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About This Tool: The Community Services Assessment Tool provides individuals and communities with a structured process to learn about the available services to persons with disabilities in a specific community and to assess potential gaps and unmet service needs that may exist. The information acquired through this process is intended to be used as a tool to improve program services, reduce duplication and make the overall community more responsive to the needs of persons with disabilities.

Services for persons with disabilities are not offered in isolation but are part of a broader continuum of community supports and activities. The assessment tool therefore looks at services for persons with disabilities both in the context of general community issues and concerns specific to persons with disabilities. Some of the ratings are not solely related to access for individuals with disabilities and may point to a livability problem for everyone in your community.

How to Use This Tool: In each area, rate your community from 0-5 based on the criteria. Some differences between rankings are subtle and you may feel your community is between two scores. If this occurs, give your community a ½ score, for example 3.5. Your community could be a region of the state, county, town or neighborhood. What geographic area you choose will depend on where individuals with disabilities receive most basic services.

The most important thing to be learned from using this tool is not the final score, but where your community does well and where you should concentrate your efforts to improve access for individuals with disabilities. Use this as a guide, complete the survey online, and view results <http://www.disabilityworks.org/Tools/Pages/CSAT.aspx>.

COMMUNITY SERVICES ASSESSMENT TOOL

1. **Public Policy** (how inclusive and comprehensive your local decision-making process is)
Score your community 5-0 Score _____

5 – Local elected officials reach out to advocates and individuals with disabilities for input on local ordinances and regulations. Community service providers meet regularly to coordinate coverage and work together to identify gaps in service and communicate those gaps to local officials. Individuals with disabilities are encouraged to participate in the community decision-making process and voter outreach efforts target all under-served populations including persons with disabilities. Community volunteer activities are promoted and accessible. Individuals with disabilities are recruited as volunteers. There is a matching program to coordinate new volunteers and opportunities based on interest and availability.

4 – Local elected officials reach out to advocates and individuals with disabilities for input on local ordinances and regulations – but only if the issue specifically involves disability. Community service providers meet sporadically to coordinate coverage and work together to identify gaps in service and communicate those gaps to local officials. Individuals with disabilities are encouraged to participate in the community decision-making process and voter outreach efforts target all under-served populations including persons with disabilities. Community volunteer activities are promoted and accessible.

Individuals with disabilities are not recruited but can volunteer. There is a matching program to coordinate new volunteers and opportunities based on interest and availability.

3 – Local elected officials are open to advocates and individuals with disabilities and their input on local ordinances and regulations. Community service providers meet sporadically to coordinate coverage and work together to identify gaps in service and communicate those gaps to local officials. Individuals with disabilities can participate in the community decision-making process but there is no outreach to encourage their participation. Community volunteer activities are promoted but there is no matching available and no outreach to persons with disabilities.

2 – Advocates and individuals with disabilities must seek out elected officials to be heard. Community service providers do not coordinate coverage or work together to identify gaps in service and communicate those gaps to local officials. Individuals with disabilities can participate in the community decision-making process but there is no outreach to encourage their participation.

1 – Input from advocates and individuals with disabilities are considered only when the issue is specifically about disability and accessibility.

0 – Individuals with disabilities are not considered in local policy-making.

2. Funding (the depth and diversity of funding for community and social services)
 Score your community 5-0 Score _____

5 – Community services come from a wide variety of sources – federal, state, county and community funding; grants; bequests; fund-raising and private donations. A variety of sources ensure that programs can continue even when one source of funding is reduced. Some disability groups coordinate fundraising for a range of providers.

4 – Community services come from mostly government sources – federal, state, county and community funding. Grants, bequests, fund-raising, and private donations are generally only for larger, more established organizations.

3 – Community services come from mostly government sources – federal, state, county and community funding. As government directions change, organizations are left with no funding. Groups of individuals can lose service almost overnight.

2 – Community services come entirely from government sources – federal, state, county and community funding.

1 – most disability groups are un-served except for available federal and state services.

0 – access to most services requires the ability to travel to another community

3. Public Access (getting to and using public buildings and recreational facilities)
 Score your community 5-0 Score _____

5 – We have a community-developed plan to increase access to all public services that was created with input from advocates and individuals with disabilities. The plan identifies funding sources and commits the community to increasing access within the next 3 years. At least 80% of park district and other recreation services are already accessible. Individuals who need accommodations have a central number or point of contact to arrange for assistance in advance. There is a plan to increase access over the next 5 years.

4 – We have a community-developed plan to increase access to all public services that was created with input from advocates and individuals with disabilities. The plan

identifies funding sources and commits the community to increasing access within the next 5 years. 60-80% of park district / recreation services are accessible with the ability to arrange for accommodations but no central point of contact. There is a plan to increase access as funding is available.

3 – We have a community-developed plan to increase access to all public services that was created with input from advocates and individuals with disabilities. The plan identifies funding sources and commits the community to increasing access within the next 10 years. Only 30-50% of park district and recreation services are accessible. There is no specific plan to increase access.

2 – We have a community-developed plan but there is no funding or commitment from specific community partners. Less than 30% of recreation services are accessible or no ADA accommodations are available. No plan to increase access.

1 – We have a plan that was developed without community input or the plan has not been distributed. There are specific programs/services/recreation areas designated to be accessible. No ADA accommodations can be arranged. No plan to increase access.

0 – there is no plan for increasing access and no recreation services are specifically designed to be accessible to individuals with disabilities.

4. General Accessibility (ease of mobility within the community)

Score your community 5-0

Score _____

5 – at least 95% of public streets have well-maintained sidewalks cleared of obstructions with curb cuts to allow access, pedestrian control signs have audible signals for the visually impaired

4 – 80-95% of streets meet the standard

3 – 65 – 80% of streets meet the standard

2 – 40% - 65% of streets meet the standard

1 – 20-40% of streets meet the standard

0 – sidewalks are only in some areas of the community, sidewalks are poorly maintained, curb cuts are rare, no/few corners with audible signals

5. Availability of Services (range and accessibility of disability services)

Score your community 5-0

Score _____

5 – we have a broad selection of services that provide a wide range for individuals with all types of disability. Programs are competitive to allow free choice. Appropriate programs are inclusive, serving people with and without disabilities in the same settings. Coordination between programs is good and services are well-publicized. There are no/short wait times for services

4 – a broad selection of services are available with all types of disabilities served. There are not enough to provide competition and/or programs are not inclusive. Programs publicize their services within the provider community and coordination is good. Some popular programs have wait times of up to 3 months.

3 – area services cover almost all disabilities but few are inclusive. Providers do some publicity and coordination about services. Wait times for some programs are 6-9 months.

2 – only a few types of disabilities are served / services are limited due to those who can afford to pay for private services. Providers don't outreach or coordinate services so some groups are over-served and others have no services available. Waiting times vary between programs and can be up to a year for some services.

1 – most disability groups are un-served except for available federal and state services.
0 – access to most services requires the ability to travel to another community

6. Evaluation of Services (coordination and feedback on the effectiveness of services)
Score your community 5-0 Score _____

5 – New programs are developed in coordination among community providers, advocates and individuals with disabilities. The goal is to expand services to meet changing needs and/or fill service gaps. Consumers provide regular evaluation of community programs to identify successes, service gaps, and unmet needs.

4 – New programs are developed based on funding availability. Advocates, other community providers and consumers are included near the end of the planning process. New programs don't always fill the unmet need. Consumer evaluation is welcome but not solicited.

3 – New programs are developed based on funding availability. Advocates, other community providers and consumers are not included in the process. Consumer evaluation is haphazard at best.

2 – New programs overlap services already provided. No community assessment of need or coordination of services has been created. Consumer evaluation is not solicited

1 – most disability groups are un-served except for available federal and state services.

0 – access to most services requires the ability to travel to another community

7. Employment (inclusion and coordination of efforts toward full employment)
Score your community 5-0 Score _____

5 – There is a community economic and workforce development plan that includes the needs of individuals with disabilities. This plan was developed with advocates and persons with disabilities. The plan is implemented by a board that includes persons with disabilities. Job developers from state agency and community organizations meet regularly to coordinate efforts so that an employer has one point of contact to reach trained individuals with disabilities. On-the-job supports and training are available from many social service providers to accommodate different disabilities. There is a coordinated effort to local employers, social service agencies and educational institutions to become Employer Networks under the Ticket to Work. The community has an active Business Leadership Network to promote hiring of individuals with disabilities.

4 – There is a community economic and workforce development plan that includes the needs of individuals with disabilities. This plan was developed with advocates and persons with disabilities. The plan is implemented by a board that includes persons with disabilities. Job developers from state agency and community organizations meet sporadically to coordinate efforts so that an employer has one point of contact to reach trained individuals with disabilities. On-the-job supports and training are available from social service providers to accommodate different disabilities. The community has an active Business Leadership Network to promote hiring of individuals with disabilities. There is little outreach to promote the Ticket to Work or new Employer Networks.

3 – There is a community economic and workforce development plan that includes the needs of individuals with disabilities. This plan was developed with advocates and persons with disabilities. The plan is implemented by a board that includes persons with disabilities. Job developers from state agency and community organizations meet sporadically to coordinate efforts. On-the-job supports and training are available from

social service providers to accommodate most disabilities. There is no active Business Leadership Network or Ticket outreach.

2 – There is a community economic and workforce development plan that includes the needs of individuals with disabilities. This plan was developed with advocates and persons with disabilities but no individuals with disabilities or advocates are involved in the implementation. Job developers from state agency and community organizations meet rarely to coordinate efforts. On-the-job supports and training are available from social service providers to accommodate some disabilities.

1 – There is a community economic and workforce development plan that includes the needs of individuals with disabilities but was designed without much input from individuals with disabilities. Job developers from state agency and community organizations do not coordinate efforts so that employers face multiple contacts from various groups. On-the-job supports and training are sometimes available depending on the disability.

0 - There is a community economic and workforce development plan but it does not include the needs of individuals with disabilities. Job developers from state agency and community organizations do not coordinate efforts so that employers face multiple contacts from various groups. On-the-job supports and training are rarely available.

8. Health Care (accessibility and openness of health care)

Score your community 5-0

Score _____

5 – Access to general and specialized medical services is available. Most medical services accept Medicare and Medicaid. Most individuals with high-cost medical conditions have a medical home to promote continuity of care and access to specialty services, as appropriate. Medical services are accessible. Medium and large institutions have training for staff in serving the special needs of individuals with disabilities. Advocates and individuals with disabilities are included in community planning for health care services. Consumers are regularly included in program evaluation to encourage continuous improvement.

4 – Access to general and specialized medical services is available. Most medical services accept Medicare and Medicaid. Most individuals with high-cost medical conditions have a medical home to promote continuity of care and access to specialty services, as appropriate. Medical services are accessible. Medium and large institutions offer training for staff in serving the special needs of individuals with disabilities. Advocates and individuals with disabilities are usually included in community planning for health care services. Consumers are usually included in program evaluation to encourage continuous improvement.

3 – Access to general and specialized medical services is available. Most medical services accept Medicare. Most individuals with high-cost medical conditions have a medical home to promote continuity of care and access to specialty services, as appropriate. Medical services are generally accessible. Some medium and large institutions offer training for staff in serving the special needs of individuals with disabilities. Advocates and individuals with disabilities are not included in community planning for health care services.

2 – Access to general and many specialized medical services is available. Most medical services accept Medicare. Most consumers do not have a medical home. Medical services are generally accessible. There is generally no special training for staff in

dealing with disabilities. Advocates and individuals with disabilities are not included in community planning for health care services.

1 – Access to general and some specialized medical services is available. Some medical treatment requires travel to another community, even for routine care. Most medical services accept Medicare. Most consumers do not have a medical home. Medical services are generally accessible. There is generally no special training for staff in dealing with disabilities. Advocates and individuals with disabilities are not included in community planning for health care services.

0 – Most medical services require the ability to travel to another community.

9. Transition Services (coordination and responsiveness of special education transition plans)

Score your community 5-0

Score _____

5 – Transition meetings are coordinated and well-attended. The community has an active Transition Planning Committee that works across community/school boundaries to ensure students access to services. Transition focuses primarily on expectations of future independence and employment. The IEP is student –led with professional guidance and input. Planning includes all areas of adult life including income and benefits, health care, housing, and supports. Community supports are represented and made available to the student. Transition information is available to grade school parents to encourage planning before age 14 ½.

4 – Transition meetings are coordinated and well-attended. The community has a Transition Planning Committee but it is not well-supported. Transition focuses primarily on expectations of future independence and employment. The IEP is student –led but sometimes poorly focused due to lack of professional support and guidance. Planning includes all areas of adult life including income and benefits, health care, housing, and supports. Community supports are represented and made available to the student. Transition information is available to grade school parents to encourage planning before age 14 ½.

3 – Transition meetings are coordinated and sometimes well-attended. The community has a Transition Planning Committee but it is not well-supported. Transition focuses primarily on federal/state requirements. The IEP is developed with the student but not student-led. Planning does not cover all important areas of adult life. Community supports are presented if the individual requests assistance. No information is readily available before age 14.

2 – Transition meetings are coordinated and usually poorly-attended. The community has a Transition Planning Committee but it is not well-supported. Transition focuses primarily on federal/state requirements. The IEP is developed with the student but not student-led. Planning does not cover important areas of adult life. Community supports are rarely mentioned.

1 – Transition meetings are coordinated and usually poorly-attended. The community does not have an active Transition Planning Committee. Transition focuses primarily on federal/state requirements. The IEP is usually a one-size-fits-all process. Planning does not cover important areas of adult life. Community supports are only mentioned if a need is presented.

0 – Transition meetings meet the minimum required by state/federal law. Families must generally search for community services on their own.

10. Post-secondary Education (opportunity for specialized education and training)
Score your community 5-0 Score _____

5 – Information about opportunities for on-going education and training is available to everyone. Local vocational programs, technical schools, community colleges, and trade schools are accessible and recruit students with disabilities. Post-secondary instruction participants have easy access to accessibility supports. Internships in different vocations are open and accessible to all students. Local employers are supportive of internship programs, both paid and unpaid.

4 – Information about opportunities for on-going education and training is available to everyone. Local vocational programs, technical schools, community colleges, and trade schools are accessible and recruit students with disabilities. Post-secondary instruction participants have easy access to accessibility supports. Internships in different vocations are rare and not well-known.

3 – Information about opportunities for on-going education and training is available to everyone. Local vocational programs, technical schools, community colleges, and trade schools are accessible and recruit students with disabilities. Post-secondary instruction participants have access to accessibility supports, if they ask.

2 – Information about opportunities for on-going education and training is available to everyone. Local vocational programs, technical schools, community colleges, and trade schools don't recruit students with disabilities. Post-secondary instruction participants have access to accessibility supports, if they ask.

1 – On-going education and training is available but not easily accessible. Local vocational programs, technical schools, community colleges, and trade schools don't recruit students with disabilities. Post-secondary instruction participants have access to accessibility supports, if they ask.

0 – On-going education and training is available but requires the ability to travel to another community

11. Housing (availability and access to affordable, low-income housing)
Score your community 5-0 Score _____

5 – Access to low-income public housing for individuals with disabilities is available with short wait-lists of usually less than 6 weeks. Over 75% of individuals in public housing live in scattered-site community housing of 4 units or less.

4 – Access to low-income public housing for individuals with disabilities is available with short wait-lists of usually less than 6 weeks. Over 50% of individuals in public housing live in scattered-site community housing of 4 units or less

3 – Access to low-income public housing for individuals with disabilities is available with moderate wait-lists of usually less than 12 weeks. Over 40% of individuals in public housing live in scattered-site community housing of 4 units or less

2 – Access to low-income public housing for individuals with disabilities is available with long wait-lists of over 16 weeks. Only about 30% of individuals in public housing live in scattered-site community housing of 4 units or less

1 – Access to low-income public housing for individuals with disabilities is available with long wait-lists of over 6 months. Very few individuals in public housing live in scattered-site community housing of 4 units or less

0 –Public housing is almost entirely low-income families and the elderly. Very few individuals with disabilities are covered. Housing neighborhoods are not well-maintained or accessible for individuals.

12. Policing and Public Safety (community safety and security)

Score your community 5-0

Score _____

5 – Local police have assigned community police officers that are well-trained, accessible and familiar with their neighborhoods. These officers attend community issues meetings on a regular basis. All police officers receive training on the special needs of individuals with disabilities. Officers receive specific training on working with individuals with mental illness. Fire and ambulance personnel are required to have training on disability awareness. Local police review boards include individuals with disabilities and advocates. Judges, prosecutors and public defenders are trained in working with individuals with disabilities. The community has a coordinated emergency response system that includes the special needs of individuals with disabilities. Streets are well-lit and safe.

4 – Local police have assigned community police officers that are well-trained, accessible and familiar with their neighborhoods. These officers attend community issues meetings on a regular basis. All police officers receive training on the special needs of individuals with disabilities. Officers receive specific training on working with individuals with mental illness. Fire and ambulance personnel are required to have training on disability awareness. Local police review boards include individuals with disabilities and advocates. The community has a coordinated emergency response system that includes the special needs of individuals with disabilities. Most streets are well-lit and safe.

3 – Community policing is available in some, but not all neighborhoods. All police officers receive training on the special needs of individuals with disabilities. Officers receive specific training on working with individuals with mental illness. Local police review boards include individuals with disabilities and/or advocates. The community has a coordinated emergency response system but it does not include the special needs of individuals with disabilities. Most streets are well-lit and safe.

2 – There is no community policing program. All police officers receive training on the special needs of individuals with disabilities. Officers receive specific training on handling individuals with mental illness. Local police review boards include individuals with disabilities and/or advocates. Most streets are well-lit and safe.

1 – There is no community policing program. All police officers receive some training on the special needs of individuals with disabilities. Some streets are well-lit and safe.

0 – Police receive no special training on helping or interacting with individuals with disabilities. Little outreach to the disability community occurs. Some streets are well-lit and safe.

13. Public Transportation (accessibility and inclusion in transportation)

Score your community 5-0

Score _____

5 – Public transportation is convenient, accessible and reasonably priced throughout the community along fixed routes. Service hours start early enough and continue late enough for most employment including weekend hours. Generally, routes go within 2-3 blocks of major employers, education, healthcare and shopping. Point-to-point service

by bus or taxicab is available and accessible. Individuals with disabilities are included on transportation planning committees. Planning sessions are well-advertised and accessible. Operators, including private taxis, receive mandatory training on working with individuals with disabilities.

4 – Public transportation is convenient, accessible and reasonably priced throughout the community along fixed routes. Service hours start early enough and continue late enough for most employment including weekend hours. Generally, routes go within 2-3 blocks of major employers, education, healthcare and shopping. Point-to-point service by bus or taxicab is available and accessible. The needs of individuals with disabilities are included on transportation planning committees. Planning sessions are accessible but not well-advertised or attended. Only public transportation operators receive mandatory training on working with individuals with disabilities.

3 – Public transportation is convenient, accessible and reasonably priced throughout the community along fixed routes. Service hours start early enough and continue late enough for most employment including weekend hours. Generally, routes go within 2-3 blocks of major employers, education, healthcare and shopping. Point-to-point service by bus or taxicab is available and accessible. Only public transportation supervisors receive any training on working with individuals with disabilities.

2 – Public transportation is accessible along fixed routes. Service hours do not start early enough or continue late enough for most employment including weekend hours. Generally, routes go within 2-3 blocks of major employers, education, healthcare and shopping. Point-to-point service by bus or taxicab is available and accessible. The needs of individuals with disabilities are occasionally included in transportation plans. Transportation operators do not receive training on working with individuals with disabilities.

1 – Public transportation is accessible along fixed routes. Service hours do not start early enough or continue late enough for most employment including weekend hours. Routes are often more than 2-3 blocks from many major employers, education, healthcare and shopping. Point-to-point service by bus or taxicab is available, but costly. The needs of individuals with disabilities are rarely included in transportation plans. Transportation operators do not receive training on working with individuals with disabilities.

0 – There is no established public transportation system or the system is not extensive enough to provide access to most employers, education, healthcare and shopping.

Our Community Score: _____

Possible Total Score: 65