to help improve responsiveness

Marketing and Outreach

Participants expressed strong recommendations for DVR to conduct outreach and marketing regarding their services. There was consensus across groups that DVR is a valuable program that more people in the community could benefit from, but there is currently a lack of knowledge that the program exists.

Young adults and parents mentioned the need for a user-friendly website and a social media presence. If these communication tools exist, community members are not aware of them.

Interestingly, those age 25 years and older also strongly recommended that marketing and outreach be focused on younger individuals in the community as a strategy for addressing generational poverty and providing the opportunity to improve lives. Participants shared that they primarily learned of DVR from neighbors or word-of-mouth but felt strongly that others in the community should know about DVR as they could potentially benefit from the services.

Specific Participant Comments:

“They need to advertise. “

“More advertisement...because they have a lot to offer.”

“It was individuals who knew that it existed...they got us connected.”

“It was more word of mouth. they do need advertising or networking or something.”

“Most people do not know what the DVR is.”

“People don't even know that it's out here.”

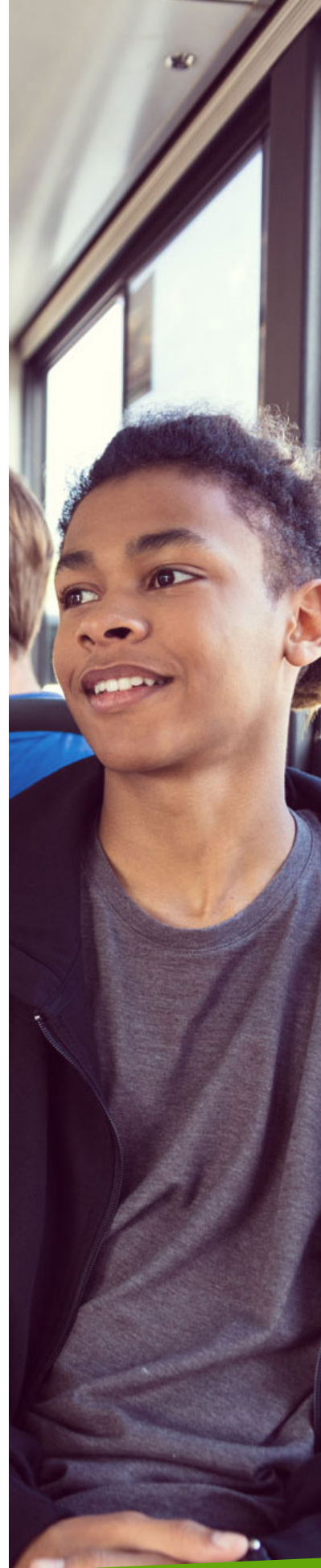
“Most people don't know.”

“A lot of people don't know about it.”

“Advertise more to the young...I think a lot of the younger [people], they don't know, don't realize that this is available.”

“It has to be a different mindset. You have to more or less go to the young.”

“There's a lot of young people needing the help.”



Collaboration Across Programs, Partners, and Employers

A theme around collaborating with other community programs, partners, and employers emerged as a recommendation although not as strongly as the recommendation for marketing and outreach. Participants recommended outreach and partnership to other programs to help them better understand DVR and the services available to support employment efforts. There was also a recommendation to **engage with employers to help them better understand disability and the challenges experienced by those living in 53206.**

Specific Participant Comments:

“Everybody should be involved with DVR. It should be as a whole.”

“More marketing. Reach out to these organizations that help in the community.”

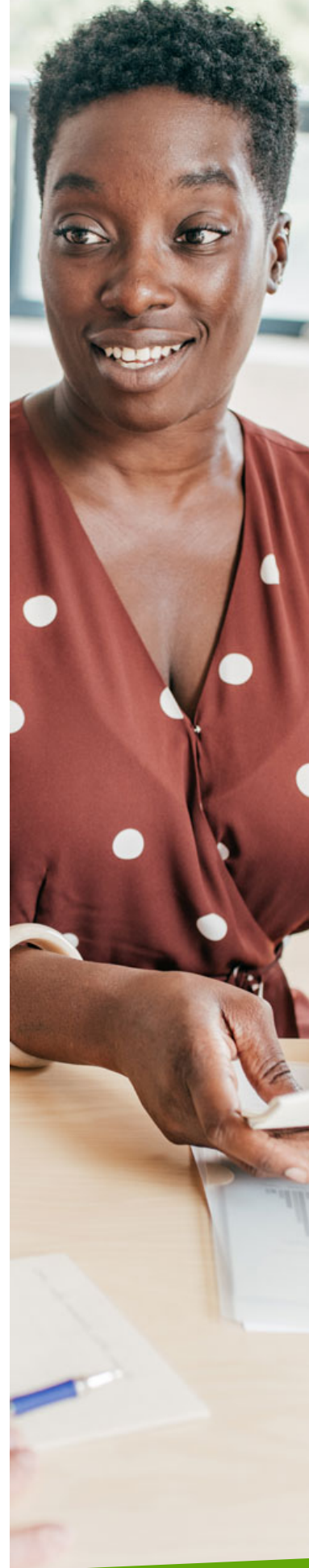
“They do need to network a little more. They need to advertise, because there's a lot of programs.”

Designated Personnel to Improve Responsiveness

A theme around recommendations to address concerns raised regarding counselor stress, limited availability due to workload, etc. focused on the need for additional staff. The hiring of additional counselors was mentioned multiple times although ideas for other roles were also shared with the 25 to 45-year-old group offered a practical alternative.

Specific Participant Comments:

“I think that maybe if they can't hire more counselors...maybe it could be like a position like a consumer or something. Maybe they should have one in each office, one or two, because they actually care and can relate more. Or maybe they could on behalf of (counselors), call clients. Maybe somebody that calls and checks up on them because everybody's caseload is so heavy. Maybe it should be one designated person that just, you know...checking in and then they communicate that with the counselor... something like that would be helpful.”



Limitations

Responses to the question about race were somewhat limited which may have been attributed to introducing the subject early in the conversation. Typically, introducing sensitive questions about 15-20 minutes into a focus group enhances responses as participants can assess their comfort level with the facilitator and others in the group to determine their level of trust in responding honestly.

Additionally, it is important to note that **the participants interviewed were African American, biracial, and multi-racial while the racial composition of the planning and evaluation team was primarily white.** Five members of the planning and evaluation team identified as individuals representing racial minority groups and 13 identified as non-minority status.

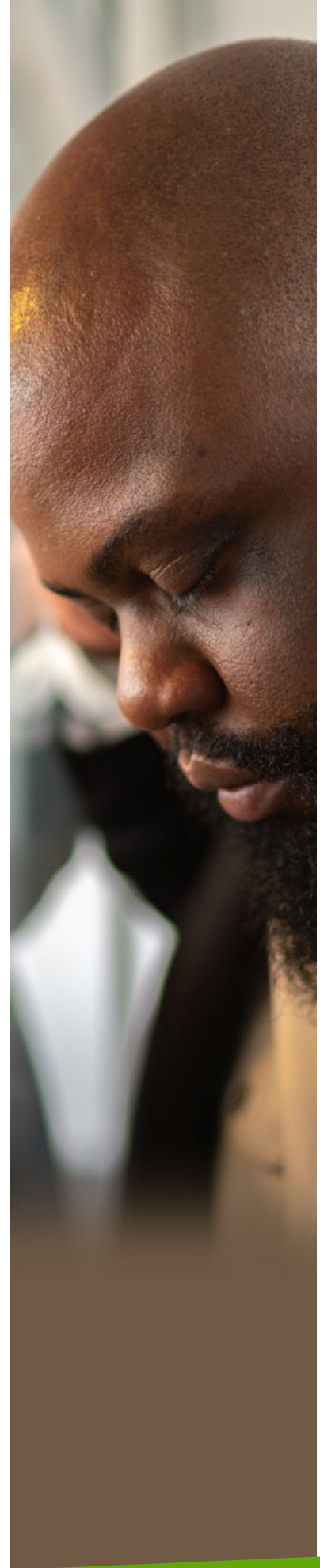
Discussion

Participants overwhelmingly responded that they want to work, improve their financial and economic situations, and contribute meaningfully to their community. They were also consistent in offering positive comments about the benefits of working with DVR, strongly recommending more outreach to make others in the community aware of the program.

Most of the challenges and barriers expressed are consistent with the stress and realities of those experiencing concentrated poverty and the enduring effects of segregation on the community including resource disparities.

These factors, compounded across time, reflect community trauma and offer an opportunity for DVR and system partners to consider new approaches for improving consumer services and engagement, with a goal of increasing program outcomes in this geographic area.

The challenges participants described about their interactions with DVR reflect life stress, distress, and provide an opportunity to enhance DVR staff awareness around concentrated poverty and trauma issues. The challenges also reflect staff stress and opportunities for DVR to pilot practice and policy alternatives at the individual and system levels to help address the issues.



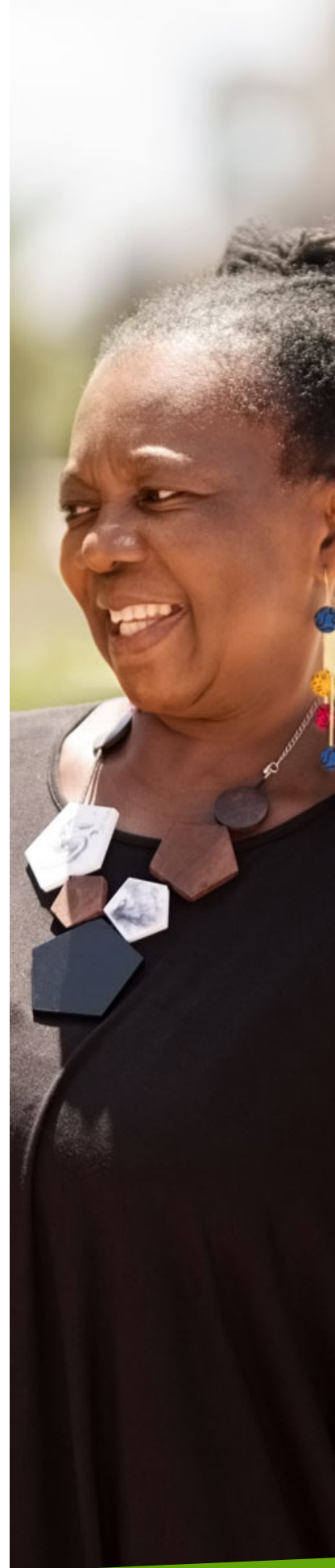
While DVR is not exclusively responsible for changing the trajectory of the Central City of Milwaukee, there is opportunity to enhance trauma awareness in collaboration with other partners and improve the economic prospects for individuals with disabilities residing in these zip codes.

Aptly, research consistently confirms that caring relationships (including strong working alliance based on trust, flexibility, and follow-through), high expectations, and opportunities for meaningful participation can moderate the impact of trauma and adversity with individuals and within communities (Collins et al., 2010; Weinstein, Wolin, & Rose, 2014). **With a suitable approach and supports, most individuals from economically and/or socially stressed families and underserved communities can overcome these risk factors and achieve positive outcomes** (Carter & Blanch, 2019).

Trauma-informed approaches are gaining the attention of rehabilitation counseling and disability researchers as the field recognizes the importance of integrating these approaches to better serve consumers (Keesler, 2014; O’Sullivan et al., 2019). The American Psychological Association (APA) also recently began focusing on the connection between chronic poverty and trauma, noting intergenerational poverty and its related stressors, particularly as they impact racial/ethnic minority groups (APA, 2019; APA, 2017). **Additionally, related professions and programs are realizing improved outcomes with populations facing multiple and complex challenges through use of trauma-informed approaches** (Bombard et al., 2018; Booshehri et al., 2018; Hopper et al., 2010; Overstreet & Chafouleas 2016; Raja et al., 2015).

Unless public programs and systems better understand the consequences of trauma and how to respond, they will not be effective in assisting individuals (Carter & Blanch, 2019).

This is particularly true for individuals experiencing multi-generational poverty. Trauma-informed approaches can improve program outcomes, address visible and immediate issues for consumers, and have the potential to make counselors’ work easier and more productive. The Wisconsin PROMISE initiative is an example of a research-based demonstration grounded in trauma-informed approaches, resulting in improved educational and employment outcomes (Hartman et al., 2019).



Answers to addressing the long-standing challenges faced by residents of the Central City of Milwaukee communities are not simple, easy, or quick. While adoption of trauma-informed practices is an important step in improving service delivery, structural shifts also need to be discussed at the systems level.

This involves high-level collaboration and commitment around intentional economic development in the community; including well-paying jobs with benefits. Without local options for positive economic mobility, residents of the community will continue to face the ongoing barriers related to concentrated poverty.

Realistically, trauma-informed frameworks and systems change takes time and requires efforts beyond staff training.

The Missouri Model shared by Carter and Blanch (2019) provides a good example of a developmental process moving toward trauma-informed practice through a series of successive phases (see Table 4).

Process-based approaches at the organizational level can help address the complexity of altering engrained attitudes, behaviors, and systems. They also offer cost-effective options that support the allocation of necessary resources across budget periods.

Finally, process-based approaches encourage assessment and evaluation to measure positive change, help inform practice and policy decisions, and accurately monitor and report changes in outcomes and system impact.



Table 4. The Missouri Model: The Four Stages That an Agency Faces on Its Journey to Understanding and Addressing Trauma (Carter & Blanch, 2019)

Developmental Stage	Key Tasks	Organizational Processes	Indicators
Trauma-Aware	Awareness and attitudes	<ul style="list-style-type: none"> • Awareness training • Leadership support <ul style="list-style-type: none"> • Organization considers implications of change 	<ul style="list-style-type: none"> • Staff can define trauma • Staff understand impact of trauma • Trauma discussed in informal conversations
Trauma-Sensitive	Knowledge, application, skill development	<ul style="list-style-type: none"> • Exploration of trauma-informed values • Organizational self-assessment • Determination of readiness for change • Change team formed • Examination of role of clients in organization <ul style="list-style-type: none"> • Review of trauma screening and treatment options 	<ul style="list-style-type: none"> • Trauma cited in mission statement • Trauma training for all staff • Information on trauma available and visible to staff and clients • Staff develop and deepen trauma skills • Management responds to secondary trauma in staff
Trauma-Responsive	Change and integration	<ul style="list-style-type: none"> • Planning and action for change • Environmental review and modification • Review of all policies and procedures • Development of trauma-informed staff supports • Development of new programs and services 	<ul style="list-style-type: none"> • Staff practices reflect new knowledge • Language reflects values • Policies in place to address staff trauma • Process in place to identify and respond to trauma • Clients play meaningful roles in organization
Trauma-Informed	Leadership and sustainability	<ul style="list-style-type: none"> • Measuring impact on clients and staff • Revision of policies and procedures • Engagement of larger community • Development of decision structures that integrate information on trauma • Advocacy among payers and policymakers 	<ul style="list-style-type: none"> • New leaders hired for commitment to trauma • All staff skilled in trauma-informed practices • All aspects of organization reflect trauma-informed values • Process in place to review fidelity over time • External agencies and community members request assistance

Recommendations

A series of recommendations are provided to offer near-term and longer-term strategies. The near-term suggestions can be implemented relatively quickly and at low-cost to the state agency. **They are intended to help DVR “jump start” efforts focused on increasing staff trauma awareness and sensitivity specific to the community embodied by zip codes 53205, 53206, 53208, 53210, 53212, 53216, 53218, and 53233.**

The longer-term recommendations offer ideas for moving toward trauma-informed practice at the individual level, within a trauma-informed framework at the systems level.

Near-Term Strategies

1. Enhance training in cultural competency, anti-racism, and implicit bias among DVR personnel

Milwaukee County recently passed an [ordinance declaring racism a public health crisis](#). The ordinance cites many reasons racism is a public health crisis, including, but not limited to:

- **Milwaukee is one of the most racially-segregated metropolitan statistical areas in the U.S.**
- **The county is rated 71 out of 72 counties in the state of WI for health**
- **A white person in Milwaukee lives, on average, nearly 14 years longer than a black person**
- **The infant mortality rate is nearly three times higher for black infants vs. white infants in the county**
- **Structural, institutional, and individual racism are root causes of racial disparities in quality and length of life.**

The ordinance goes on to cite, "structural racism is racial bias among interlocking institutions and across society, causing cumulative and compounding effects that systemically advantage white people and disadvantage black and brown people...".

This and the information gathered in the focus group sessions related to how race plays a part in consumers' lives indicates this is an important area for anyone working with the public or supervising staff to possess at least basic knowledge.

Participants in the focus groups indicated that they had daily interactions where their race contributed to stress due their treatment from other races in and outside of the workplace.

Generally, this was not described as overt acts of racism, but microaggressions. [An article from "The Journal of Pan African Studies" from 2015 describes microaggressions as "a thousand little cuts" causing pain and damage to marginalized groups such as Black and African American people. These cuts build on each other and result in long lasting trauma.](#)

This trauma can have a great impact on one's life as covered in the Trauma-Informed Care recommendation. The article additionally mentions that the brief, commonplace indignities expressed verbally or behaviorally that constitute a microaggression are often unintentional – this indicates a lack of awareness on the part of "the majority," in this instance that would be primarily white individuals.

As Wisconsin DVR is, demographically, predominantly white, the need for DVR staff to receive comprehensive anti-racism training to foster an understanding of individual bias and intent related to working with consumers and colleagues of color is evident.

a) Milwaukee staff receive anti-racism, cultural competency, and implicit bias training

This training should include topics such as:

- **Implicit bias**
- **Education on historical and current systemic racism**
- **Tools to self-evaluate biases**
- **How to incorporate into service delivery**

A mixture of internal and external trainings would be appropriate along with external help to guide some moderated conversations to help people work through content.

Resources to consider:

- [YWCA Milwaukee/Madison Racial Justice Trainings](#)
- [Partner with the Government Alliance on Race & Equity](#)



b) Milwaukee staff form an anti-racism education work group to plan and implement trainings locally

Resources to consider:

The Growing Together Workgroup that is currently active in Milwaukee.

c) All DVR leadership (Supervisors, Directors, and SLT) receive anti-racism, cultural competency, and implicit bias training.

Resources to consider:

- [YWCA Milwaukee/Madison Racial Justice Trainings](#)
- [Partner with the Government Alliance on Race & Equity](#)
- Internal trainers from Milwaukee DVR

d) Add anti-racism trainings for all staff into the DVR strategic plan

2. Conduct a comprehensive assessment of workplace racial equity within DVR staffing to assist WI-DVR in becoming a culturally responsive organization

The new Milwaukee County ordinance, "...commits them to identify and address policies, practices and power structures that, whether intentionally or unintentionally, work in favor of white people and create barriers for black, brown, and indigenous people. [The ordinance ensures racial equity is a top priority of Milwaukee County government and remains larger than any one government leader...](#)". This comes on the heels of the release of Milwaukee passing a resolution in 2019 declaring racism a public health crisis. [The press release states that Milwaukee county leaders have committed to eliminating institutional racism by addressing policies, practices, and power structures through a racial equity lens.](#)



There is a long history of government institutions upholding and perpetuating practices and policies that cause institutional racism to continue. Taking a cue from Milwaukee County, it is recommended that Wisconsin DVR commit to reviewing and updating policies and structures that may disadvantage the Black and African American communities in Milwaukee. This exercise should be also be completed statewide and to include Indigenous communities and people of color.

The first step in accomplishing this is to conduct a comprehensive assessment of agency practices, policies, and service delivery to assess where changes are recommended. This could be done internally, or DVR could explore hiring an outside agency to assist with this assessment. This assessment should also be added into WI-DVRs strategic plan.

a) A comprehensive assessment of policies should be added to the Wisconsin DVR strategic plan.

To effect real and long-lasting system changes it is important that DVR complete an assessment to determine where there are service gaps or issues with service delivery to people of color. Without examining the impact of current practices, there is no way to plan for and know where changes could be beneficial.

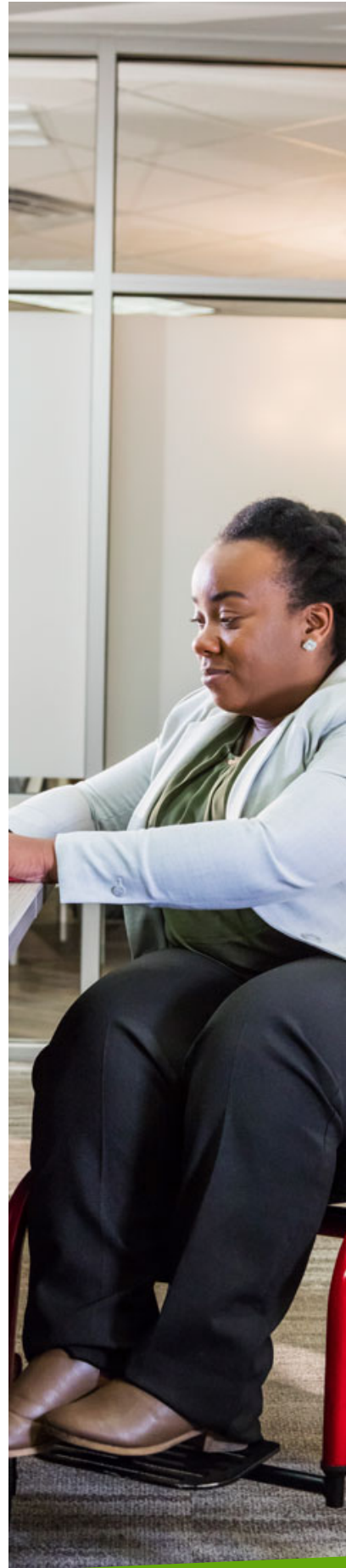
Resources to consider:

- [The open source Protocol for Culturally Responsive Organizations created by the Coalition of Communities of Color and the Center to Advance Racial Equity at Portland State University](#)

b) Within the assessment, DVR should incorporate a review of current staffing diversity at all levels

Resources to consider:

- [The open source Tool for Organizational Self-Assessment Related to Racial Equity by the Coalition of Communities of Color](#)
- [Public Sector Jobs: Opportunities for Advancing Racial Equity released by the Government Alliance on Racial Equity](#)



c) **Begin implementing recommendations from the comprehensive assessment of practices and policies related to service delivery as well as workplace racial equity**

Using the Milwaukee County Ordinance and results from DVRs Comprehensive Assessment of practices as a framework begin incorporating similar and suggested practices to better create services and a system that works for all DVR consumers.

The goal is to help DVR consumers achieve their employment outcomes and help ensure that DVR has a diverse and inclusive workforce. Areas of focus include:

- **Diverse & Inclusive Workforce at all levels of the division**
- **Employee Perspective**
- **Customer-Focus Design**
- **Improved Performance & Equitable Practice**
- **Inequities in Employment and Impact on Outcomes**
- **Additional recommendations from assessment**

3. Enhance Trauma Awareness and Sensitivity Among DVR Personnel

For those who haven't experienced or lived in poverty directly, it can be very helpful to receive training and support in developing better understanding of key issues and how they impact and influence decision-making and behavior. Living in concentrated poverty for more than one generation meets the criteria for trauma and requires an awareness and skill set beyond what most counselors typically receive in their educational programs.

Trauma-Informed Practice is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for everyone, and that creates opportunities for community members to rebuild a sense of control and empowerment (Hopper, Bassuk, & Olivet, 2010).

Trauma-informed approaches are grounded in principles promoting a culture of **safety, trustworthiness, choice, collaboration, and empowerment** and shifting the conversation from "What's wrong with you?" to "What happened to you?" (Carter & Blanch, 2019).

Deeper recognition of the far-reaching impact of concentrated poverty and trauma helps re-frame how counselors and staff approach their work, interact with consumers, and practice self-care which can help mitigate burn-out and reduce staff turnover. Training and strategies can be cost-effective using existing resources and designed to fit with the schedules of busy personnel.

An internal organizational assessment completed by Milwaukee DVR team members can help inform the development of a regional internal work group designed to coordinate resources, facilitate discussion, and move forward supportive efforts around increasing trauma-informed awareness and creating a culture of trauma-informed care within DVR.

a) Internal Assessment

Assessing individual staff member and organizational readiness to move toward trauma-informed approaches is a critical step. There are several existing assessment tools to select from. [The Attitudes Related to Trauma-Informed Care \(ARTIC\) Scale](#) is considered the gold standard in assessing staff and organizational readiness for trauma informed practice. A fee is required to access either the online or paper and pencil version of the tool.

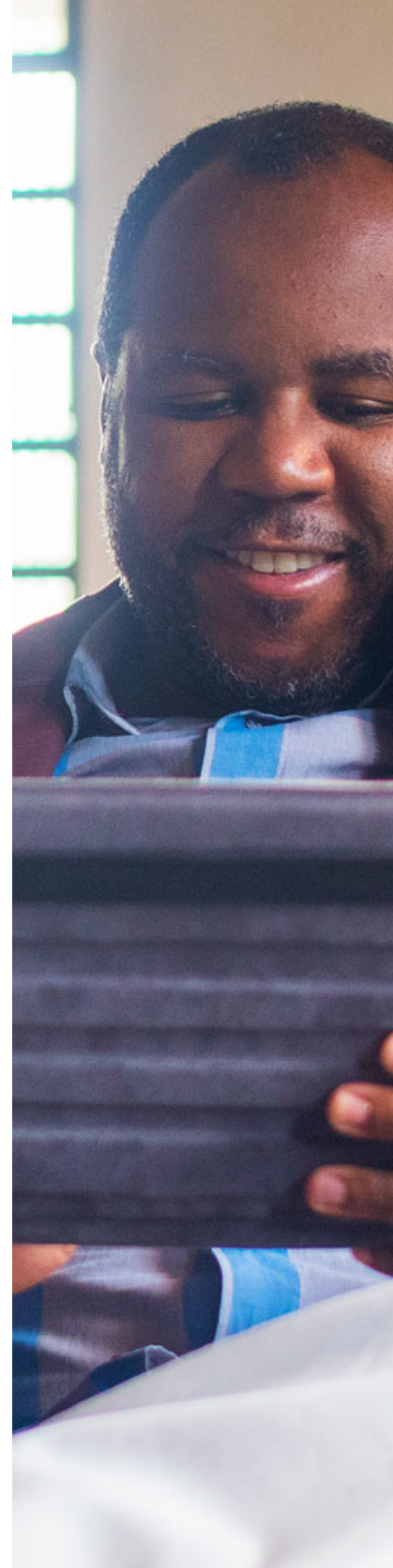
[The Trauma-Informed Organizational Self-Assessment offers a sound alternative to using the ARTIC and is available free of charge.](#) Another example, [Creating Trauma-Informed Care Environments: An Organizational Self-Assessment](#), was developed by the University of South Florida and can be accessed online for free. If helpful, the Project E3 Evaluation Team can assist with modifying an existing free instrument specific to Wisconsin DVR needs and/or identify additional options.

b) Internal Regional Advisory Group

Developing an internal team or advisory group can be beneficial for identifying local resources and addressing needs specific to DVR personnel.

The specialized advisory group in Milwaukee can assume responsibility for

- Coordinating trauma awareness training opportunities for staff,
- Promoting internal discussion and resource sharing, and
- Developing peer support around self-care and enhancing trauma-informed practice.



This approach provides positive support for efforts unique to individual offices and/or the Central City of Milwaukee region and can connect to broader efforts through DVR's statewide Wellness Team. [Building internal awareness and generating buy-in, promoting staff wellness, and supporting a workforce culture that embodies the values of trauma-informed care are all important for sustainability.](#)

Resources to Consider:

- [Trauma-Informed Implementation Resource Center](#)
- [Trauma-Informed Care Basics](#)
- [Free Materials Available through the Wisconsin Department of Health Services](#)
- Local In-Person and Online Training*
- [University of Wisconsin-Milwaukee, School of Continuing Education](#)
- [Recognizing and Preventing Secondary Trauma](#)
- [Trauma in Our Community Conference](#)
- [National Association of Social Workers-Wisconsin Chapter Webinars](#)
- [Milwaukee 53206 \(documentary\)](#)

Consider hosting a showing for the community, use as an in-service with DVR staff, and/or offer it as a collaborative showing for DVR staff and other community partners.

*Please note that training opportunities and formats may be altered or modified due to the COVID-19 (coronavirus) pandemic.



4. Engage DVR Consumers as Partners in the Process

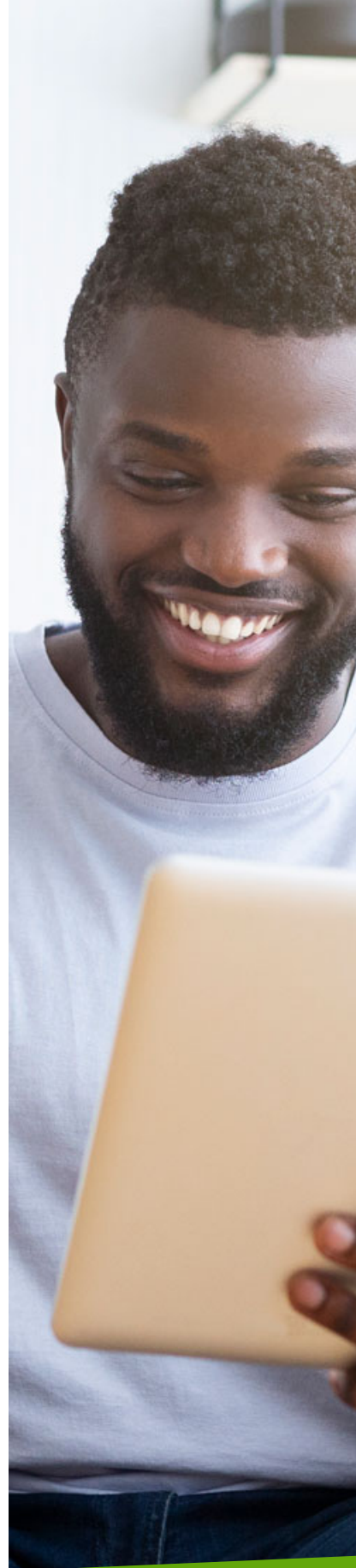
Providing community members with opportunities to serve as partners and help inform DVR process and approach is an important component of trauma-sensitivity. This is especially relevant when working with individuals and communities experiencing multiple adversities.

Across all six focus groups, participants consistently noted their appreciation for being invited to participate in the conversation, along with the hope that it doesn't end with the initial event. In addition to consumer feedback surveys, it is recommended that opportunities be provided to engage individuals in the community as solution-focused partners.

This can take place through a variety of methods including an annual community conversation with consumers residing in the Central City of Milwaukee, smaller focus groups in these communities, interviews with consumers conducted by select DVR staff using similar questions, integrate a section specific to identifying/addressing Milwaukee's Central City needs into the Comprehensive Statewide Needs Assessment, etc.

Development of a local Consumer Advisory Group offers a more formal option which can be beneficial in actively gathering input from those who have successfully used DVR services.

Consumer input can help identify new resources using strength-based approaches and enhance trust and participant satisfaction. Inviting community members as partners in their service delivery is key to improving engagement and outcomes, improving quality of care, reducing the time needed to achieve outcomes, and reducing cost (Bombard et al., 2018).



5. Counselor and Staff Self-Care, Health, and Wellness

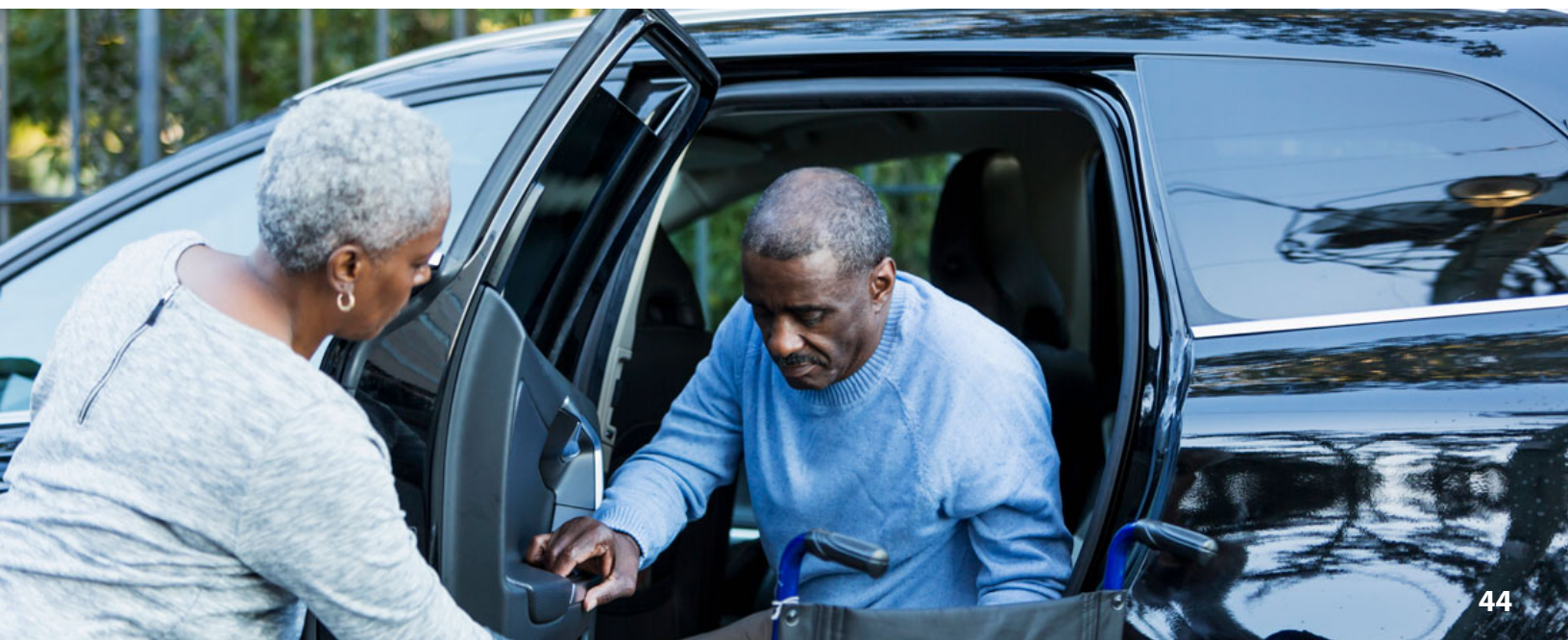
The stress resulting from helping people who are experiencing trauma, also known as **compassion fatigue**, can contribute to burnout and turnover among staff. Counselors and other helping professionals tend to be at higher risk, particularly when working with marginalized populations.

Symptoms of compassion fatigue are often exhibited as chronic exhaustion, depersonalization, feelings of inequity in the counseling or service relationship (a hierarchy of control), irritability, loss of morale and optimism, reduced ability to feel sympathy and empathy, diminished sense of career enjoyment, absenteeism, and more. While burnout and compassion fatigue are not exactly the same, they are related and have common contributors including workload stress and serving populations facing complex challenges.

DVR personnel self-care is critical to the conversation around increasing staff awareness of trauma-informed approaches. Quality of life and professional satisfaction are important in ensuring effective services to consumers and preventing burnout and secondary trauma among professionals.

Most counselors don't take the time to understand how their jobs impact them emotionally. This is not unique to DVR but rather is a common phenomenon across helping professions. Encouraging self-assessment and dialogue among team members, and providing dedicated time for staff to engage, may be helpful. Ideas on how to best integrate this into the staff resources and approaches can be identified by the internal trauma-informed advisory group.

Additionally, this information can be integrated into the DVR Statewide Wellness Team for broader sharing and dissemination of resources around trauma to support development of a broader trauma informed care culture.



Resources to Consider:

- [Strategies for Encouraging Staff Wellness \(PDF\)](#)
- [Beyond Self-Care: Secondary Trauma, Compassion Fatigue & Burn-Out](#)
- [Professional Quality of Life Self-Assessment](#): This free resource is available as a self-assessment that can be used to generate discussion in a team meeting or in-service. Alternatively, it can be used between counselors and supervisors to promote dialogue and awareness on key topics.
- [Trauma Stewardship Ted Talk Video](#) | [Trauma Stewardship Book](#)
- [Internal Staff Reading & Discussion Group Focused on Self-Care](#)

Developing an internal reading and discussion group can be an easy and cost-effective way to encourage staff to consider the elements needed for health self-care.

6. Focus on Enhancing Communication & Responsiveness

Participants across all age groups reflected on the need for enhanced communication and responsiveness with DVR throughout their employment process. This can be addressed through the use of existing tools and resources along with recommendations for additional supports.



a) Expanded Use of Technology in VR Counseling

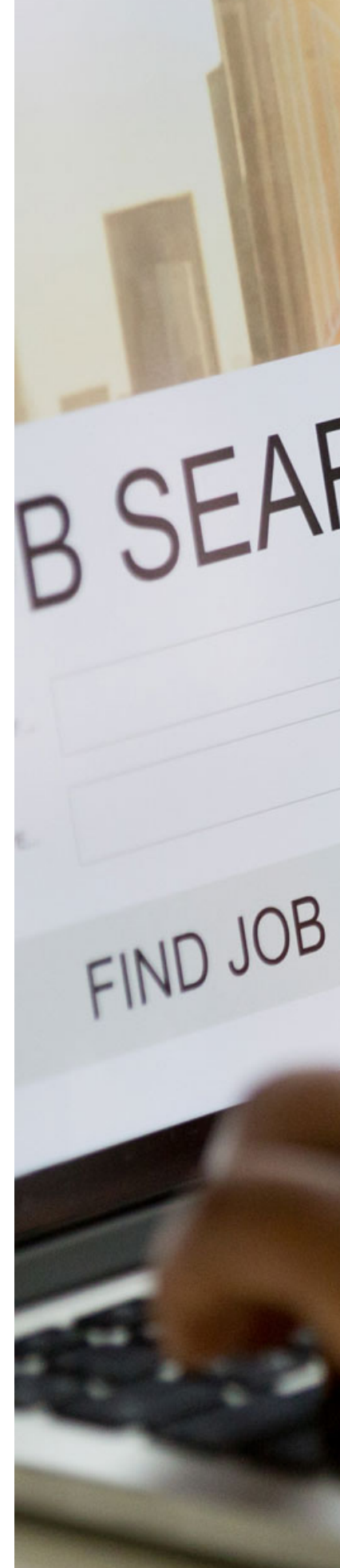
DVR is encouraged to explore expanded use of existing technologies for connecting and meeting with consumers remotely. The Covid-19 pandemic illustrated the heightened need for DVR staff to have the ability to meet with consumers securely using existing technologies including video conferences, phone calls, texts, and email. Tele behavioral health has increased rapidly in recent years as a means of expanding service to underserved populations, and guidance around client confidentiality, security, consent, and other ethical considerations, informs policy and practice.

While not all services can be provided remotely, and meeting in person is necessary at times, connecting with consumers virtually when feasible may help improve responsiveness and reduce travel burden on consumers. Additionally, remote tools for electronically signing documents such as DocuSign may be helpful for some.

Consumer access to technology is a key consideration. In 2019, households with an annual income below \$30,000 reported having more limited access to a computer, tablet, and broadband than those in higher income groups. However, [71% of this population reported using smartphones as their primary tool for communicating and accessing information and lower-income smartphone owners were especially likely to use their mobile device when seeking and applying for jobs.](#) For those with access, there is considerable potential for use of mobile technologies to enhance communications, engagement, and empower consumers in their VR process.

b) DVR Positions focused on Improving Services for Black and African American Consumers

In response to focus groups conducted in Milwaukee speaking with Black and African-American consumers about their experiences with DVR service delivery and the intersectionality of their race, disability status and impact on life overall, it is recommended that DVR develop and implement project positions to provide additional supports and service delivery changes with this targeted group in Milwaukee.



This project will assess if the DVR provision of further supports in addition to service delivery changes increases their success within the DVR program using specific current metrics as well as to-be-developed qualitative measures (TBD). As the issues of access and equity in services are tied to systems, this group of project positions should include:

Therapists - trained in trauma and Post-Traumatic Stress Disorder (PTSD),

System Navigators - to be a designated DVR staff person to assist consumers in navigating DVR as well as other programs and systems,

Policy Analyst – to develop and submit recommendations for DVR policy changes, service delivery recommendations, develop and track success of interventions, and assist with reporting,

Project Leader - to oversee the project and ensure all project goals are met by developing and tracking metrics, developing relationships and partnerships with community organizations, collecting real time data on impact of service changes and serving as day-to-day contact for those in the role of system navigators as well as policy analyst.

c) Review, assess, and improve DVR customer service delivery

It is recommended that DVR, both at the local and state level, review its customer service practices through a trauma informed care lenses to determine practices that should be improved on.

While participants reported that they felt heard and that services were beneficial, others shared that it would take them an extended amount to commute to their appointment and due to transportation delays would arrive late and staff would only be able to meet for a short period of time or told they needed to re-schedule.

It was further reported that there was a lack of responsiveness from DVR staff such as calls not being returned timely and that the DVR process took a long time.



7. Community and Regional Collaboration

Collaboration with other partners and service providers at the local level around enhancing awareness (trauma sensitivity) and understanding of effective trauma-informed practices in serving the Central City of Milwaukee is recommended.

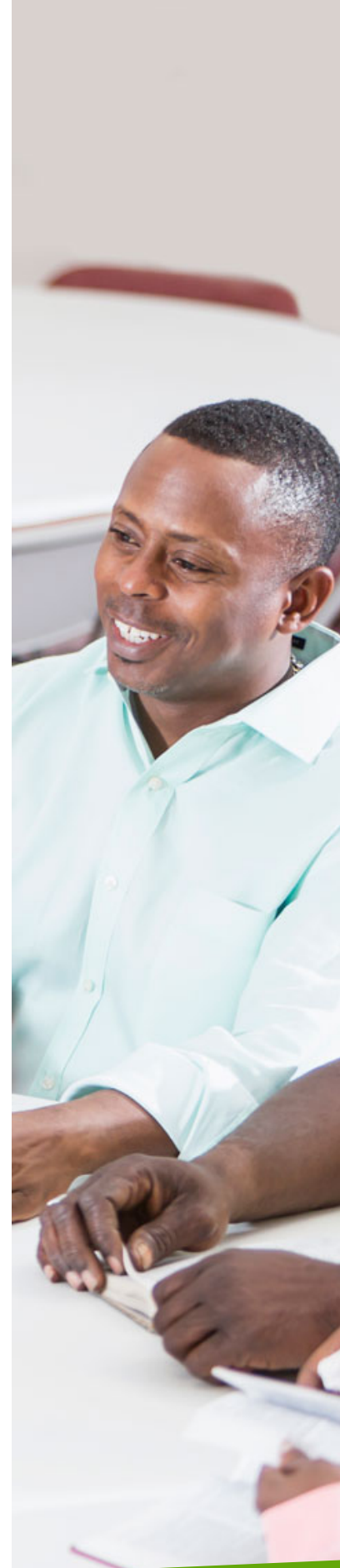
Employment, education, training, and development strategies that aim to increase the economic mobility of families are critical in helping to alleviate the effects of concentrated poverty.

Vocational Rehabilitation is a key example of a program well positioned to help improve outcomes with these individuals and families. However, collaborating with others serving the 53206 community and surrounding zip codes can be helpful in supporting efforts underway through DVR and make it more reasonable and feasible and starting with an assessment can be helpful in informing the approach.

[The Wilder Collaboration Factors Inventory is an excellent, user-friendly, and free tool that can be used to measure local agency and program collaboration.](#) The Project E3 Evaluation Team is available to discuss options for integrating the tool into program evaluation and practice.

a) Rogers Memorial-Trauma Recovery Outpatient Care

The staff through this program are experienced in trauma-informed practices and may be a valuable resource for the DVR advisory group. [An example might be to connect with the personnel at Rogers Memorial and invite them to present at a Milwaukee office](#) or regional in-service training and discuss options for implementing trauma informed practice in the community.



b) Collaboration Around Alternative Meeting Locations in the Community

In response to participant comments regarding challenges traveling to meeting locations, DVR may opt to explore collaborative opportunities with community partners in Milwaukee. Identifying local organizations willing to offer meeting space at no charge may provide additional flexibility in meeting the needs of consumers closer to their homes without requiring lengthy commutes on public transportation. Examples include local community and neighborhood centers, libraries, faith-based organizations, family resource centers, housing authority meeting rooms, and non-profit organizations.

c) Strategic and Collaborative Community Outreach

Focus group participants expressed a need to increase awareness of DVR, and the benefits of participating, among other members of their community. It is recommended that DVR actively gather input from future Consumer Advisory Group members regarding ideas and preferences for outreach and marketing.

Given that DVR is an employment program rather than a social services program, it is recommended that marketing and outreach efforts are targeted and specific to ensure that the intended outcomes of program participation are clear.

d) Continued Collaboration with Milwaukee County Equity Efforts

The focus on advancing racial equity and improving health outcomes in Milwaukee through the recently passed ordinance is significant. It is recommended that local and regional DVR leadership remain connected and collaborate with efforts underway.

These efforts are an excellent opportunity to locally address the intersection of disability, poverty, and race in the communities reflected in this report. The knowledge and expertise of DVR personnel regarding employment and economic advancement of individuals with disabilities is central to the discussion and offers opportunities for future collaboration across programs and systems.



Longer-Term Strategies

1. Trauma Counseling Certificate

As part of a longer-term strategy for building trauma-awareness among staff and partners serving the Central City of Milwaukee, DVR is in a key position to provide local leadership in promoting trauma-informed care approaches. [It is recommended that DVR explore the possibility of supporting staff members seeking to pursue the online UW-Milwaukee Trauma Counseling Certificate to develop internal expertise and capacity building around trauma-informed approaches.](#)

The internal expertise can then be used to train and support local and regional DVR staff in addition to promoting trauma awareness among providers and system partners. This expertise will also be useful in providing leadership around trauma to both the DVR Statewide Wellness Team and DWD statewide and strategic efforts.

a) Explore the Option of Wage Increases

Aligned with the Trauma Counseling Certificate, it is recommended that DVR also explore the possibility of a wage increase for staff members who successfully achieve certification. Personnel with this certification will assume additional responsibility for providing internal leadership by coordinating meaningful opportunities for agency staff to enhance understanding on trauma informed approaches intended to improve outcomes and reduce turnover.

2. State-Level Collaboration Around a Trauma-Informed Framework for Employment

Movement toward development of a trauma-informed framework in regard to employment is advisable by engaging with other state-level leaders through an existing structure or initiating a state-level taskforce or similar group.

DVR was an active participant in the former statewide trauma-informed care initiative known as Fostering Futures as well as the current iteration known as Resilient Wisconsin.



If a regional or local taskforce is created, the taskforce can provide leadership in discussing key issues, developing buy-in and commitment to an interagency trauma-informed framework through collaborative policy, the influence of social determinants of health, measures, data, and foster dialogue around intentional economic development investment and opportunities in the Central City of Milwaukee, including the 53206 community. It is strongly recommended that DVR serve on this taskforce given that individuals with disabilities of minority status experience chronic poverty at disproportionate rates and the intersection of disability and poverty is central to these discussions.

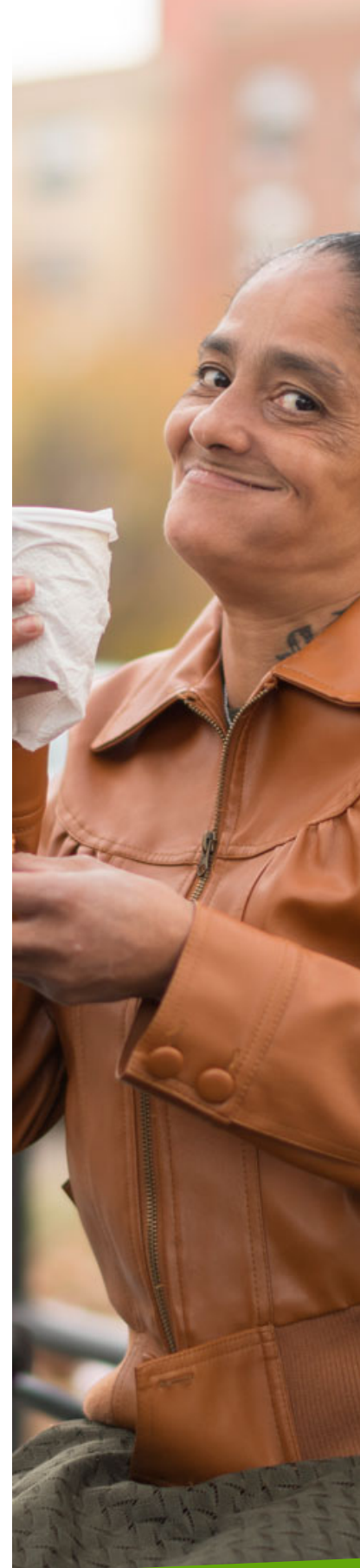
It is recommended that DWD include trauma informed care training into their 2020 Strategic Plan. Highlight gaps and needs related to specific groups, with a specific focus on the communities encompassed within zip codes 53205, 53206, 53208, 53210, 53212, 53216, 53218, and 53233. In doing so, DWD will be using the recommended ‘developmental, process-based approach to trauma-informed change’ which has the potential to guide deeper systems change and sustainability (Carter & Blanch, 2019).

Guidance regarding development of trauma-informed frameworks, including culture and policy, at the organization and systems levels can be found at:

- [Trauma Informed Care Policy Considerations](#)
- [SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach](#)
- Additionally, the [Wilder Collaboration Factors Inventory mentioned above can be a useful tool to assess collaboration at the systems-level as well as at the local level.](#)

a) Building Trauma Awareness with Employers

Businesses can benefit by building trauma awareness into their cultural competency approaches. The advantages of increasing trauma awareness include enhancing worker performance and morale which relates to reduced turnover and other costs. [Organizations with trauma awareness are also more likely to support a culture of health and wellness among employees.](#)



DVR has a unique opportunity to provide leadership around coordinating trauma awareness efforts with the business community, particularly as it relates to the intersection of race, poverty, and disability as experienced in Milwaukee's Central City. DVR may want to consider the role that Business Service Consultants (BSC) can serve regarding resource sharing and helping businesses connect with professional trauma-informed trainers. These actions support the development of a trauma informed employment framework without requiring BSCs to provide the training directly.

3. Explore Use of Innovation and Expansion Funds to Support Efforts

It is recommended that DVR explore the possibility of expanding development of trauma informed awareness and practices training and support under provision 34 CFR § 361.35. The funding can be used to support internal regional efforts in Milwaukee with a focus on the offices serving the Central City, as well as broader statewide collaboration, including raising Trauma Informed Awareness for DVR personnel and employers. DVR currently includes trauma-informed care orientation as part of the new staff training curriculum and periodically offers refresher trainings. This model can be expanded upon by ensuring that as new policies are developed, they are reviewed through a trauma-informed care lens.

4. Expanding Mental Health Resources

Developing positive awareness around mental health is important and growing in popularity as a method for reducing stigma. Given the overlap of depression, anxiety, and related mental health issues with concentrated poverty, this additional information and training, while a refresher for some, may be helpful.

a) Mental Health First Aid

If not already in place, it is recommended that DVR counselors and staff serving the Central City of Milwaukee:

- Subscribe to the online newsletter
- Participate in a [Mental Health First Aid training: Experiencing ongoing racial stressors is associated with depression and related mental health considerations](#). (Liu & Lau, 2013).



b) Developing Community Mental Health Partnerships

It is recommended that DVR explore the option of partnering with a mental health practitioner or organization to expand access to short-term mental health counseling services for VR consumers. Due to the myriad challenges associated with chronic poverty, it can be hard for consumers to access mental health services due to logistics, cost, and lack of practitioners to meet local and immediate demands. Integration of this service as a time-limited support, may be beneficial in moving consumers forward in their employment process. Tele behavioral health may be a feasible and cost-effective consideration for this service as well.

5. Sub recommendations to DWD Human Resources on areas of potential change to facilitate recruiting, hiring, promoting, providing mentoring to, and retaining diverse employees.

Although government systems have traditionally hired and retained more diverse talent than the public sector, overall, there is still improvement needed. The paper [Public Sector Jobs: Opportunities for Advancing Racial Equity released by the Government Alliance on Racial Equity](#) contains an overview of workforce equity within the private sector, including barriers to, as well as strategies to achieve equity. The article states, " The public sector is also a critical source of decent-paying jobs for African Americans. For both men and women, the median wage earned by African American employees is significantly higher in the public sector than in other sectors.

The wage differential between African American and white workers was lower in the public sector than in the overall economy..." However, "... High-wage jobs in local government have consistently been disproportionately white over the past 50 years." This supports the need to work harder for parity throughout government systems including DWD. Complete a quarterly review of assessment, action steps, and recommended changes to determine if progress is occurring. Create an internal review team that will track progress on the recommended changes DVR is pursuing. This will help ensure that continued advancement of the areas of focus is occurring.

6. Explore Similar Efforts Underway in Comparable Cities

It is recommended that DVR along with the assistance of E3's Targeted Community team explore similar efforts that may be underway in cities comparable to Milwaukee by VR agencies or other social service programs that may assist in reducing barriers for individuals with disabilities. Through this exploration DVR may identify new services or service delivery models for consideration that states have found success with to better meet their consumers where they are and successfully serve them. Cities such as Detroit and Buffalo may offer good starting points.

Conclusion

Thank you for the opportunity to collaborate on this targeted technical assistance initiative. We hope that the process has produced meaningful information to help with practical options and generate ideas for longer-term consideration. The Project E3 Evaluation Team remains available through September 30, 2020 to assist in answering questions and provide consultation around any of the recommendations provided.



References

- American Psychological Association (2019). *Guidelines for Psychological Practice for People with Low-Income and Economic Marginalization*. Retrieved from www.apa.org/about/policy/guidelines-lowincome.pdf.
- American Psychological Association, APA Working Group on Stress and Health Disparities. (2017). *Stress and health disparities: Contexts, mechanisms, and interventions among racial/ethnic minority and low-socioeconomic status populations*. Retrieved from <http://www.apa.org/pi/health-disparities/resources/stress-report.aspx>.
- Bombard, Y., Baker, G.R., Orlando, E., Fancott, C., Bhatia, P., Casalino, S., Onate, K., Denis, J-L., & Pomey, M-P. (2018). Engaging patients to improve quality of care: A systematic review. *Implementation Science*, 13(98).
- Booshehri, L.G., Dugan, J., Patel, F., Bloom, S. & Chilton, M. (2018). *Trauma-informed Temporary Assistance for Needy Families (TANF): A randomized controlled trial with a two-generation impact*. *J Child Fam Stud*, 27, 1594–1604. <https://doi.org/10.1007/s10826-017-0987-y>.
- Braveman, P. A., Cubbin, C., Egerter, S., Williams, D. R., & Pamuk, E. (2010). *Socioeconomic disparities in health in the United States: What the patterns tell us*. *American Journal of Public Health*, 100(1), 186–196. Retrieved from <https://ajph.aphapublications.org/doi/10.2105/AJPH.2009.166082>.
- Brucker, D.L. Mitra, S., Chaitoo, N. & Mauro, J. (2015). *Working-age persons with disabilities in the United States*. *Social Science Quarterly*, 96, 273-296.
- Carter, P. & Blanch, A. (2019). *A trauma lens for systems change*. *Stanford Social Innovation Review*, 17(3), 48-54.
- Collins, K., Connors, K., Donohue, A., Gardner, S., Goldblatt, E., Hayward, A., Kiser, L., Strieder, F. Thompson, E. (2010). *Understanding the impact of trauma and urban poverty on family systems: Risks, resilience, and interventions*. Baltimore, MD: Family Informed Trauma Treatment Center. Retrieved from http://nctsn.org/nccts/nav.do?pid=ctr_rsch_prod_ar or <http://fittcenter.umaryland.edu/WhitePaper.aspx>
- Collins, S.E., Clifasefi, S.L., Stanton, J., Straits, K.J.E., Gil-Kashiwabara, E., Rodriguez Espinosa, P., Nicasio, A.V., Andrasik, M.P., Hawes, S.M., Miller, K.A., Nelson, L.A., Orfaly, V.E., Duran, B.M., & Wallerstein, N. (2018). "Community-based participatory research (CBPR): Towards equitable involvement of community in psychology research." *American Psychologist*, 73(7), 884-898.
- Hall, C., Shafir, E., & Zhao, J. (2014). Self-Affirmation Among the Poor: Cognitive and Behavioral Implications. *Psychological Science*, 25(2), 619-625.

- Hall, J.M. & Fields, B. (2015). "It's killing us!": Narratives of black adults about microaggression experiences and related health stress. *Global Qualitative Nursing Research*, 1-14.
- Hartman, E., Schlegelmich, A., Roskowski, M., Anderson, C.A., & Tansey, T.N. (2019). Early findings from the Wisconsin PROMISE project: Implications for policy and practice, *Journal of Vocational Rehabilitation*, 51, 167-181.
- Hopper, E.K., Bassuk, E.L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *Open Health Serv Policy Journal*, 3, 80-100.
- Iwanaga, K., Chan, F., Tansey, T., Strauser, D., Ritter, E., Bishop, M., & Brooks, J. (2019). Working alliance and stages of change for employment: The intermediary role of autonomous motivation, outcome expectancy, and vocational rehabilitation engagement. *Journal of Occupational Rehabilitation*, 29, 315-324.
- Keesler, J.M. (2014). A call for the integration of trauma-informed care among intellectual and developmental disability organizations. *Journal of Policy and Practice in Intellectual Disabilities*, 11(1), 34-42.
- Levine, M.V. (2019). Milwaukee 53206: The anatomy of concentrated disadvantage in an inner-city neighborhood, 2000-2017. *Center for Economic Development Publications*, 48. Retrieved from https://dc.uwm.edu/ced_pubs/48.
- Liu, L. L., & Lau, A. S. (2013). Teaching about race/ethnicity and racism matters: An examination of how perceived ethnic racial socialization processes are associated with depression symptoms. *Cultural Diversity & Ethnic Minority Psychology*, 19, 383-394. doi:10.1037/a0033447.
- Mullainathan, S. & Shafir, E. (2013) *Scarcity: Why having too little means so much*. New York: Times Books.
- O'Sullivan, D., Watts, J.R., & Strauser, D.R. (2019). Trauma-sensitive rehabilitation counseling: Paradigms and principles. *Journal of Vocational Rehabilitation*, 51(3), 299-312.
- Overstreet, S. & Chafouleas, S.M. (2016). Trauma-informed schools: Introduction to the special issue. *School Mental Health*, 8, 1-6. <https://doi.org/10.1007/s12310-016-9184-1>.
- Pager, D. & Shepard, H. (2008). The sociology of discrimination: Racial discrimination in employment, housing, credit, and consumer markets. *Annual Review of Sociology*, 34, 181-209.
- Raja S., Hasnain M., Hoersch, M., Gove-Yin, S., & Rajagopalan, C. (2015). Trauma-informed care in medicine: Current knowledge and future research directions. *Fam Community Health*, 38(3), 216-226.

Weinstein, E., Wolin, J. & Rose, S. (2014). *Trauma informed community building: A model for strengthening community in trauma affected neighborhoods*. Retrieved from <https://bridgehousing.com/PDFs/TICB.Paper5.14.pdf>.

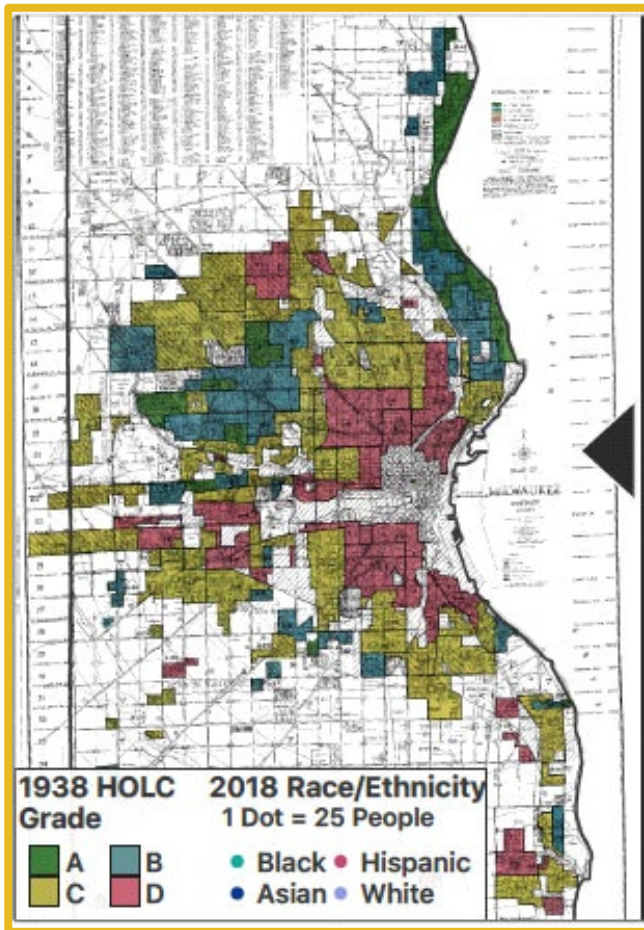
Westaby, K. A., Williams, T. M., Robinson, N. N., & Connors, E. (2019). Being responsive: The first assessment of Culturally Responsive Evaluation in Wisconsin, Findings from the 2017 survey. Milwaukee, WI: Milwaukee Evaluation!, Inc.

World Health Organization (2019, September). *WHO strategic meeting on social determinants of health*. https://www.who.int/social_determinants/strategic-meeting/en/

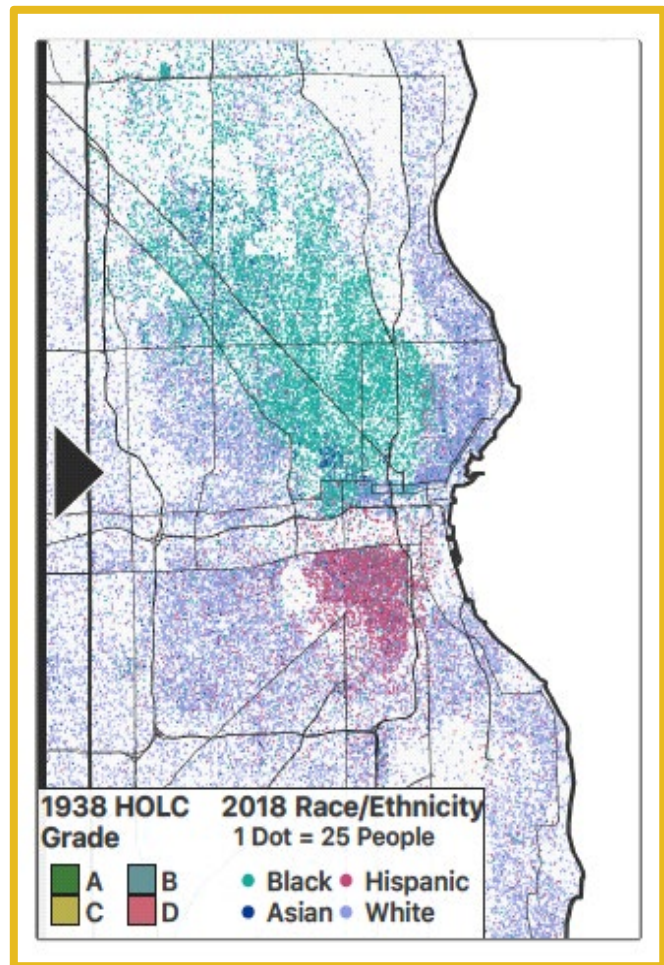
Williams, D. R., & Collins, C. (2001). Racial residential segregation: a fundamental cause of racial disparities in health. *Public Health Reports*, 116(5), 404-416. doi: [10.1093/phr/116.5.404](https://doi.org/10.1093/phr/116.5.404).

APPENDIX 1. Comparison of 1938 Redlining Practices in Milwaukee and 2018 Race/Ethnicity Demographics of Neighborhoods

2018 City of Milwaukee Race/Ethnicity Demographics



1938 Milwaukee City Appraisal Map-Home Owners' Loan Corporation Depicting 'Redlining' Practices



Source: <https://www.wiscontext.org/how-redlining-continues-shape-racial-segregation-milwaukee>

APPENDIX 2. Milwaukee Focus Group Participant Recruitment- Phone Script used by DVR Staff

Hi my name is _____ with DVR. We are looking for consumers who've worked with DVR to share their opinions with us – you would be paid for the valuable information you provide if you decide to participate. Do you have a few minutes to talk about it? It should not take more than 5-10 minutes of your time.

If no:

When would be a good time to call back? *(set up call back)*

If yes:

DVR would like to hear what your experience was like and your ideas for how DVR can change.

I would like to invite you to a small group conversation with others who also used DVR services. The group conversation will take up to 2 hours of your time and you will receive a \$40 gift card and a one-day MCard pass. A light meal will also be provided. ***The purpose of these groups is to help DVR better understand how race, finances, disability and other important issues impact your ability to work with DVR. We want to better understand how to offer and deliver employment services. This is a unique opportunity to help us understand your truth and what we need to do different to improve services.***

These groups will be held at the Sherman Phoenix at 3536 W. Fond du Lac on Tuesday, October 1st or Wednesday, October 2nd.

Before I go over what times are available for this group conversation, can you please let me know if you are currently working? If so, we want to try and do our best to find a group that works with your schedule. (Y/N to Working _____)

We can offer you _____ or _____ *(give group option(s) eligible for)*. Of those times, what works best for you?

<u>Tuesday, October 1, 2019</u>	<u>Wednesday, October 2, 2019</u>
Option 1: 9:30-11:30am (age 46+)	Option 1: 9:30-11:30am (age 25-45)
Option 2: 12:30-2:30pm (age 25-45)	Option 2: 12:30-2:30pm (age 46+)
Option 3: 5:30-7:30pm (blended ages – must be working)	Option 3: 4:00-6:00pm (age 18-24)

If none work:

Thank you for your time, if anything changes please call _____ and let us know. *(let VRC/VRS know those that turn down opportunity)*

If yes:

Thank you for participating! The information you provide will assist us in providing improved services to DVR consumers.

We have you scheduled on ____ (date) at ____ (time) at the Sherman Phoenix building at 3536 W. Fond du Lac. You have the option of picking up your MCard from the DVR Central office (4201 N 27th street, 6th floor between 8am and 4pm M-F) OR we can mail you the Mcard. What is your preference? *(record preference)*

We can also provide onsite childcare by a licensed childcare provider. Will you need assistance with childcare to participate in this group? *(if yes)*

How many Children? _____

What are their ages? _____ *(if child is over 6 – Will they need an Mcard as well Y/N_____)*

We will be sending out a confirmation as we get closer to the date with important information. Do you have an email address you would like me to send it to? If not, could I send it to you by mail? Could you please confirm your mailing address for me? Thank you for your time and willingness to share your life experiences with us.

APPENDIX 3. Milwaukee Focus Group Consent Form

Wisconsin Division of Vocational Rehabilitation (DVR) Cultural and Community Perspectives on Service Delivery Needs in Milwaukee Consent Form

Study Purpose:

This community conversation is for people with disabilities who have worked with the Wisconsin Division of Vocational Rehabilitation (DVR) in specific areas of Milwaukee. We would like to learn your perspectives on working with DVR, including what worked well, what might work better, and how DVR can include your experience and the needs of your community in the future.

Participant Benefit/Harm:

There are no anticipated direct benefits or risks of harm by participating in this conversation. An indirect benefit is to help improve employment services for people with disabilities.

When sharing what we learn with others, quotes from the conversations may be used. However, no real names or identifying information will be included when we share the information publicly. Participating in this conversation will not have any impact on your DVR services.

Procedures:

1. The conversations will take place on October 1-2, 2019 in Milwaukee, Wisconsin.
2. The conversation is a focus group. You can discuss what did/did not work during your experience with DVR as it relates to your community and needs. No personally identifying information will be revealed.
3. The conversation/focus group interview will take about 60-90 minutes.
4. The conversation/focus group interview will be audio recorded.

Confidentiality:

In a focus group, confidentiality is requested from all participants, but it cannot be guaranteed. The recording of the interview will be stored on a password-protected computer. Only the individuals who will be analyzing the data per DVR's request will have access to the original file. Once it is transcribed into a written document, participants' names will be changed, and the file will be shared with other members of the analysis team. The transcribed file will be kept for three years in a password-protected file. After this time, the file will be deleted.

Your signature indicates that you have read this consent form, had an opportunity to ask any questions about your participation in this research, and voluntarily agree to participate.

Name (please print): _____

Signature: _____

Date: _____

APPENDIX 4. Milwaukee Focus Group Questions

Milwaukee DVR Community Conversation Questions

October 1-2, 2019

Overview (facilitator reads-okay to paraphrase):

Thanks for taking the time to meet in this focus group. We are interested in learning about your experiences working with DVR and other things that may be influencing your employment, access to services, and your ideas on how to enhance and make these better.

In discussions like this, please try to give everyone a chance to answer the questions. Everyone's participation is important, and we don't want to miss hearing valuable input. Also, in order to protect and respect each other's confidentiality, please try not repeat what is shared outside of this meeting.

Okay, we're almost done with the background information. This conversation will take about an hour. Your participation is voluntary, and you can choose not to answer a question if you don't feel comfortable or don't want to answer. This interview will be recorded, but your answers and information will be kept confidential and anonymous. Do you have any questions before we get started?

1. How has race impacted you?
2. When you think about DVR, what comes to mind?
3. Do you feel that non-minorities were served differently than you?
 - a. If yes, how so?
4. Thinking about your experience with DVR, what do you like about the program? What are some things about the program you did not like?
5. This is going to be a two-part question. First, we will talk about challenges you have experienced with DVR, then we will talk about challenges in your life that made DVR participation difficult.
 - 5.1. We know that DVR and other programs can be challenging, what challenges did you experience?
 - 5.2. Sometimes people find it difficult to continue with DVR because of things going on in their lives. Do you experience this and if yes, what are some of the challenges you have?
6. How can DVR change to help with those challenges?
7. What helps you keep going with DVR?
8. What else can be done to make DVR better for others living in your community?
9. Is there anything else you think is important to share that we didn't cover today?

APPENDIX 5. Milwaukee Focus Group De-Brief Questions: Planning Team and Facilitators

Project E3 Milwaukee Focus Groups De-Brief Questions

1. What would you say is the most important thing you learned personally? As a team?
2. Describe some of your most challenging moments. What made them so?
3. What would you recommend we do differently if similar sessions were to be offered again?
4. What would you do differently from a personal standpoint if similar sessions were to be offered again?
5. How can we use what we've learned?
6. Is there anything else we haven't touched on that you think is important to cover?

Action Steps/Follow-Up Logistics