

PROGRAM DESCRIPTION

Department of Higher Education and Workforce Development

HB Section(s): 3.135

Program Name: Workforce Autism Project

Program is found in the following core budget(s): Workforce Autism

1a. What strategic priority does this program address?

Meaningful Work

1b. What does this program do?

This program is designed for the autistic population in Southeast Missouri to gain workforce transition services, independent living skills, life skills training, and identifying career pathways through utilizing the assessment model developed by the Tailor Institute located in Southeast Missouri. The goal is to identify and find employment for the autistic population in Southeast Missouri.

2a. Provide an activity measure(s) for the program.

	FY 2018*		FY 2019		FY 2020**		FY 2021	FY 2022	FY 2023
	Projected	Actual	Projected	Actual	Projected	Actual***	Projected	Projected	Projected
New Participants	N/A	N/A	16	23	18	9	25	27	29
Placed in Employment	N/A	N/A	8	14	13	11	16	18	20

*The program was not funded in FY 2018.

**The data was provided by the sub-recipient, Tailor Institute.

***FY 2020 actual enrollments are low due to COVID.

2b. Provide a measure(s) of the program's quality.

	FY 2018		FY 2019		FY 2020		FY 2021	FY 2022	FY 2023
	Projected	Actual	Projected	Actual	Projected	Actual	Projected	Projected	Projected
Employer Satisfaction Rate	N/A	N/A	85%	100%	85%	N/A**	85%	90%	95%

*The data was provided by the sub-recipient, Tailor Institute.

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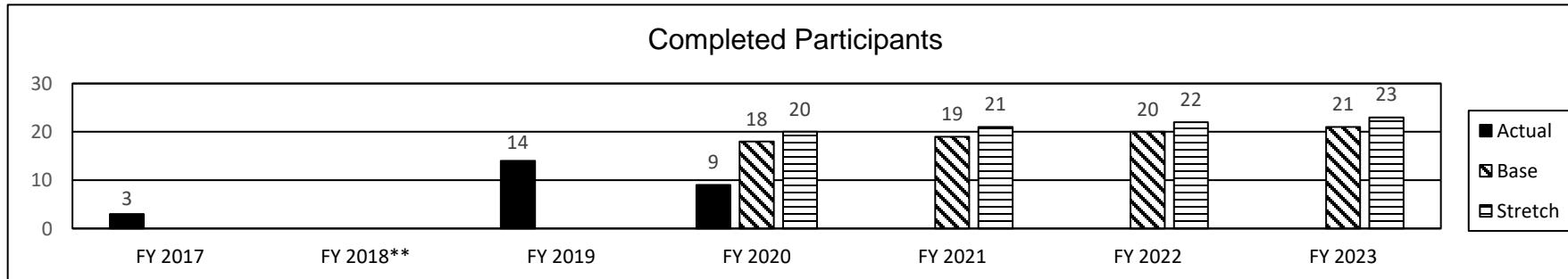
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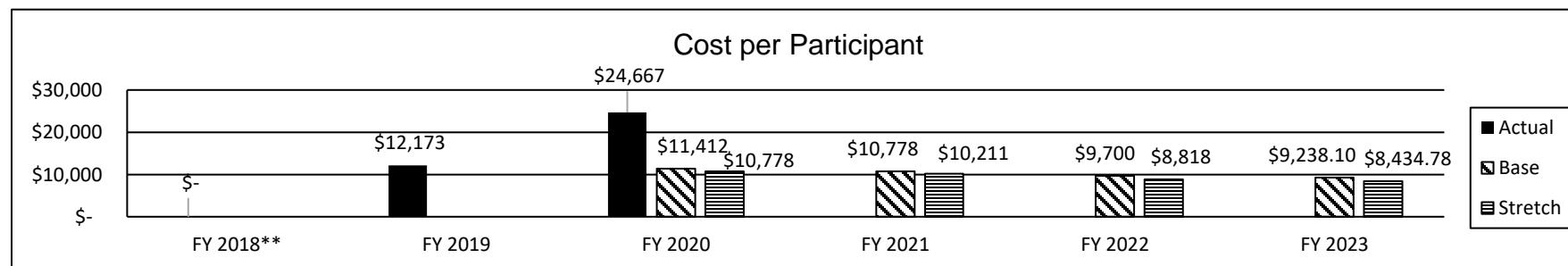
2c. Provide a measure(s) of the program's impact.



*This program has participants who begin the program and exit the program at different stages and times. This program also places participants in employment.

**The program was not funded in FY 2018.

2d. Provide a measure(s) of the program's efficiency.



*Data was provided by the sub-recipient, Tailor Institute.

**The program was not funded in FY 2018.

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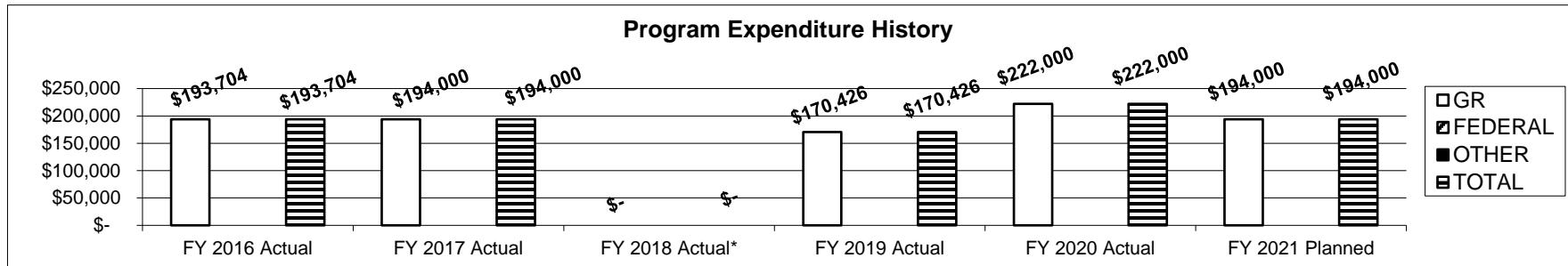
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



*The program was not funded in FY 2018.

4. What are the sources of the "Other" funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

N/A

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.