

*View Statement  
Plus Training*

United States General Accounting Office

**GAO**

**Testimony**

Before the Subcommittee on Education, Labor, and Health and  
Human Services, Committee on Appropriations, U.S. Senate

For Release on Delivery  
Expected at  
9:30 a.m., EDT  
Friday  
June 18, 1993

**MULTIPLE EMPLOYMENT  
PROGRAMS**

**National Employment  
Training Strategy Needed**

Statement of Clarence C. Crawford, Associate Director,  
Education and Employment Issues, Human Resources Division



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*National Symposium on Supported Employment*

# Stanley Herr

**Asst. on Disability, The White House**

- ◆ *Assisting policy makers to implement changes in statutory, regulatory and administrative systems to increase consumer focus.*

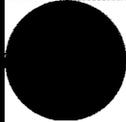
Through work with numerous state human services agencies and developmental disabilities planning councils, HSRI has assisted in moving service systems away from rigid regulatory constraints toward a greater service enhancement focus. Key actions have included modifying licensing statutes, developing program monitoring methods focused on the concerns of consumers and families, involving them in monitoring activities, and expanding the discretionary authority of case managers to allow for greater consumer choice.

- ◆ *Conducting consumer and family focused program evaluation.*

HSRI staff members are committed to consumer and family empowerment and strive to integrate these perspectives into more traditional evaluation methodologies. This approach ensures that program performance is assessed on criteria that are important to service users as well as to service providers and funders.

- ◆ *Designing and assisting with the implementation of technical systems.*

HSRI has worked with states and localities to develop sophisticated systems for such technical activities as planning, budgeting, personnel, and quality assurance. Underlying HSRI's design choices is the desire to urge organizations to be more responsive to people with disabilities and their families. Financing and payment systems move from rigid, provider-controlled models to those that are more flexible and consumer-controlled. Professionally-dominated quality assurance systems reinforcing the status quo are altered to become systems that promote a learning environment, worker investment in service improvement, creativity and innovation.



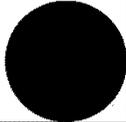
# Human Services Research Institute

An agency whose mission is to:

- ◆ Support people with disabilities and their families in their efforts to improve the quality of their lives; and
- ◆ Enhance the capacity of communities to build supports that are responsive to the aspirations and preferences of people with disabilities and their families.



2336 Massachusetts Ave.  
Cambridge, MA 02140  
(617) 876-0426



## Who Are We?

The Human Services Research Institute (HSRI), is a non-profit, tax-exempt corporation that was founded in 1976 to improve the availability and quality of supports for people with disabilities. HSRI has three geographic locations, with its main office located in Cambridge:

- ◆ Human Services Research Institute  
2336 Massachusetts Ave.  
Cambridge, MA 02140  
(617) 876-0426  
*Contact: Valerie Bradley*
- ◆ Human Services Research Institute  
525 Glen Creek Rd. NW (230)  
Salem, OR 97304  
(503) 362-5682  
*Contact: John Agosta*
- ◆ Human Services Research Institute  
7910 Woodmont Ave. (912)  
Bethesda, MD 20814  
(301) 652-0598  
*Contact: Mady Kimmich*

Staff at HSRI have been working on systems change and policy studies concerning disability issues for the past 17 years. Its staff have been observers of and participants in the great changes that have characterized this field. HSRI staff strongly support efforts to improve community centered responses to disability, leading to service approaches that are consumer driven and most apt to result in increased independence and productivity among service recipients.

## What Do We Do?

Toward achieving our mission, HSRI engages in the following activities:

- ◆ *Fostering collaborative planning among multiple agencies and constituencies.*

HSRI works with state, local and community leaders nationwide to build and support working coalitions and inclusive communities. These collaborative efforts nurture leadership, facilitate action and create a safe arena for discussion. Collaboration is designed to facilitate the shift from centralized rule-bound organizational structures and management systems to decentralized, consumer-responsive systems.

- ◆ *Providing technical support to grass roots organizing efforts.*

In numerous states, HSRI has provided information to people with disabilities, their families and others regarding various means for delivering services, has worked with families to organize statewide networks and to reach agreement over their goals for system enhancement, and has assisted them to educate policy makers about their needs and preferences.

- ◆ *Conducting training events and forums that foster the inclusion of people with disabilities as contributing community members.*

In several communities HSRI has worked with citizens and community organizations to take the lead in bringing people with disabilities into full membership in their communities. Through training and planning activities, the communities, not agencies or systems, have emerged as the primary agents of change.

- ◆ *Sharing information from our cumulative knowledge of the field to educate policy makers.*

Through its extensive consultation in almost every state, and internationally, HSRI has forged a rich network of relationships with academic, governmental and consumer leaders in human services. At the heart of this network, HSRI sustains a comprehensive knowledge of current activities and trends and uses its seasoned analyses of these trends to stimulate professional exchange and foster the implementation of "best practices."

- ◆ *Analyzing disability policies and identifying opportunities and options for change.*

In numerous states and localities, HSRI has been involved in examining current disability policies and practices, to uncover ways to improve services to people with disabilities. Core activities include analysis of written materials, interviews and citizen forums. Through accessible community forums, HSRI not only obtains valuable input from a broad range of concerned parties, but also initiates an essential collegial process among policy makers, providers, and people with disabilities and their families. From these varied efforts emerges an analysis of the current system, and a practical workplan to move the jurisdiction toward its vision.

- ◆ *Tracking national trends and contributing to new thinking about what constitutes best practice and how to reform systems accordingly.*

HSRI has engaged in nationally significant projects related to reform in system design, from family support to personal assistance services to supported employment. Key actions include analyzing existing policies, examining innovative efforts, conducting surveys and public forums, developing consumer-driven quality indicators, and conducting institutes and conferences to disseminate new ideas and stimulate discussions among a broad range of participants.

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## TECHNICAL ASSISTANCE

The Institute provides technical assistance to schools, human service organizations and businesses in the development of innovative person-specific educational, employment and living options for individuals with significant disabilities using a variety of professional and personal supports. These activities are designed to meet the unique needs of specific organizations. The Institute provides technical assistance to public school districts focusing on inclusive education and transition from school to work, to rehabilitation organizations interested in expanding their community-based employment services, and to programs providing orientation and mobility services. Areas of technical assistance include program design, management, clinical supervision, health care coordination, human resource management, program conversion, quality assurance, marketing, staff development, employment specialist training, and training for families and consumers.

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## RESEARCH

The Institute conducts applied research related to the nature and quality of services for individuals with disabilities. Research findings are disseminated through publications, conferences, and group presentations. Recent studies have focused on:

- Children with HIV infection in school
- Health related intervention studies
- Public policy in prevention of disability
- Social integration and natural supports
- Policies affecting integrated employment
- Current utilization and unmet needs in employment
- Conversion of segregated employment programs
- Best employment practices of people with disabilities

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## SPECIAL PROJECTS

The Institute is involved in a variety of federal and state funded demonstration projects which develop options promoting community inclusion and interdependence for individuals with significant disabilities. These include:

- Community Inclusion Project for Students with Severe Disabilities
- Integrated Social and Leisure Recreation for Students with Severe Handicaps
- Transition from School to Work and Adult Life Using A Natural Supports Model
- Massachusetts Transition Initiative with Public Schools
- Organizational Change Project with Community-based Agencies Providing Employment
- Employment Demonstration Project for Adolescents with Mental Illness & Cognitive Impairments

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For additional information, a publications brochure, or to get on the mailing list please contact:

**Institute for Community Inclusion**

**Children's Hospital**

**300 Longwood Avenue**

**Boston, Massachusetts 02115**

(617) 735-6506; FAX: (617) 735-7940; TDD: (617) 735-6959

For additional information on specific activities please contact:

**William E. Kiernan, ICI Director**

John Butterworth, Research

Allen Crocker, Program Director

David Hagner, Preservice Training

David Helm, Interdisciplinary Training

Joseph Marrone, Technical Assistance

Eunice Shishmanian, Clinical Services

Cynthia Thomas, Employment Services

Margaret VanGelder, Training

*This information is available in audio tape, large print, disk or Braille format upon request.*

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# Institute for Community Inclusion

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*The mission of the Institute for Community Inclusion is to work to create and preserve a quality life for people with disabilities and their families through training, research, information sharing, and service with and for individuals with disabilities and their family members, community members, service providers, and policy makers .*

The Institute, a University Affiliated Program, is comprised of the **Developmental Evaluation Center, the Training and Research Institute for People with Disabilities, and the Center on Promoting Employment: a Rehabilitation and Research Training Center**. It is based at Children's Hospital with additional offices at The University of Massachusetts at Boston. The Institute is committed to develop resources and supports for people with disabilities and their families fostering interdependence, productivity, and inclusion in community settings. The Institute carries out its mission through training, technical assistance, research, exemplary clinical, consultative and employment services, and dissemination of publications and materials.

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## TRAINING

Institute staff provide interdisciplinary preservice and inservice training to a wide variety of professionals, providers, consumers, parents, and policy makers. Formal affiliations exist with 10 colleges and universities representing 17 academic departments and training programs. Institute staff, as faculty of the University of Massachusetts/Boston, Graduate College of Education, provide instruction in supported employment, transition from school to adult life, and orientation and mobility.

Interdisciplinary trainees working within the Institute are involved in clinical services, didactic seminars and community experiences. A broad array of inservice training activities are conducted in the areas of integrated employment, inclusive education and recreation, natural and social supports, and health care using formats such as workshops, conferences, seminar series and specialized training programs as requested. Institute trainees are prepared to assume leadership roles in the design, implementation, and delivery of supports for persons with disabilities in inclusive communities.

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## SERVICES

The Institute offers an array of clinical and evaluative services to address the developmental concerns of children, young adults and adults. Referrals are received from schools, families, physicians, and community programs. Within an interdisciplinary setting, diagnostic studies, individual evaluations, planning for education and therapy, and family support are provided. Institute staff have expertise in working with children with complex disabilities. Specialty programs are offered for individuals with mental retardation and other developmental disabilities, mental health/behavioral concerns, feeding problems and certain syndromes (e.g., Autism and Down Syndrome).

A variety of integrated employment services are offered that assist individuals with disabilities in obtaining employment and provide individualized support services to promote success on the job. Comprehensive planning and on-site supports assist in matching interests to job duties for both the person with a disability and the employer.

# National Symposium on Supported Employment

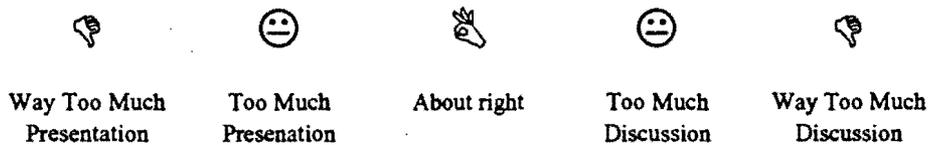
## Meeting Evaluation Form

### Overall Impressions

1. How well did you feel that today's activities were organized?



2. What did you think about the balance between the amount of time allowed for presentations and the amount of time for discussion?



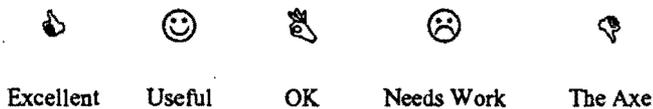
3. How useful to you were today's presentations and discussions?



### Opinion on Specific Sessions

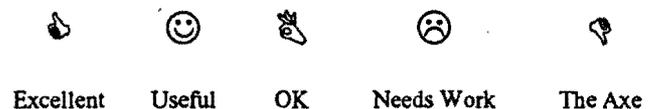
#### *Perspectives on Supported Employment (9:50 AM)*

Overall the session was... (Circle One)



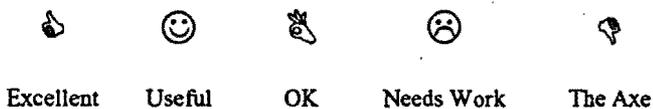
#### *Organizational Commitment (1:15 PM)*

Overall the session was... (Circle One)



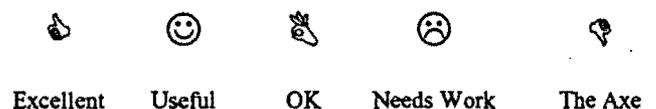
#### *Policy and Financing (10:45 AM)*

Overall the session was... (Circle One)



#### *Emerging Strategies (2:30 PM)*

Overall the session was... (Circle One)



### Final Comments

What did you like best about today's meeting? \_\_\_\_\_

What could have been done differently to improve the session? \_\_\_\_\_

# Rehabilitation Research and Training Center On Supported Employment

## School of Education Virginia Commonwealth University

The Rehabilitation Research and Training Center on Supported Employment (RRTC) is a unit of the School of Education at Virginia Commonwealth University. The RRTC is supported primarily by the National Institute on Disability and Rehabilitation Research, a unit of the United States Department of Education. The RRTC was founded in 1983 and has been directed since its inception by Dr. Paul Wehman. With over 40 faculty and staff, the RRTC focuses its work on a variety of issues pertaining to employment of individuals with disabilities. Current efforts are addressing policy analysis, program evaluation, consumer satisfaction, benefit-cost analysis, vocational integration, and school to work transition. The Research Division of the RRTC, headed by Dr. John Kregel, possesses the largest interstate database on supported employment consumers in the country. In addition to research activities, the RRTC conducts major national training initiatives. The Training Division organizes a National Supported Employment Symposium, Internships, Forums, and conducts video Teleconference training programs centered around supported employment implementation and management issues.

### Overview of the RRTC Research Strands

Each research strand contains between two and five research investigations and is under the direction of an RRTC faculty member. The content of each of the research strands is summarized below.

**Self-Determination and Consumer Satisfaction** identifies additional strategies and interventions that will enhance the ability of local programs to effectively meet the needs of individual consumers through approaches focusing on empowerment and self-determination.

**Costs and Benefits** examines operational costs and consumer benefits of supported employment in relation to other rehabilitation services. Working with a network of local programs, one study examines the cost of providing employment services to individuals with disabilities through different rehabilitation programs. A second study compares the economic benefits of individuals engaged in supported employment with those generated by other programs. The final study examines the effect of consumer characteristics and service delivery models on costs and benefits.

**Service Delivery Strategies** contains five investigations that focus on the development and evaluation of service delivery strategies and interventions that will enhance the capacity of supported employment programs to meet the employment needs of those who could benefit from these services.

**Assessing Effectiveness** develops to strategies to measuring the success of supported employment programs, as well as involves individuals with severe disabilities and their families in evaluating supported employment outcomes.

**Unserved and Underserved Populations** is designed to determine effective methods of augmenting existing resources in order to increase the number and diversity of individuals with severe disabilities in supported employment programs.

**Longitudinal Tracking/National Research Database** addresses the need to develop and maintain a national database on supported employment, as well as to develop strategies to track individuals in supported employment programs longitudinally over time. The strand focuses on the **National Survey of Supported Employment Implementation** as a mechanism for measuring the success of the federal/state vocational rehabilitation program.

**Extended Services** attempts to develop and evaluate strategies which will leverage VR funds to attract additional resources from other sources for long-term support.

### **Techniques for Implementing Training and Dissemination**

In order to be responsive to individuals interested in accessing our training and dissemination efforts, the RRTC conducts a diverse array of training activities. Eight of these activities are identified below.

**National Meetings and Symposia** offer an opportunity for consumers, families, and professionals to network and share information on current issues and strategies, new techniques, and the continued development of a national agenda for supported employment services.

**Inservice Training Institutes** offer an intensive format with a competency-based training design that assesses and builds participants' skills and abilities and offers certification to participants who can demonstrate competency in the specified areas.

**Distance Education** activities focus on awareness and knowledge level training of consumers, families, and professionals interested in community integrated employment services (supported employment).

**Self-Instruction** activities will focus on the development of computer assisted training modules which utilize CD-ROM personal computer technology.

**Preservice** activities will focus on graduate level preparation of Rehabilitation Researchers, and the infusion of integrated employment (supported employment) into the core curriculums of education and allied health personnel training programs at the graduate and undergraduate levels.

**Product Development** focuses on the development of an array of materials which are available in audio (cassette tape), visual (computer assisted training modules, video tape & video disc), written (booklets, newsletters, manuals, monographs, professional journal articles) formats.

**Technical Assistance and Consultation** is available at the individual, local program, and state agency level. These activities are designed to assist in the

formulation of staff development plans and the provision of training and/or information related to the development and implementation of supported employment services.

**Dissemination** encompasses the utilization of all of the above mentioned strategies to assure the availability of information to any interested person or organization. The methods outlined above include access to written information, discussion and support through telephone consultation, referral to knowledgeable sources for specific requests of training or technical assistance, national meetings, regional forums, teleconferences, utilization of technology for communication, computer based self-instruction, and access to formal advanced training.

### **Related Activities**

In addition to the core RRTC research and training activities, the VCU-RRTC is currently engaged in a number of other related activities.

#### **SELF ADVOCACY: Leadership Institute**

A natural and fundamental right of making choice has been nonexistent for many individuals served in the federal/state rehabilitation system. The Self Advocacy: Leadership Institutes are designed to foster self determination among individuals with disabilities by making them aware of their rights to make choices and to manage their own careers. Self advocates will comprise a major part of the training cadre that will deliver the curriculum. A major component of this training is the development of peer mentors. These will be individuals that have gone through the Leadership Institute as well as a specific training program for peer mentors. When individuals in the community have problems advocating for themselves they will have a number of a peer mentor to give them advice/support/information.

#### **Supported Employment Telecourse Network**

Over the last six years the VCU-RRTC Supported Employment Telecourse Network (SET NET) has developed and delivered over 60 personnel training events via live satellite technology. Our personnel training events have been received by 45 states and territories across the country, states with thousands of teachers, employment specialist and other rehabilitation personnel participating on a regular basis. SET NET enjoys extremely high participant satisfaction rating with typical scores averaging 82% for usefulness of content and 90% for training support materials. In addition to the individuals that participate in our training events we have also trained approximately 350 site facilitators from across the country. The VCU-RRTC SET NET project has disseminated over a thousand video instructional products that have been developed from the live telecast. In our upcoming telecast we will be working closely with individuals with disabilities who are outspoken self advocates from around the country. These individuals will be teamed with VCU-RRTC staff to develop a consumer-driven competency based curriculum for rehabilitation personnel designed to 1) increase knowledge, 2) understanding and, 3) improved skills related to such concepts as: presumed ability to become employed; integration and inclusion; meaningful and informed choice and; involvement of families.

### **Natural Supports Transition Project**

The Natural Supports Transition Project is a three year demonstration project funded by the Rehabilitative Services Administration. The purpose of the project is to develop and implement a natural supports approach for achieving competitive employment outcomes for young adults with severe disabilities who are transitioning from school to work. Natural Supports are considered to be any type of assistance that is typically available to individuals who are not disabled to assist them with accessing and participating in the employment and community environments of their choice. With the use of natural supports, new and alternative approaches for providing supported employment services have been developed and are currently being implemented with individuals referred to the project. During the second and third years of the grant, a minimum of 20 to 30 young adults with severe disabilities will be placed, each year, into competitive employment with support from generic services and existing resources available in the local community. Information and materials on utilizing natural supports will be disseminated to consumers, family members, rehabilitation counselors, supported employment providers, educators, transition coordinators, and employers, during the final year of the Natural Supports Transition Project.

### **Self-Determination Assessment Project**

The Self-Determination Assessment Project is one of five projects funded by OSEP to develop instruments and methods for assessing self-determination of children and youth with disabilities. The project at VCU has focused its instrument on secondary and transitional age students (ages 13 to 21) and the assessment of their levels of self-determination and participation in (a) determining appropriate postschool goals, (b) planning and conducting IEP and ITP meetings, (c) decision making regarding curriculum and extracurricular activities, and (d) decision making about other areas of their lives. The assessment instrument that has been developed by the project is designed to be used prescriptively by educational systems to target areas in which students feel they have limited choices or control and remediation strategies. The assessment instrument is currently being field-tested nationally in school districts selected to provide representation of students across racial, ethnic, and disability groups and across different types of community characteristics and educational settings.

### **Job Corps Training Project**

Through a grant from the Joseph P. Kennedy Foundation, the RRTC is working with the Old Dominion Job Corps Center in Lynchburg, Virginia, the Homebuilders Association, the American Association of University Affiliated Programs, the Virginia Institute for Developmental Disabilities, and the ARC to develop and validate a service delivery model which will enable individuals with significant mental retardation to successfully complete Job Corps training activities. First year efforts are focused on modifying assessment procedures and training curricula, providing training to Job Corps instructors, and providing on-site assistance to insure success of a small group of participants. Future plans call for the expansion and national replication of the pilot effort through the involvement of all participating organizations.

### **Compensatory Strategies in Supported Employment**

This three-year project funded by the Rehabilitation Services Administration (RSA) is intended to develop, demonstrate, and disseminate a series of effective strategies and interventions

designed to promote the generalization and transferability of job skills in the placement and training of supported employment participants with moderate and severe head injuries. The use of cognitive remediation and compensatory strategies to improve work skills generalization will be demonstrated through a series a research investigations.

### **Employment Specialist Computer Assisted Training (ESCAT)**

This project is a three year Experimental and Innovative training grant funded by the Rehabilitation Services Administration. ESCAT's purpose is to design and develop a self-instructional tool targeted for employment specialist who work in supported employment programs. By the end of the project, VCU/RRTC will develop five hours of interactive, multimedia, computer assisted instruction. The content is presented through written text, sound resources, video and animation. It portrays individuals with a variety of disabilities facing employment challenges. The first module is titled "The Power to Be", and its content addresses career planning strategies for individuals with disabilities. ESCAT products will be developed for both Macintosh and IBM platforms on CD-Rom disks. Instructional manuals will accompany the computer product. Seven field sites located around the country identify content, field test and evaluate the products. People with disabilities are involved in the project through these field sites.

### **BART (Business Accommodation Response Team)**

BART is a pilot concept in the Richmond Metropolitan Area. The project is an Employment Resource for Business. BART offers employers a single point of contact and promises to respond within 72 hours of the initial call from an employer. BART offers a telephone needs assessment and either provides resources on the phone or will go to the business for an on-site assessment. BART hopes to identify solutions before problems arise, as well as assist employers with their employment decisions regarding individuals with disabilities.



UNITED  
CEREBRAL  
PALSY  
ASSOCIATIONS

*Advancing the independence of people with disabilities*

Arkansas, Washington and Vermont  
State Vocational Rehabilitation agencies  
have demos for supported employment  
Arkansas -- base project - 100 placements  
for 5 years.  
For more in formation, contact Michael Callahan

Project Director  
4101 Gautier-Vanceleave  
Gautier, MS 39553  
Ph. (601) 497-6999  
Fax (601) 497-6966

## UCPA "CHOICE" DEMONSTRATION GRANT

In 1993-94 UCPA received a five year "choice" demonstration grant through the Rehabilitation Act in 1992. This was one of the primary authorities pushed by UCPA throughout the reauthorization. This exciting opportunity will essentially allow us to demonstrate ways to assist people with challenging disabilities into competitive employment through a customer approach that is driven by the individual with disability. It completely circumvents the traditional rehabilitation system.

The UCPA demonstration is structured as a three-site national demonstration project. Project activities will be directed by Michael Callahan as Project Director, and will be implemented in the three UCP sites of Detroit, New Orleans and Pittsburgh. The goal is to implement a process for accessing choice for persons with challenging disabilities manifested through significant functional differences in mobility, manipulation and communication. These represent complex, challenging disabilities which have historically been unserved or underserved through state rehabilitation agencies.

The goal of the project is to facilitate a customer-driven process for choosing and purchasing services and supports which results in meaningful, paid, customer-selected employment for 45 people with significant disabilities each year, or an estimated 225 people over the five year span of the project. Through a customer choice approach to accessing services, each participant will personally design two individualized plans to facilitate their respective goals: A Personal Futures Plan, to clarify individual interest and needs and identify natural supports; and an Employment Plan, based on employment outcomes they personally desire, which enumerates services and supports they identify as necessary to achieve their employment goals. A local "Choice Coordinator", and a selection of "Employment Facilitators" and providers of services and supports will be available in each of the three implementation sites. Project customers (persons with significant disabilities), assisted by a personally selected Employment Facilitator, will choose from these individuals and services/supports to assist them in achieving the desired employment goals. Services and supports will be purchased by project customers through use of a choice card (a form of voucher).

The project has a value-based framework which is based on the precepts of the American With Disabilities Act, and is driven by a UCPA vision for choice which cuts across all project sites to drive implementation of project activities. These beliefs are essential to achieving project goals.

We are very excited about the possibilities this national grant will create, and about the impact its results will potential have on the evolving system of employment supports for people with disabilities in the past-ADA world. If you have questions about the "Choice Demonstration Grant," contact Michael Callahan at 4101 Gautier-Vancleave Road #102; Gautier, MS 39553; phone (601) 497-6999 or fax (601) 497-6966.

**At the core of the UCPA's approach to choice are the following beliefs, which will serve as standards to guide all project activities:**

- . UCPA believe that the American dream rests at the foundation of the values we defend.
- . UCPA acknowledges that lives of people with disabilities have been limited by decisions made by other people, and by confining expectations, which have ignored, discounted, and underestimated their abilities.
- . UCPA envisions a system of supports and services which is built on the foundation of the Americans with Disabilities Act; which recognizes competence and choice; which affords individuals with disabilities access to the services and supports they choose and need to live, work, and meaningfully participate in community life; which values people for their gifts; and supports them for their needs.
- . UCPA believes that people with disabilities should be fully included in all aspects of life and areas of society, so that everyone may experience the benefits of and be enriched by opportunities with each other that move beyond obligation to friendship, and that through such association the continuation of discriminatory and stereotypic attitudes may be prevented.

As a function of the project's commitment to our customer-driven approach, one feature of the project is that each participant will hold a Choice Card. This card, and participation in the project, entitles each project customer to:

- . be treated as a customer rather than a client.
- . any information provided in alternative formats to make informed choices about employment goals, providers, vendors, selection of technology assistance, and performance and customer-service standards:
- . assistance from a Choice Coordinator;
- . the option of developing a Personal Futures Plan for identifying whole-life goals and strategies for achieving those goals;
- . assistance from an Employment Facilitator personally selected by the customer;
- . a customer-driven individualized Employment Plan, with specific objectives, timelines, and performance measures desired by the customer that focus on outcomes and that result in enhanced productivity, independence, integration, and satisfaction; identification of desired career goals and necessary services/supports to achieve those goals, as selected by the customer;
- . selection of preferred providers to support the customer in meeting personal employment goals;
- . selection if of preferred vendors/providers of technology devices and services; the ability to hire and fire all providers/vendors, based on customer satisfaction with performance.
- . phone calls of all people involved in project activities returned with in 24 hours;
- . employment enrichment credits based on efforts to control costs in achievement of customer-desired employment objectives; and
- . approval of voucher service choices made through Choice Card within five working days.

For CHN

## Organizational Commitment to Supported Employment

For the past decade or more supported employment (SE) has been viewed as a viable option for assisting persons with disabilities in entering employment. Though there have been concerns raised about the nature of those served in SE, studies have shown that this approach has been effective at assisting consumers with disabilities in entering and maintaining employment.

The supports offered by RSA through the system change grants and the ongoing support through Title VI C of the Rehabilitation Act have served as the spring board for SE. The service delivery mechanism has more often than not been the community rehabilitation programs at the local level. Additionally, the ongoing supports and the source of those supports has been through state resources, most often the departments of Mental Retardation and Developmental Disabilities.

In an effort to obtain a clearer picture of SE, studies have surveyed state VR and state MR/DD agencies with some individual studies of community providers. The Institute for Community Inclusion, a University Affiliated Program at Children's Hospital in Boston, organized states into high and low population groups (cells) and high and low SE placement outcome groups (cells). Through a sampling procedure 20 states were selected to participate in the study.

Out of a possible 3176 service providers within the 20 selected states, 1579 were randomly selected and surveyed. With corrections for duplicate entries and those not providing day or employment services, data were available from 643 eligible responding providers (a 47.8% response rate). The survey collected information on both integrated and segregated outcomes with integrated employment including competitive and supported employment. Due to the nature of the funding agency, data were collected on persons having mental retardation and other developmental disabilities with no collection of data on persons with psychiatric disabilities. Data on program characteristics, nature of services provided, characteristics of population served, employment outcomes by service type, sources of funding, future plans, and incentives for establishing integrated employment were collected. A summary of incentives as viewed by providers and factors which influence the development of integrated employment are presented below.

The largest percentage (42%) of day and employment program providers indicated that when funding was tied to their commitment to expand integrated employment services they were more likely to develop such options. Other incentives identified, in order of frequency, included: providing training or technical assistance in integrated employment (29%), availability of Social Security work incentives (23%), establishing higher reimbursement rates for integrated employment (17%), creating fewer regulations to monitor integrated employment programs (14%), tying integrated employment funding to a commitment to phase out facility-based services (9%), requiring that new participants must enter integrated employment (5%), and providing bonuses when individuals move from facility-based services to integrated employment (3%).

When considering those states which were in the higher supported employment outcome cells, the tying of funding to a commitment to expand integrated employment and requiring new participants to enter integrated employment were viewed as significant factors when comparing the responses of those states in the states in the lower SE outcome cells.

Providers were also asked to identify specific factors that had influenced their program expansion or development of integrated employment (as opposed to factors affecting their state's expansion of integrated employment). The existence of an agency philosophy or mission emphasizing integrated employment services was identified as influential by the largest percentage of providers (87%). Almost two-thirds (65%) indicated that state funding policies and family preferences had contributed to their agency's expansion of integrated employment. Almost one-third pointed to federal funding policies (31%) and positive agency experiences with integrated employment (29%).

For additional information contact William E. Kiernan, Ph.D., Director, Institute for Community Inclusion (UAP), Children's Hospital, 300 Longwood Ave. Boston, MA. 02115.

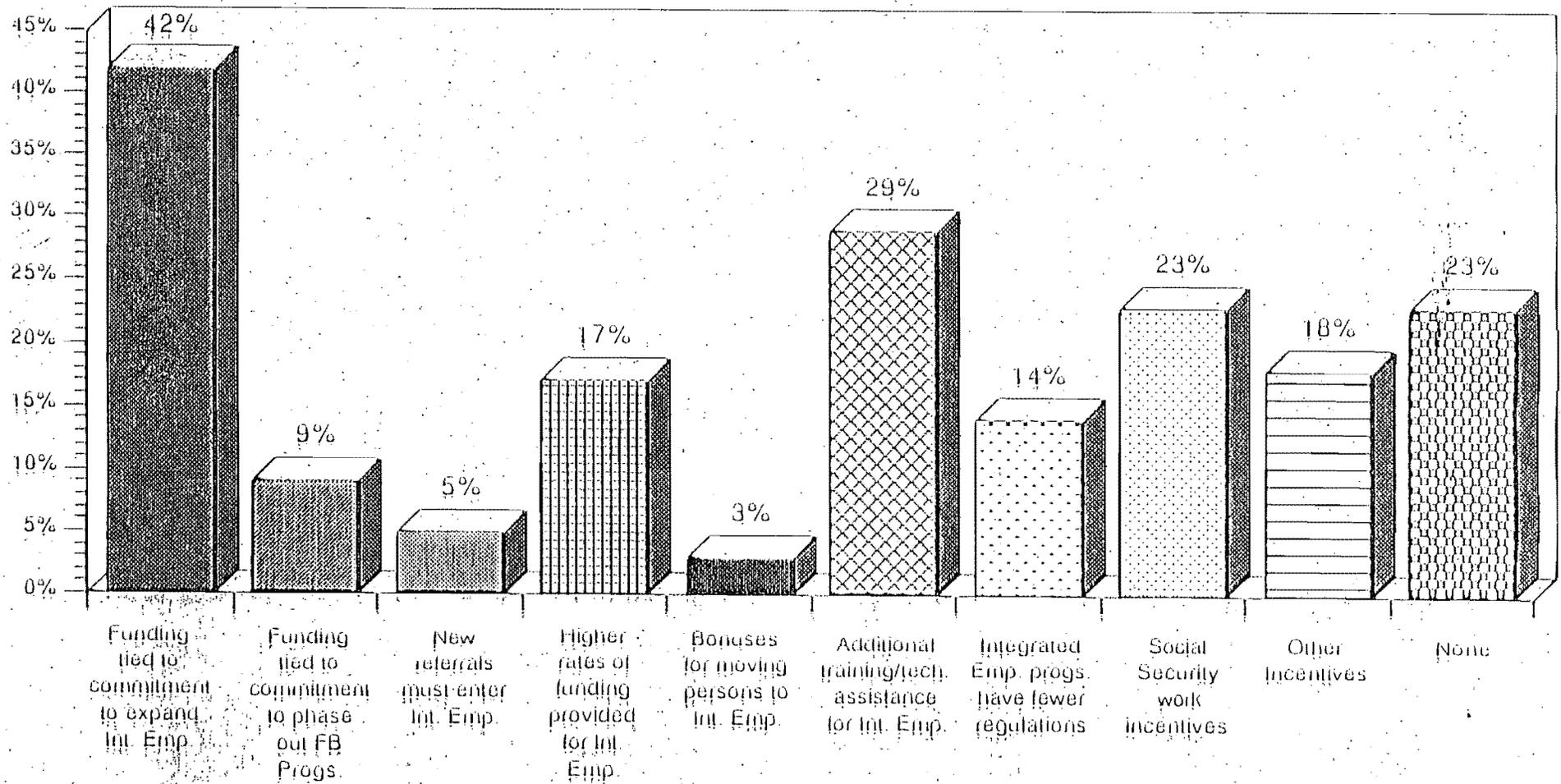
Table 4

Characteristics of Responding Agencies  
 Number of Responding Agencies = 632

| Characteristic                                     | Mean  | Standard Deviation |
|--|-------|--------------------|
| Total Served                                       | 168   | 237.12             |
| Total with Developmental Disabilities              | 131   | 176.75             |
| % with Developmental Disabilities                  | 78.4% | 29%                |
| Total in Individual SE                             | 22    | 30.53              |
| Total in Group SE                                  | 25    | 43.08              |
| Total in Competitive Employment                    | 29    | 73.60              |
| Total in Facility-based Work                       | 95    | 151.8              |
| Total in Facility-based Nonwork                    | 77    | 139.64             |
| % Offering only Integrated Employment              |       | 14.3%              |
| % Offering only Segregated Employment              |       | 3.4%               |
| % Offering both Integrated & Segregated Employment |       | 77.3%              |

Figure 18

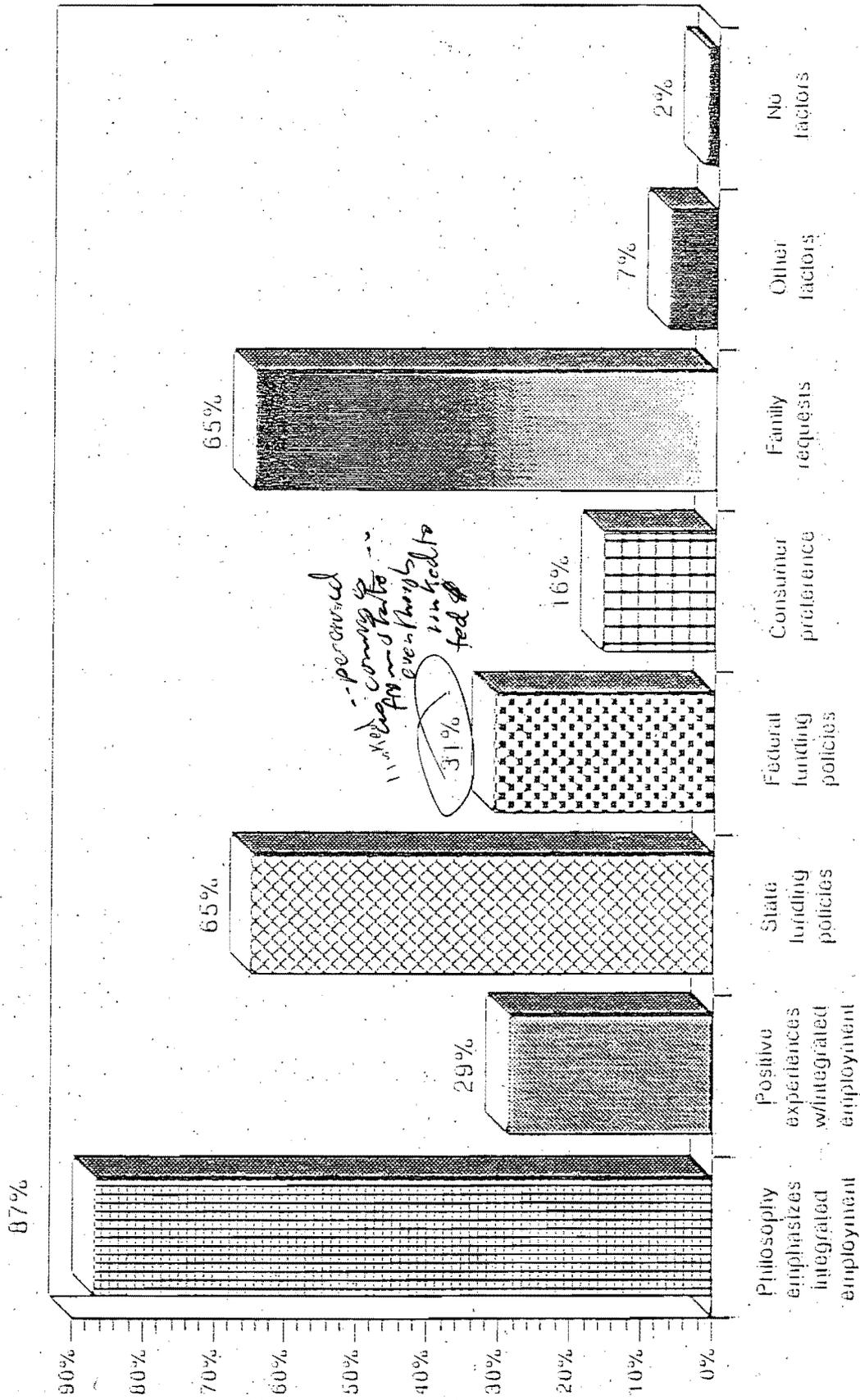
Incentives that have been helpful in Expanding Integrated Employment



Number of Respondents = 612

Figure 19

Factors Contributing to Agency Expansion of Integrated Employment



Number of Respondents = 560


 The logo for the Rehabilitation Research and Training Center (RRTC) at Virginia Commonwealth University. It features the letters 'RRTC' in a large, bold, sans-serif font. The letters are white and set against a dark, textured rectangular background.

*"Improving Supported Employment Outcomes for  
Individuals with the Most Severe Disabilities"*

REHABILITATION RESEARCH AND TRAINING CENTER AT VIRGINIA COMMONWEALTH UNIVERSITY

## Conversion: The Time is NOW!

Few would argue that in the past decade community integration, supported employment, and self-determination have been the hallmarks of human service rhetoric. Thousands of people with developmental disabilities have returned to their communities from institutions, and thousands more have left sheltered workshops to enter the nation's competitive workforce. Legislation has been crafted such as the Americans with Disabilities Act, the Developmental Disabilities Act, and the Rehabilitation Act Amendments of 1992, for the purpose of promoting community integration, integrated employment, and the opportunity to control one's own destiny.

However, as we enter the middle of this decade, consumers, families, and advocates must ask themselves the following questions. What has actually been accomplished on behalf of adults with developmental disabilities? Have those individuals who want to work in the community been provided sufficient access to supported employment? Are "well meaning" professionals still keeping adults who would prefer integrated community employment in segregated facilities?

Supported employment has offered many individuals with severe disabilities the opportunities and challenges of a real job in their local communities. In fact, most people who work in the field of rehabilitation would admit that the knowledge for placing people into competitive employment is greater than it ever has been. Yet, there exists a very troubling incongruity between what we know how to do, and what actually is occurring. **We must examine carefully whether the promises that have been made to consumers with disabilities have been kept or whether we have hit a maddening plateau.**

It is true that all 50 states are participating in supported employment and have shown dramatic increases of people who are successfully working. In 1986, the numbers were under 10,000 per year, and, as of 1991, the numbers exceeded 90,000. Although supported employment has expanded as a service, it remains as an "add-on" to existing segregated service options. In fact, there are over a million people, at least, who remain behind in segregated day programs. Why is this? What impetus will it take for day programs to open their doors and let the consumers who want to leave for work do so?

Day programs must convert to community employment, and consumers must lead the way. If states do not fund local programs at attractive rates for supported employment and if local programs choose not to provide community employment opportunities, then consumers must stand up for themselves. They must demand to choose among a number of different career alternatives which will provide satisfying wages and fringe benefits, suitable working conditions, and opportunities for career advancement.

A reasonable question to ask may be whether consumers would choose to stay in an activity center, sheltered workshop, or at home if given the opportunity to participate in the community. I think that few people would remain if they were provided the appropriate supports to work competitively. Ask yourself this question. Do you know anyone who wanted to return to an adult activity center after being successfully employed in a real job?

The challenges that face us are many. We must advance a set of national goals and public policy strategies to take supported employment implementation to a higher level. Policies that provide fiscal incentives to agencies who provide supported employment must be developed and limits on funding levels imposed for day programs that offer primarily segregated services. States will have to set annual goals for including people with severe disabilities in supported employment. We will need to develop innovative ways to expand the use of existing funding sources for supported employment outcomes. Ultimately, we must provide access to community employment for those individuals who wish to leave segregated facilities.

This topical report discusses the issue of conversion. In short, are professionals assisting people with disabilities to empower themselves in the workforce? Are they being allowed the dignity of risk, the self-esteem attached to real work, and the chance for a true career? To answer these questions this report will profile ways to convert segregated day programs to community integrated employment programs that provide consumers with career opportunities.

**Paul Wehman**

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# The Need To Convert Existing Day Programs To Supported Employment

## Barriers to Conversion

- Many human service professionals simply don't believe that individuals with severe disabilities possess the ability and motivation to succeed in a competitive work setting.
- Most states and localities still maintain policies that refer to supported employment as merely one of an array of appropriate vocational options for individuals with disabilities.
- Inequitable funding practices place severe financial disincentives on local provider agencies that do wish to convert to supported employment programs.
- The actual process of converting existing programs to supported is extremely difficult and few resources are available to assist local programs through this complex process.

## Proposed Solutions

1. Reaffirm the commitment of federal, state and local agencies to supported employment. While many agencies have developed mission statements or issued policies that espouse their belief in the value of supported employment, relatively few have unequivocally stated that existing facility-based programs should be restructured and eliminated over a period of time. Local, state and federal agencies must communicate a clear, unequivocal message that support employment is the preferred employment alternative for individuals with severe disabilities.
2. Modify the Rehabilitation Act so that placement into sheltered employment no longer qualifies as a successful rehabilitation closure. Given the emphasis in the Act on inclusion, integration, and full participation of individuals in the pursuit of meaningful careers, it is no longer appropriate to sustain support of efforts which inherently segregate individuals with disabilities in overly restrictive settings.

3. Modify the section of the Rehabilitation Act which authorizes the use of rehabilitation monies for the construction of rehabilitation facilities. In light of current budgetary pressures, continued use of rehabilitation funds to establish new facilities which are in direct conflict with existing federal and state policy is not defensible.
4. Current funding for segregated options should be capped at its present level. State and local vocational rehabilitation, mental retardation, mental health and developmental disability agencies **must** stop funding programs which provide such limited outcomes at such high costs.
5. Provide incentives to conversion. For example, if an individual currently receiving services in a sheltered employment setting enters a supported employment program, monies used to support the person's participation in sheltered employment should "follow" the person into the supported employment program. In addition, insure that local agencies providing supported employment services are fairly reimbursed for the actual costs of providing these services.
6. Provide incentives and supports to local adult service agencies that will help them throughout the conversion process. Focus the use of federal Title III monies and other discretionary funds toward incentive grants that will ease the financial burdens on local agencies inherent in the transition process. Use existing resources to provide training and technical assistance to local agencies throughout the conversion process.

For further information on any of these issues, please contact:

John Kregel, Ed.D.  
Research Director  
Rehabilitation Research and Training Center  
On Supported Employment  
Virginia Commonwealth University  
P.O. Box 842011  
Richmond, VA 23284-2011  
(804) 828-1851  
FAX (804) 828-2193

# National Symposium on Supported Employment

## Session: Organizational Commitment to Supported Employment

To advance the supported employment agenda, organizations at all levels (including federal and state agencies as well as local provider agencies) must demonstrate a stronger commitment for change. Such commitment should be demonstrated by:

- ◆ **A stronger commitment to organizational missions that emphasize supported employment.** Over the past 25 years great strides have been taken to establish a community centered approach for meeting the needs of the nation's citizens with disabilities. Yet the dominant approach typically involves use of sheltered settings that segregate people with disabilities from others in the community. The supported employment movement has shown great promise for eliminating such congregation in favor of supporting Americans with disabilities in real jobs within a variety of community businesses.

To advance the supported employment further, however, leaders at all levels must firmly embrace the vision associated with supported employment, integrating it into standing organizational missions and embracing the concept as the dominant service approach.

In this regard, we have much to do. Our national survey findings of local service agencies administrators, for example, reveal that: (a) about 33% of these administrators indicate that there is no mention of supported employment in their organizational mission statements; (b) about 75% consider supported employment only as a one of several facility based services; that is -- as an "add on" service, and (c) the most frequently cited reason for not offering more supported work opportunity was that "consumers were not ready."

- ◆ **Stronger system infrastructure to back supported employment.** Present system infrastructure (e.g., information and tracking, financing and reimbursement, staff training, quality assurance) was established to offer a continuum oriented service response, and is ill fitted to accommodate the supported employment approach. More must be done to reshape the existing infrastructure, and to invest in practices that will result in a redirected and well prepared labor force.

Consider circumstances surrounding staff training in supported employment. Our national survey of job coaches reveal a relatively young workforce where a typical full time staff is paid less than \$18,000 annually, and comes to the job with little or no previous training in supported employment. About 33% have high school diplomas only. Yet once on the job, more than half receive eight hours or less training on supported employment annually.

- ◆ **Informed guidance on how to change or convert to new ways of offering supports.** Numerous state and local agency directors want to de-emphasize segregated work options in favor of supported employment. Many agencies do want to push ahead. Our national surveys of state vocational rehabilitation and developmental disabilities program directors reveal that: (a) many believe that the growth in supported employment services has been "too slow" (57% of DD directors, 36% of VR directors); and b) most believe that fundamental systems changes are "needed or greatly needed" for the supported employment movement to expand or improve (78% of DD directors; 66% of VR directors).

The types of changes most often noted as needed by state level administrators included: (a) the establishment of a better funding mechanism to provide long term supports, (b) a stronger organizational commitment to convert to supported employment from sheltered work, (c) greater emphasis on consumer control and choice, (d) greater collaboration among state agencies, and (e) more and better training for job coaches, providers and employers.

From a local perspective, numerous service providers also want to push ahead. Our national survey of local service administrators, however, reveals that a "lack of funding" to be the most serious obstacle. In addition, administrators often cite a number of hindering logistical issues (e.g., eliminating commitments or financial investment in property, facilities or equipment) that stand in the way of their converting to supported employment.



Human  
Services  
Research  
Institute

# *National Symposium on Supported Employment*

## *"Road to the Future"*

June 13, 1994 -- Holiday Inn Capitol -- Washington, DC

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### **Meeting Agenda**

- 9:00 - 9:15**      **Welcome - John Agosta & Delores Watkins**
- 9:15 - 9:30**      **The Paradigm Shift: New Assumptions, New Approaches to Service - Valerie Bradley**
- 9:30 - 9:50**      **Supported Employment: A Decade of Dramatic Progress, Promises Yet Unfulfilled - Paul Wehman**
- 9:50 - 10:35**      **Consumer Perspectives on Supported Employment - Sieglinde Shapiro, Larry Pepper, Patricia & Shelly Merchant**
- 10:35 - 10:45**      **Break**
- 10:45 - 12:00**      **Policy and Financing for Supported Employment - Paul Wehman, Chris Button, Allan Bergman, David Mank**
- 12:00 - 1:00**      **Buffet Lunch**
- Keynote: School to Work Transition & Emerging Consumer Demand - Thomas Hehir*
- 1:15 - 2:25**      **Organizational Commitment to Supported Employment - John Kregel, John Agosta, William Kiernan, Michael Callahan**
- 2:30 - 3:40**      **Alternative and Emerging Strategies for Supported Employment - Jan Nisbet, Michael Callahan, William Kiernan, John Kregel**
- 3:40 - 4:00**      **Where To From Here? - John Agosta & David Mank**

# National Symposium on Supported Employment: List of Participants

Katie Banzhaf  
Executive Director  
STAR  
182 Wolfpit Avenue  
Norwalk CT 06851  
203-846-9581

Hank Bersani Jr.  
Assistant Professor  
Oregon Health Sciences Univ  
2525 SW 3rd, #170  
Portland OR 97201-4950  
503-494-3696

Kathy Bond  
OSASPE/DALTC  
US Dept of HHS, Humphrey Bldg  
424E, 200 Independence Ave SW  
Washington DC 20201  
202-690-6443

Mary Cohen  
Natl Assoc State Dir of Spec Ed  
6708 Vendome Terrace  
Bethesda MD 20817  
703-519-3800

Randy Davis  
Program Officer  
The Dole Foundation  
1819 H Street NW, Suite 340  
Washington DC 20006-3603  
202-457-0318

Curtis Decker  
Executive Director  
Natl Assoc Prot & Adv Systems  
900 2nd Street NE (Ste 211)  
Washington DC 20002  
202-408-9514

Carl Douthitt  
Research Assistant  
Res & Trg Ctr/Access/Rehab/Ec Op  
2900 Van Ness Street NW  
Washington DC 20008  
202-806-8727/28

Rick Douglas  
Executive Director  
Pres Comm on Empl/People w/Disab  
1331 F Street NW (3rd Floor)  
Washington DC 20004-1107  
202-376-6200

Jack Duncan  
Executive Director  
Counc of State Admin of VR Svcs  
1213 29th Street NW  
Washington DC 20007  
202-546-2847

Steven Eidelman  
Executive Director  
Joseph P. Kennedy Foundation  
1350 New York Avenue NW  
Washington DC 20005-4709  
202-737-1937

Antonia Fisher  
Director, Client Asst Program  
Info, Prot & Advocacy Ctr/Handic  
4455 Connecticut Ave (Ste B100)  
Washington DC 20008  
202-966-8081

Bob Gettings  
Executive Director  
Natl Assoc of Dir of DD Services  
113 Oronoco Street  
Alexandria VA 22314  
703-683-4202

Tom Gloss  
Soc Ins Spec, OD, Div/Dis Proces  
Soc Sec Adm Rm 545 Altmeyer Bldg  
6401 Security Blvd  
Baltimore MD 21235  
410-965-3987

Ed Graves  
ADA Project Coordinator  
Natl Council on Indep Living  
2111 Wilson Blvd (Ste 405)  
Arlington VA 22201  
703-525-3406

Mike Greenberg  
Dep Dir, OD, Div/Empl, Rehab Pgms  
Soc Sec Adm Rm 545 Altmeyer Bldg  
6401 Security Blvd  
Baltimore MD 21235  
410-965-0079

William Jones  
Executive Director  
Am Assoc of Univ Affil Programs  
8630 Fenton St (#410)  
Silver Spring MD 20910  
303-733-9324

Ruth Katz  
OSAPSE/DALTC  
US Dept of HHS, Humphrey Bldg  
424E, 200 Independence Ave SW  
Washington DC 20201  
202-690-6172

Chris Mason  
American Rehabilitation Assocn  
P.O. Box 17675  
Washington DC 20041  
703-716-4020

Hans Meeder  
Asst to Chief Counsel  
House Education and Labor Comm  
2181 Rayburn House Office Bldg  
Washington DC 20515  
202-225-4527

Howard Moses  
Acting Commissioner  
Rehab Svcs Admin, US Dept of Ed  
330 C Street SW (Room 3028)  
Washington DC 20202  
202-205-8287

Butch Ray  
Natl Assoc of DD Councils  
1234 Massachusetts Ave NW (103)  
Washington DC 20005  
202-347-1234

Stanley Herr  
Assistant on Disability  
The White House  
1600 Pennsylvania Ave NW  
Washington DC 20500  
202-456-2372

Gary Karnedy  
Leg Dir for Hon Rep Major Owens  
US House of Representatives  
305 Rayburn Building  
Washington DC 20515  
202-225-6231

Madeleine Kimmich  
Senior Research Associate  
Human Services Research Inst  
112 Grove Avenue P O Box 327  
Washington Grove MD 20880  
301-990-4310

Beth McArthur  
Office of the Commissioner  
Dept of Mental Retardation  
90 Pitkin Street  
East Hartford CT 06108  
203-725-3854

Yvette Meftah  
Legislative Director  
Hon Sen Don Riegle, U S Senate  
105 Dirksen Bldg  
Washington DC 20510  
202-224-4822

Stephanie Powers  
Spec Asst School/Work Transition  
Department of Labor  
200 Constitution Ave NW  
Washington DC 20210  
202-273-0725

Rachel Reese  
Natl Parent Network on Disabil  
1600 Prince Street, Ste 115  
Alexandria VA 22314  
703-684-6763

Phil Tuckerman  
Job Support, Inc.  
Australia

Julie Ward  
Asst Director of Govt Affairs  
Epilepsy Foundation of America  
4351 Garden City Drive  
Landover MD 20785  
301-459-3700

Ralph Warren  
Research Associate  
Human Services Research Inst  
2336 Massachusetts Ave  
Cambridge MA 02140  
617-876-0426

Victoria Wilhens  
Joseph P. Kennedy Foundation  
1350 New York Avenue NW  
Washington DC 20005-4709  
202-737-1937

Bob Williams  
Commissioner/Admin on Dev Dis  
Dept of HHS  
200 Independence Ave SW  
Washington DC 20201  
202-690-6590

## National Symposium on Supported Employment: List of Presenters

John Agosta  
Senior Research Associate  
Human Services Research Inst  
525 Glen Creek Road (Ste 230)  
Salem OR 97304  
503-362-5682

Valerie Bradley  
President  
Human Services Res Institute  
2336 Massachusetts Ave  
Cambridge MA 02140  
617-876-0426

Michael Callahan  
Director  
UCPA Supported Employment  
4101 Gautier-Vancleave Rd (102)  
Gautier MS 39553  
601-497-6999

William Kiernan  
Director, Inst on Cty Inclusion  
Children's Hospital  
300 Longwood Avenue  
Boston MA 02115  
617-735-6506

David Mank  
Assoc Professor/Spec Ed & Rehab  
Specialized Trg Pgm, U of Oregon  
135 Education Building  
Eugene OR 97403-1235  
503-346-2477

Shelly Merchant  
Employee/Advocate  
8625 Danallen Drive  
Cincinnati OH 45255  
513-474-2385

Larry Pepper  
c/o Beth McArthur  
Dept of Mental Retardation  
90 Pitkin Street  
East Hartford CT 06108  
203-725-3854

Delores Watkins  
Program Officer  
NIDRR/Switzer Bldg (Room 3428)  
330 C Street SW  
Washington DC 20201  
202-205-9195

Allan Bergman  
Director, State-Fed Relations  
United Cerebral Palsy Assocns  
1522 K St NW (Ste 1112)  
Washington DC 20005  
202-842-1266  
800-872-5827

Christopher Button  
Dir of Governmental Activities  
United Cerebral Palsy Assocns  
1522 K St NW (Ste 1112)  
Washington DC 20005  
202-842-1266  
800-872-5827

Thomas Hehir  
Dir, OSEP/OSERS/US Dept of Educ  
Switzer Building  
330 C Street SW (Suite 3086)  
Washington DC 20202-2500  
202-205-5507

John Kregel  
Director of Research  
Rehab Res & Trg Ctr on Supp Empl  
Virginia C'wealth U, PO Box 2011  
Richmond VA 23284  
804-828-1851

Patricia Merchant  
Parent Advocate  
8625 Danallen Drive  
Cincinnati OH 45255  
513-474-2385

Jan Nisbet  
Director/Inst on Disability  
University of New Hampshire  
Morrill Hall  
Durham NH 03824-3595  
603-862-0034

Sieglinde A. Shapiro  
Consultant and Advocate  
Commonwealth Mentor Group, Inc  
9213 Vandike Street  
Philadelphia PA 19114  
215-624-3598

Paul Wehman  
Director  
Rehab Res & Trg Ctr on Supp Empl  
Virg Commonwealth U, PO Box 2011  
Richmond VA 23284  
804-367-1851

**At the Crossroads:  
Supported Employment Ten Years Later**

Paul Wehman

John Kregel

Rehabilitation Research and Training Center  
On Supported Employment

Virginia Commonwealth University  
Richmond, Virginia

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### Abstract

Supported employment has grown rapidly within the past decade, fueled by the consumer empowerment and inclusion movements. The program has resulted in thousands of people with severe disabilities entering the labor force for the first time. Many consumers have expanded their vocational expectations and employers have developed a new appreciation of the potential contribution individuals with disabilities can make to the work force. Unfortunately, despite these dramatic gains, the supported employment movement appears to have lost much of its early momentum and is increasingly at a crossroads. This paper addresses major challenges which consumers and professionals alike must face. Conversion of day programs to integrated work options, expansion of program capacity, the need to insure consumer choice and self-determination, and achieving meaningful employment outcomes in a highly competitive economy are among the challenges which those dedicated to the supported employment movement will have to solve in the years ahead. Specific recommendations are offered to meet each challenge. Ultimately, the way to expand and reenergize the supported employment initiative will be to educate and empower more consumers and families.

Supported employment has offered many individuals with severe disabilities their first choice between a lifetime of performing meaningless work for inconsequential wages in segregated workshop settings and the opportunities and challenges of a real job in their local communities. Few human service initiatives have grown at such a remarkable rate. Swept forward by the major trends toward individualized, community-based services and consumer empowerment, supported employment has clearly established itself as the most effective service employment alternative for individuals with disabilities (Rusch, Chadsey-Rusch, & Johnson, 1991; Wehman, 1994).

Most individuals participating in supported employment programs have found their experience economically and socially rewarding. Available evidence clearly indicates that participants experience dramatic growth in their earnings (Kregel, Wehman, & Banks, 1989; Thompson, Powers, & Houchard, 1992) and enhanced quality of life through increased interaction with other members of their communities (Parent, Kregel, Metzler & Twardzik, 1992). Furthermore, those individuals who have chosen to face the challenges of competitive employment are generally satisfied with their jobs and the services they have received through supported employment programs (Mason, 1990; Schalock & Genung, 1993; Test, Hinson, Solow, & Keul, 1993).

Today, however, supported employment is at a definite crossroads. While much has been accomplished, state and local programs are grappling with an array of challenges that may jeopardize the program (Albin, 1992). Many of the very individuals for whom the original supported employment model was designed have yet to enter and benefit from the program (Kregel & Wehman, 1989). Despite recent advances in support technologies (e.g., natural

supports, assistive technology, compensatory strategies, consumer-directed services, etc.), low wages (Rehabilitation Services Administration, 1993), lack of career choices (Brooke, Barcus, & Inge, 1992; West & Parent, 1992), employment retention (Lagomarcino, 1990; Shafer, Banks, & Kregel, 1991) and limited social integration (Chadsey-Rusch, Gonzalez, Tines, & Johnson, 1989; Lignugaris/Kraft, Salzberg, Rule, & Stowitschek, 1988) continue to be major concerns for many supported employment participants. Funding shortages have squeezed program capacity and threatened the ability of local programs to continue to provide high quality services (Wood & Freeman, 1993).

Supported employment implementation efforts remain incomplete. In spite of calls to replace segregated day programs with integrated employment opportunities for all individuals, our nation's system of activity centers and sheltered workshops remains largely intact. Individuals with severe disabilities, advocates, and human service professionals must directly face what we believe will be the quintessential question for the remainder of this decade: Do we collectively have the commitment and resolve to fully implement, once and for all, The Association for Persons with Severe Handicaps (TASH) resolution on integrated employment which is now over five years old? This resolution stated:

"TASH calls for rapid and immediate development of individualized and integrated employment for all people with severe disabilities and the rapid and permanent replacement of segregated activity centers and sheltered workshops." (November, 1989)

In addition to adopting the above resolution, TASH simultaneously endorsed a number of aspects of employment for all people with severe disabilities. These key features are listed in Figure 1. The fact that many of these key aspects, including consumer choice, integration, and individualized and natural supports, have been incorporated into the Rehabilitation Act Amendments of 1992 (P.L. 102-569) testifies to the TASH's effectiveness as an advocate for systems change and its leadership role in the design of services for persons with severe disabilities. TASH's position regarding the need to convert existing segregated employment facilities to integrated employment options is clear and unequivocal.

Unfortunately, the growth of supported employment programs has not led to a corresponding reduction in the number of individuals served in segregated, facility-based settings. Yet if we do not change the nature of our employment programs and human services organizations in the 1990's, how can we ever hope to provide meaningful employment opportunities for the vast numbers of individuals who desire these services? As the employment potential of individuals with significant disabilities is repeatedly demonstrated, the philosophical, programmatic, and fiscal arguments in favor of community-based employment alternatives require us to reexamine the structural design of our community service organizations and the allocation of limited financial resources. We must also ask the question: Is the manner in which we spend our adult service resources consistent with our stated values of independence, productivity, and inclusion for all individuals with severe disabilities?

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The events of the next few years will determine the long-term future of the supported employment movement. If future advocacy efforts are successful, supported employment will continue to grow and ultimately replace segregated employment options as the preferred service option for people with disabilities. Individuals currently excluded from meaningful work opportunities will have access to quality supported employment programs equipped to respond to their individual needs and preferences. Consumers will be able to choose among an array of different career alternatives which will provide satisfying wages and fringe benefits, suitable working conditions, and opportunities for career advancement. However, renewed vigilance by consumers and advocates is required to insure that recent trends do not reverse the gains that have been made. If left unaddressed, funding pressures and programmatic obstacles will confine supported employment to marginal status as a small, optional program which continues to be dwarfed by our nation's entrenched network of workshops and activity centers.

The purpose of this paper is to identify the major issues facing the national supported employment initiative as we enter the latter half of this decade and to offer specific recommendations which we believe will assist in addressing these concerns. Perhaps more importantly, we are attempting to join our voices with those of our colleagues (e.g. Mank, in press; McGaughey, Kiernan, McNally, Gilmore, & Keith, 1994; Nisbet, 1992) to stimulate renewed advocacy efforts by individuals and advocacy organizations such as TASH and reinvigorate the national supported employment movement. To achieve these purposes, we will identify five major challenges facing the supported employment system at the present time. For each of these challenges, we will recommend specific solutions which are intended to promote

the availability of high quality supported employment programs for individuals with severe disabilities.

### **Major Challenges in the National Implementation of Supported Employment**

The four challenges selected for discussion were synthesized from a variety of sources, including; (1) the results of focus groups conducted with supported employment participants and services provider conducted by the Rehabilitation Research and Training Center on Supported Employment at Virginia Commonwealth University (VCU) in 1992-93; (2) national meetings of supported employment leaders sponsored by the National Institute of Disability and Rehabilitation Research, the Employment Network at the University of Oregon, and the President's Committee on Mental Retardation; and (3) the results of needs assessment surveys conducted by the Supported Employment Technical Assistance Center at VCU. No effort has been made to tally or quantify those issues rated most significant by the greatest number of individuals. Rather, they represent compelling concerns that must be addressed if the supported employment movement is going to continue to expand in size and improve in quality.

#### **Conversion of Day Programs to Integrated Employment**

Segregated, facility-based sheltered workshops and adult day programs still dominate employment services for individuals with severe disabilities. In spite of the increase in community-based, integrated employment alternatives, the number of persons served in facility-based programs actually continues to grow (Davis, 1993; McGaughey, Kiernan, McNally, Gilmore, & Keith, 1994). Large scale reductions in the number and size of segregated activity centers and sheltered workshops remain the exception to the rule. The facility-based adult service "industry" (Blatt, 1987) remains firmly entrenched.

Supported employment continues to expand as a service, but only as an "add-on" to existing segregated service options. Most of the growth in supported employment has resulted from an **expansion of existing programs, as opposed to the reallocation or conversion of existing segregated options** (McAllister & Mank, 1992; West, Revell, & Wehman, 1992). During the period between 1986 and 1991, a large percentage of the new resources entering the nation's adult service system were earmarked for supported employment. However, relatively few resources previously spent to support adult activity centers or sheltered workshops were reallocated to supported employment programs. Based upon the best available information (McGaughey, Kiernan, McNally, & Gilmore, 1993; Revell, Wehman, Kregel, West, & Rayfield, 1994), it appears that **less than 10% of all adult day programs (activity centers and workshops) have actually reduced the size of their segregated programs and reallocated those resources toward integrated, supported employment options. An even smaller percentage (less than 5%) have totally eliminated their segregated programs and replaced them with integrated employment alternatives.**

Data from the federal/state vocational rehabilitation program paint an equally discouraging picture. In Fiscal Year 1991, the number of individuals closed "rehabilitated" by a state vocational rehabilitation agency after receiving supported employment services was actually less than the number of persons closed into sheltered employment. Even within the vocational rehabilitation program, a system focused on competitive employment, sheltered workshop placement unfortunately remains the option of choice for far too many individuals with severe disabilities.

The reasons underlying the reluctance on the part of local adult service agencies to convert their segregated services into supported employment options are numerous and complex. First and foremost, in spite of the evidence accumulated during the past two decades, **many human service professionals simply do not believe that individuals with severe disabilities possess the ability and motivation to succeed in a competitive work setting.** For example, in a study of program administrators, Agosta, Brown, & Melda (1993) found that 60% of the administrators felt that the skill level of individual consumers significantly hindered the implementation of integrated employment. The attitudes of policy-makers and human service professionals remain the major obstacle to the continued expansion of supported employment opportunities for individuals with severe disabilities (Kregel & Wehman, 1989).

Second, although the U.S. Congress has clearly stated its preference for integrated community-based employment with support as the preferred service delivery alternative for persons with significant disabilities, most states and localities still maintain policies that refer to supported employment as merely one of an array of appropriate vocational options for individuals with disabilities. In short, most states and localities have refused to wholeheartedly embrace integrated community-based employment as the primary outcome of adult vocational programs for individuals with disabilities (Mank, in press).

Third, this lack of policy consensus has led to inequitable funding practices that place severe financial disincentives on local provider agencies that do wish to convert to supported employment programs. In many states, local agencies providing supported employment services are reimbursed at far lower rates than they would be if they provided sheltered employment services to the same group of individuals. In addition, reimbursement mechanisms are often

arbitrary and inflexible (Wood & Freeman, 1993). Given these problems, it is understandable that some local programs may view large scale conversion to supported employment as a risk that may jeopardize the financial viability of their agency. Rather than encouraging the provision of supported employment services, current funding approaches effectively prohibit conversion of facility-based programs.

Fourth, the actual process of converting existing programs to supported employment is extremely difficult and few resources are available to assist local programs through this complex process. Conversion requires a local adult service agency to redefine its basic mission, reorganize personnel roles and functions, redirect fiscal resources and establish a new or modified relationship with the local community (Albin, 1992). Challenges related to resolving conflicts surrounding program values (Murphy & Rogan, 1992) and maintaining financial stability of the organization during the conversion process (Beare, Severson, Lynch, & Schneider, 1992) make the task seem overwhelming for many organizations. Unfortunately, agencies attempting to initiate the conversion process have few resources at their disposal. Illustrations of successful conversion efforts (Murphy & Rogan, 1992), conversion resource guides (e.g., Gardner, Chapman, Donaldson, & Jacobson, 1988), and analyses of statewide conversion incentive programs (e.g., Petty, Dukes, & Henderson, 1991) are not available in sufficient quantity to effectively guide local programs through this process. In most instances, community-based rehabilitation programs must identify and address problems inherent in the conversion process on their own, unable to benefit from the experiences of others.

### **Proposed Solutions**

1. Amend the Rehabilitation Act so that placement into sheltered employment no longer qualifies as a successful rehabilitation closure. Given the emphasis in the Rehabilitation Act on inclusion, integration, and full participation of individuals in the pursuit of meaningful careers, it is no longer appropriate to sustain support of efforts which inherently segregate individuals with disabilities in overly restrictive settings.
2. Repeal the section of the Rehabilitation Act which authorizes the use of rehabilitation monies for the construction of rehabilitation facilities. In light of the economic pressures already facing state and local rehabilitation programs, continued use of rehabilitation funds to establish new facilities which are in direct conflict with existing federal and state policy is simply not defensible.
3. Reaffirm the commitment of federal, state and local agencies to supported employment. Work with local, state and federal government agencies to insist that they send a clear, unequivocal message that support employment is the preferred employment alternative for individuals with severe disabilities. While many agencies have developed mission statements or issued policies that espouse their belief in the value of supported employment, relatively few have unequivocally stated that existing facility-based programs should be restructured and eliminated over a period of time.
4. Consistent with the recommendations of others (e.g. Mank, in press) to cease to offer segregated options for any person entering the adult service system, current funding for segregated options should be capped at their present level. In light of the finite amount of resources available to support employment services for individuals with disabilities, state and local mental retardation, mental health and developmental disability agencies

must stop funding these programs which provide such limited value outcomes at such high costs.

5. Eliminate disincentives to conversion. For example, if an individual currently receiving services in a sheltered employment setting enters a supported employment program, monies used to support the person's participation in sheltered employment should "follow" the person into the supported employment program (Wehman & Kregel, in press).
6. Provide incentives and supports to local adult service agencies that will assist them throughout the conversion process. Focus the use of federal Title III monies and other discretionary funds toward incentive grants that will ease the financial burdens on local agencies inherent in the transition process. Use existing resources to provide training and technical assistance to local agencies throughout the conversion process.

### **Increasing Program Capacity**

A major characteristic of the supported employment movement has been the creative merging of funds from a variety of different sources to maximize the number of individuals able to benefit from the program. In most states, shared funding relationships have been established between the state rehabilitation agency and mental health or mental retardation/developmental disability agencies which follow a model originally proposed by Hill, Revell, Wehman, Noble, and Dickerson (1985). This dual agency funding approach was based on the premise that vocational rehabilitation would provide initial, time-limited funding until supported employment consumers became stabilized at the job site. At this point, the consumer would be "closed" through the vocational rehabilitation system and the mental health or mental retardation/developmental disabilities agency would then begin to fund all necessary extended

services throughout the course of the individual's employment. When this model was initially implemented in a large number of states, it was anticipated that the financial pressures on the agencies responsible for funding extended services would increase as the supported employment program increased in size. The availability of necessary extended services to maintain job-site and related supports after completion of sponsorship by the state rehabilitation agency has become one of the major issues facing the supported employment program (Albin & Slovic, 1992; Rheinheimer, VanCovern, Green, Revell, & Inge, 1993).

Initially, the differential impact on various state agencies of funding supported employment services did not present a major problem for the program. In the late 1980s, the national economy was in a period of rapid expansion. State mental health and mental retardation/developmental disability agencies, which are primarily funded by state funds, generally saw increases in their allocations for adult day services (Braddock, Hemp, Bachelder, & Fujiura, 1994). Many states earmarked these increases for supported employment, allowing agencies to keep pace with the financial demands of their growing supported employment programs.

In the recessionary period of the early 1990's, however, the situation significantly changed. As state budgets felt the constraints of falling revenues, most states no longer saw increases in their allocations for adult day services and a large number actually experienced declines. As a result, local programs have faced the dilemma of meeting an expanding demand for supported employment services while experiencing increased financial pressures. For example, McGaughey and her colleagues (McGaughey, et al., 1994) report that a large number of agencies indicate that they provide ongoing support services to individuals for whom they receive

absolutely no state or local funding. Without significant changes in funding structures, including the reallocation of funds currently used to support segregated employment alternatives, supported employment will be unable to sustain its rapid growth rate in the coming years.

### **Solutions**

1. Funding agencies must attempt to reimburse supported employment providers for the actual costs of providing services, or at a minimum, refrain from artificially deflating reimbursement rates for supported employment in relation to other employment alternatives. Too often, current reimbursement mechanisms are arbitrary and inflexible. Fees for supported employment are established without consideration of factors that may differ across programs, including (1) average salaries earned by direct service personnel, (2) size and geographic location of the program, or (3) support needs of the individuals served by the program (Wood & Freeman, 1993). Arbitrary fee-for-service rates or restrictions on the number of service hours a program may provide to a specific individual ultimately affect the quality of services provided by a program and create a serious disincentive to serving individuals with the most severe disabilities.
2. Expand the use of the Medicaid Home and Community-Based (HCB) waiver, as well as other alternative funding sources, to insure supported employment is available to all individuals desiring this service. Smith and Gettings (1991) identified the HCB waiver as a major untapped source of funding for long-term supported employment services. Unfortunately, the use of the waiver is presently restricted to individuals who have previously resided in an institution, nursing facility, or ICF/MR and not all states have aggressively included supported employment services within their HCB waiver plan. In

spite of these shortcomings, the HCB waiver remains an extremely important source of funding for persons with severe, multiple disabilities who are presently underrepresented in supported employment. In addition to the HCB waiver, other currently underutilized sources of funding for supported employment include social security work incentives, vocational rehabilitation Title I case service monies (for time-limited activities), Job Training Partnership Act monies, and special education funds. Consumers and advocates should also be aware of the funding opportunities for supported employment participation that may result from current federal initiatives. Health care reform proposals and the new school to work opportunities program are both federal initiatives which may become major sources of funding for supported employment in the future.

### **Expansion of Consumer Choice and Self-Determination**

For many individuals with severe disabilities, participation in supported employment represents their first opportunity to gain any degree of control or direction over their own careers (Brooke, Barcus, & Inge, 1992). In contrast to the restricted range of work opportunities available in sheltered employment settings, supported employment programs can attempt to focus on an unlimited range of consumer interests and preferences while providing a chance for individuals to choose their jobs, specify their own working conditions, select a job location, and decide the hours that they want to work. Unfortunately, optimizing consumer choice and self-determination has proven a significant challenge for many supported employment programs. Several investigators (Naeve, Harding, Shea, & Allen, 1990; Test, Hinson, Solow & Keul, 1993) have reported that the majority of supported employment participants had some degree of input into the selection of their own jobs. However, Parent (1994) completed a series of in-depth

interviews with 110 individuals currently employed through supported employment programs and found that nearly half reported that they were not included in the decisions made about their jobs to the extent that they would like to have been. This study also uncovered a significant relationship between making choices related to one's job and the level of job satisfaction reported by consumers.

Applying the principles of consumer empowerment to supported employment in no way implies a diminished role for employment specialists. On the contrary, Parent (1994) actually found that nearly one-fourth of all consumers would have liked their employment specialist to have spent **more** time at the job site and provided them a greater amount of assistance. Consumers directing their own careers want employment specialists to be available, responsive, and provide them the supports and assistance they feel are necessary to facilitate employment. For employment specialists, attempting to implement the career choices of consumers is a significant departure from making decisions on behalf of other individuals. Clearly, the emergence of consumer empowerment in supported employment will dramatically alter the activities of many professionals.

The tendency on the part of employment specialists and other human service professionals to make major career decisions "on behalf of" the individual with a disability has been one of the principal criticisms of supported employment programs to date (Knoll & Racino, 1994; West & Parent, 1992). This paternalistic approach has denied consumers a controlling voice in the type of job they wish to have, their work conditions, and even whether or not they should resign from a specific job. Even more recent natural support options (Hagner & Dileo, 1993), designed in part to further empower consumers in the employment process, often fail to allow individuals

to make meaningful employment choices. In a recent study of provider agencies that indicated they used natural supports as an important element of their supported employment program, Murphy, Rogan, & Fisher (1994) noted that few agencies paid sufficient attention to the involvement of consumers in the decision-making process. The authors went on to conclude, "We also should not become so distracted by technical questions of professional practice that we fail to ask how people receiving services will be able to control their own destinies (p.6)."

The Rehabilitation Act Amendments of 1992 (P.L. 102-569) initiated major changes in the federal/state vocational rehabilitation program designed to empower individuals with disabilities in the development, implementation, and evaluation of their individualized written rehabilitation programs. Individuals must be provided sufficient information regarding available services and provider agencies to enable them to make informed choices. The manner in which consumers will receive information regarding the quality and consumer satisfaction with services provided by various agencies is largely up to the discretion of each state vocational rehabilitation agency (Inge & Brooke, 1993). Intensive advocacy efforts are necessary to insure that the implementation of these provisions results in more than "paper compliance" with the Amendments and actually leads to the enhanced empowerment of individuals with disabilities.

**Proposed Solutions:**

1. Voucher systems, or other approaches that enable consumers to directly control the resources allocated to support their needs and desires, should be developed, validated and refined for widespread implementation. The federal Rehabilitative Services Administration (RSA) should immediately initiate large-scale pilot efforts that expand upon initial demonstration efforts and develop effective statewide consumer controlled

voucher systems. The small number of "choice" demonstration projects (United Cerebral Palsy Association, 1994) authorized by the Rehabilitation Act Amendments of 1992 are an important beginning in this area, yet much remains undone. Full empowerment of individuals with disabilities will ultimately require that consumers be placed in direct control of the fiscal resources needed to promote their long-term employment.

2. Develop, demonstrate and disseminate effective "consumer-driven" supported employment models (Westbrook, 1994) which emphasize the consumer's determination of desired employment types, identification of goals in the job placement process, development of services and supports based on the consumer's perception of the supports required for employment success, and on-going support geared towards long-term job mobility and advancement. The current dichotomy between the "job coach" model and the "natural support" model is nonproductive. New models that transfer control of decision making from human service professionals to consumers are urgently needed (Mank, in press).
3. Individuals with disabilities and advocacy organizations should press for the aggressive implementation of the consumer empowerment and self-determination provisions of the 1992 Amendments. These changes have opened the door for consumers to exert authority over their own careers. Self-advocacy is essential, however, to insure that consumers are able to seize control of the vocational destinies (Wehman & Kregel, in press) and make informed choices and decisions.
4. Local employment agencies and rehabilitation counselors should receive intensive training and technical assistance to enable them to implement person-centered planning approaches (Mount 1992; Smull & Bellamy, 1991). Human service professionals cannot be expected

to shift from a prescriptive, deficit elimination assessment and planning model to a consumer-driven support model without sufficient instruction and support.

5. Develop and implement new, innovative evaluation approaches that enable individuals with disabilities to monitor the quality of supported employment services provided by employment agencies in their local community.
6. Increase flexibility in the use of vocational rehabilitation post-employment services to facilitate assessment of the individual's level of satisfaction with their current employment situation. This assessment should include the determination of the individual's wishes to obtain a different job, as well as the amount of assistance provided to enable the individual wishes to move into a new position which may further his or her long-term career goals.

### **Promoting Meaningful Employment Outcomes**

The ability of supported employment programs to generate employment outcomes for participants which are far superior to those produced by facility-based employment programs has been repeatedly documented (Noble & Conley, 1987; Rusch, 1990). Yet, in absolute terms the collective experiences of persons entering the workforce through supported employment programs in some ways have fallen short of initial expectations (Kregel & Wehman, 1989; Nisbet & Hagner, 1988; Rusch, Chadsey-Rusch, & Johnson, 1991). Lack of earnings and fringe benefits, integration in the workplace, consumer satisfaction, job retention and career advancement remain issues of concern in supported employment program evaluation (Kregel, 1992).

Earnings of supported employment participants remain low. Results of the Fiscal Year 1991 VCU Survey of Supported Employment Implementation (Revell, et al., 1994) indicated a

mean hourly wage of \$4.45 for individuals participating in supported employment programs operating in accordance with the Title VI-C regulations regarding paid employment and a weekly wage of \$111.44. This weekly wage total is virtually identical to the \$111.95 reported for the same time period. While a significant improvement over wages earned prior to entering supported employment, annual wages in the range of \$5,000 to \$6,000 are certainly not consistent with the program's intent to enable individuals to pursue meaningful careers. In addition, the heavy reliance on part-time jobs results in supported employment participants receiving few fringe benefits (West, Kregel, & Banks, 1990).

The opportunity for individuals to participate in the social network of the workplace is one of the major values underlying supported employment (Brown et al., 1991). Unfortunately, current evidence indicates that many supported employment participants have been unable to take full advantage of available integration opportunities (Chadsey-Rusch, Gonzalez, Tines, & Johnson, 1989; Lignugaris/Kraft, Salzberg, Rule, & Stowitschek, 1988; Storey & Lengyel, 1992). Complex issues related to the definition of integration and appropriate measurement strategies have inhibited the development of effective strategies designed to increase the overall level of integration experienced by consumers (Mank & Buckley, 1989)

The attitudes of employers and coworkers have been identified by several researchers as major barriers to successful implementation of supported employment. In a survey of job coaches, Agosta, Brown, & Melda, (1993) found that the attitudes of the public and employers concerning persons with disabilities was identified as the greatest single barrier to integrated employment. Fabian, Edelman, & Leedy (1993) reported that negative attitudes sometimes served as a barrier to successfully accessing natural workplace supports. In contrast, Kregel and

Unger (1993) found that employers held very positive opinions regarding the amount and quality of support provided by supported employment agencies. Similar findings resulted from a study of employers in New York (National Center for Disability Services, 1993), in which employers rated the performance of workers placed through supported employment programs favorably in comparison to other workers. Where positive attitudes are encountered, many supported employment professionals are taking a more creative and aggressive approach toward working with employers (Rhodes, Sandow, Mank, Buckley, & Albin, 1991). Supported employment provider agencies are marketing themselves as service and support organizations that can assist businesses in incorporating people with disabilities into existing employee support mechanisms. Rather than focusing on altruistic reasons for employing people with disabilities, or taking advantage of employer concerns regarding compliance with the Americans with Disabilities Act, emphasis is being placed on promoting the contribution that workers with disabilities can make to the productivity and profitability of the company (Hagner & Dileo, 1993; Ramsing, Rhodes, Sandow, & Mank, 1993).

The long-term job retention of supported employment participants remains a major concern for supported employment providers (Lagomarcino, 1990; Shafer, Banks, & Kregel, 1991). While the ability of supported employment programs to enable individuals to remain members of the workforce compares favorably to other community-based rehabilitation alternatives for individuals with severe disabilities, the number of individuals unable to maintain long-term employment continues to be troubling, particularly for individuals with persistent mental illness (McDonald-Wilson, Revell, Nguyen, & Peterson, 1991) and brain injuries (Wehman, Kregel, Kreutzer, & Sherron, 1993).

Surprisingly little is known regarding the job satisfaction of individuals with disabilities in supported employment programs (Mosely, 1988). Previous investigations (Naeve, et al., 1990; Test, Hinson, Solow, & Keul, 1993), focusing on the efforts of individual programs, reported general satisfaction with jobs, earnings, coworkers, and supported employment services. Recently, Parent (1994), in a randomly selected statewide sample of supported employment participants, found that consumers expressed this same level of general satisfaction. However, nearly half of all satisfied consumers indicated that there were one or more components of their job that they would like to change. Over half indicated that although their current job was satisfactory at the present time, it was not the one they would like to have permanently. These findings reinforce the crucial importance of job mobility and career advancement for supported employment participants. An initial, entry-level job simply does not automatically lead to a long-term meaningful career.

Finally, efforts to promote meaningful employment outcomes for consumers are complicated by confusion over what does or does not constitute supported employment. Should the term "supported employment" be reserved solely for programs which provide services in strict compliance with the albeit minimal requirements of the federal Title VI-C regulations pertaining to paid work, integrated work setting, extended services and individuals with the most severe disabilities? Or does supported employment simply refer to any program operated outside the rehabilitation facility in which individuals are provided ongoing supports without regard to wages, number of hours worked per week, or number of individuals involved in a work crew or enclave? While in our view placement outside the facility should be considered as inherently superior to sheltered employment or day activity alternatives, we also feel that individuals who are employed

for two or three hours per week (while not participating in systematic work hardening programs), workers in individual placements who remain employed by the human service agency, or group employment options in which 30 or 40 individuals comprise a single work crew or enclave, represent gross distortions of the supported employment concept. The program should not be criticized for its ability to generate meaningful employment outcomes while service delivery models intentionally designed to limit earnings or restrict integration are allowed to operate under the guise of supported employment.

**Proposed Solutions:**

1. The focus of supported efforts should be on careers, not jobs. For many if not most supported employment participants, entry into the competitive work force represents their first competitive work experience. Few individuals in their first entry-level position should anticipate significant wages or a comfortable standard of living. The goal of all supported employment programs must change from mere placement into initial employment to movement through a series of positions all directed toward the individual's chosen career objective.
2. Clearly distinguish between the characteristics and expectations of supported employment programs and other forms of community-based employment. For example, the state of New York (1994) has stated that integrated employment should be characterized in relation to frequency of contact with persons without disabilities, the percentage of coworkers with and without disabilities, employment by a "regular" employer, payment in accordance with prevailing wages and working condition that reflect prevailing hours. The removal of some of the arbitrary criteria found in the initial Title VI-C supported

employment regulations has increased flexibility and promoted individualization within the program. However, consumers and advocates must always be aware that not all community-based vocational options provide meaningful employment that allows individuals with disabilities to pursue meaningful careers (West, Kregel, & Revell, in press).

3. Develop strategies designed to directly address negative attitudes often held by employers and coworkers. It should come as no surprise to supported employment provider agencies that individuals with disabilities will occasionally encounter negative attitudes in the workplace. Rather than using the presence of negative attitudes as a reason to limit job placement efforts, supported employment programs should anticipate the presence of such attitudes and develop strategies to overcome them. Fabian, Edelman, and Leedy (1993) recommend communication skills training and work group discussions with coworkers and supervisors regarding myths and stereotypes about disability as potential strategies which may effectively overcome these attitudes.
4. Modify existing reimbursement mechanisms to maximize the effectiveness of natural support approaches. Current administrative and funding policies often provide disincentives for local agencies attempting to provide supported employment services. Programs attempting to implement natural support techniques face particular problems when attempting to operate within the constraints of current reimbursement mechanisms. For example, Sandow, Olson, and Yan (1993) describe a natural support approach in which the supported employment professional spends an extended period of time working in a company in order to learn about the supports already available in the setting.

Additional time may be spent advising the employer on potential modifications to the company's existing application procedures, teaching supervisors methods of communicating with individuals with disabilities, or teaching systematic instruction strategies to potential coworkers. Unfortunately, supported employment funding mechanisms currently in operation in most states place tight restrictions on the amount of "pre-placement" activities which can be authorized through the vocational rehabilitation system. Elimination of such disincentives must occur if natural supports are to be used effectively.

5. Continue to develop, validate, and disseminate new service technologies that will further enhance the employment outcomes of supported employment participants. Despite the development of innovative strategies that have enabled tens of thousands of individuals with disabilities to enter competitive employment for the first time, it is important to recognize that we simply do not know how to accommodate the needs of all individuals in competitive employment settings. We must rededicate our efforts to identify effective strategies that will benefit individuals currently excluded from supported employment.

Promising strategies include:

- Natural workplace supports (Nisbet, 1992; Hagner & Dileo, 1993);
- Consumer-directed supported employment (West & Parent, 1992; Westbrook, 1994);
- Employer-directed support activities ((Ramsing, Rhodes, Sandow, & Mank, 1993);

- Business and corporate initiatives (Verstagen & Nietupski, 1994);
- Assistive technology (Sowers & Powers, 1991; West et al., 1991);
- Compensatory strategies (Kregel, Parent & West, 1994; Kretzer & Wehman, 1991);
- Applied behavior analysis approaches to long-term job maintenance (Jauss, Wacker, Berg, Flynn and Hurd, 1994).

Kregel and Wehman (1989) several years ago warned that supported employment was to young a movement to risk "institutionalizing" any one type of service delivery model. That argument is perhaps equally true today. Large numbers of individuals continue to be excluded from the program because they possess a specific disability label, display severe inappropriate behaviors, or are merely viewed as too challenging or expensive to serve (Wehman & Kregel, in press). Mechanisms must be found that will provide incentives to local programs that will encourage them to serve individuals who are currently unfairly excluded from employment because it is believed that their needs are too great.

### **Summary**

The purpose of this paper has been to examine major issues facing the supported employment 10 years after its initiation as a major national movement. Several issues have been identified which must be addressed if the program is to continue to grow and improve, yet the accomplishments of the program should not be forgotten. Clearly, new options for integrated employment are now present in many communities, and it appears as if employers, families, and consumers are more excited and positive than ever. Furthermore, the growth rate of people

participating and amount of public dollars invested are impressive. When compared to other rehabilitation alternatives for individuals with significant disabilities, supported employment undoubtedly affords consumers the best opportunity to pursue a meaningful career of their choice.

At the same time, we believe that consumers and families must renew their efforts at advocacy. The true power to change a human service system lies within the person who is the reason the service exists to begin with. Changing adult activity centers to integrated employment, revising ineffective policy and funding mechanisms, wresting control of the vocational destinies from human service bureaucracies, and pursuing meaningful careers are major challenges. However, it is clear that consumers and their families will be the agents to make these changes. Professionals must work together with consumers to empower them to meet these goals.

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Figure 1

## Key Aspects of Employment for All Individuals with Severe Disabilities

- Integration. Employment of people with severe disabilities must be in regular employment settings when they work along side people without disabilities. FREQUENT and ongoing interactions and the development of relationships must be ensured.
- Income and benefits. Employment must result in meaningful compensation for work performed and include benefits comparable to co-workers in similar positions.
- Choice. Job selection and retention must be based on choice by individuals with severe disabilities.
- Ongoing career advancement. Employment for persons with severe disabilities must be viewed as careers over time where job changes and advancement occur in the interest of higher pay, greater responsibility and variety, better working conditions and individual interests.
- Individualized and natural supports. The assistance and support provided persons with severe disabilities should be individualized according to needs and abilities and should maximize natural supports, provided by co-workers and friends in the workplace.
- Equal access. Individual with the most severe disabilities must be included immediately in the implementation of community, integrated employment."

(TASH, November, 1989)

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## Supported Employment HSRI Forum

Jan Nisbet and Jo-Ann Sowers (1994)

Successful experiences employing individuals with disabilities have taught the human service field and businesses some important lessons about what contributes to the successful employment of a person with a disability:

**Lesson #1: There is a higher rate of long-term job success achieved by those employees with disabilities hired by companies who took primary responsibility for training and supporting them than by those employees who were trained and supported by an outside vocational service agency.** An approach that has been and still is commonly used in assisting persons with disabilities to obtain employment is for a vocational service agency to take the primary responsibility for training a new employee with a disability and for the company to rely on the vocational agency to resolve any employee performance difficulties that may arise on a long-term basis. Other companies have indicated a desire to take responsibility for the training and supervision of their employees with disabilities in the same fashion as they would any other employee. Employees trained by outside agencies have often experienced difficulties in both successfully performing their jobs over time as well as being accepted into the social fabric of the workplace.

The presence of the outside person robs the supervisor of the opportunity to be viewed by the employee as the source of control and accountability for his or her job performance. It also takes away the supervisor's opportunity to take ownership of the employee and to learn how to work with and supervise the employee. The coworkers also naturally have difficulty viewing their coworker as an equal or to establish a personal relationship with him or her when an outside person is with the employee for most of the workday. On the other hand, employees trained by their supervisors and coworkers establish a regular working and social relationship with these individuals, the supervisor and coworkers learn how to train and support the employee and they have the opportunity to get to know the employee through these experiences.

**Lesson #2: Through experience companies and human service agencies consulting with companies have come to recognize that the training and supervision techniques that are effective for persons with disabilities are not typically very different than those for all employees.** Those companies who were more committed to providing all of their employees with high quality training, education, and supervision are those who are most likely to want to be successful in taking responsibility for providing the necessary supports to employees with disabilities. For an employee with a disability to be most successful in a new job, she or he may need a mentor, a coworker who is experienced at the company to serve as a role model. The new employee may also need a supervisor who will provide ongoing encouragement and corrective feedback. In addition, the employee will benefit from a team of coworkers who are supportive. Mentoring, coaching, and work teams are all recognized as innovative business organizational and management strategies. The Marriott Corporation and U.S. Bancorp are examples of businesses that have made a commitment to an investment in their personnel, organizational, and management practices and have also been leaders in hiring, training and supporting persons with disabilities.

In addition, many companies have also reported that their training and supervision of all employees has benefited by the techniques they have learned through the consultation provided by the vocational service agencies related an employee with a disability. These agencies may assist a supervisor to learn strategies such as task analysis, job restructuring and adaptation, systematic instruction, and productivity monitoring that they then implement for other employees to improve their work performance and efficiency.

**Lesson #3: Those companies who understand both the need to learn to train and manage a diverse workforce, as well as, the value of doing so have been most successful as employers of persons with disabilities (Solomon, 1989).** It is estimated that over 85% of the workforce during the 1990's will be minorities including women, racial minorities, older workers, and people who

## Supported Employment HSRI Forum

Jan Nisbet and Jo-Ann Sowers (1994)

have a disability. Forward planning companies are proactively identifying and implementing personnel strategies to effectively manage this new workforce. The available workforce mirrors a shift in the customer base to one which is highly diverse. This includes 43 million American customers with disabilities. Companies need the input of employees related to how to attract and accommodate this customer base.

**Lesson #4: People with disabilities have proven themselves to be competent and valued employees.**

Companies that have provided employment opportunities to people with disabilities have rated them equal to other workers based on their productivity, quality of work produced, and work attitudes and habits (Parent & Everson, 1986).

**Lesson #5: The cost of accommodations and training has been low. In fact, the vast majority of accommodations cost less than \$500.**

Employers have also found that costly jobsite accommodations can be paid for by their state's Vocational Rehabilitation agency. There are also a number of resources that can be utilized by a company to pay for any training cost which significantly exceeds the amount that would be spent on other employees.

In addition to the above lessons learned through successful employment experiences, specific suggestions that can guide a business when they are hiring a person with a disability are as follows:

**•Suggestion #1: Hire an individual not a program or a "client with a disability". The extent to which any employee will be successful at a job will depend on how well she or he is suited to the job duties and work environment of a particular company.**

Many employers who provide an employment opportunity to a person with a disability often leave the decision for the selection of the employee to the vocational service agency. In no other situation (except possibly when hiring a temporary employee from an employment service) would a company abdicate the responsibility for the selection of an employee to an outside person or agency. It is important that

the company and vocational service agency work closely together to identify the best person for the position. This will involve the employer providing the agency with detailed information about the job duties and expectations. In fact, the vocational agency should take the time to actually observe the job being done over a period of several hours or even days. Based on this information, the agency should then identify a person with whom they work whose skills, abilities and interests are a good match to the job requirements.

The employer should interview the applicant and learn, with the help of the agency as much as possible about the person. The company then should make the decision about whether or not to hire the person.

**•Suggestion #2: Take responsibility for training.** All new employees will require training in order to learn his or her job. Companies take it for granted that they will provide this training. This should be no different for a new employee who has a disability. A consultant from a vocational agency can and should provide suggestions and input about how strategies and modifications that might be particularly useful, given the person's learning styles that make it easier for the person to perform his or her job. If the accommodations are costly or if the employee needs substantially more training than other employees then the employment consultant can facilitate financial reimbursements to the employer from these expenses.

**•Suggestion #3: Help the new employee's coworkers to feel comfortable with the person and assist the new employee to fit in.** Perhaps one of the most important things to any employee is to feel accepted by his or her coworkers. It is a fact that many if not most individuals feel uncomfortable being around a person with a disability. This discomfort occurs because most individuals simply have not had the opportunity to be around people with disabilities and are unsure what to say or do. The vocational agencies' employment consultant can assist the employer to help the coworkers to feel comfortable and teach them how to interact with the new employee. This may include explaining the person's disability and suggestions about any special assistance that the person may need. However, the primary message that needs to be

## Supported Employment HSRI Forum

Jan Nisbet and Jo-Ann Sowers (1994)

conveyed is that coworkers should treat the person in the same manner as any other employee.

The new employee should also be given direct assistance to feel comfortable and to fit in with the social environment. Entering into a new job and getting to know coworkers who have worked together for a long time can be difficult for any new employee. A person with a disability may feel self-conscious and, thus, find it more difficult to assert herself or himself in getting to know coworkers. Providing the person with a mentor, a coworker who is well respected by coworkers, who will make a special effort to get to know the person, who will introduce him or her to the other coworkers, who will sit with him or her at breaks, and help him or her to learn the social customs of the workplace (for example, that is Jim's seat at the break table, don't sit there) can be of real help to a new employee with a disability.

**•Suggestion #4: If the employee doesn't work out, don't blame it on the fact that she or he has a disability.** There are few businesses that have not had at least one employee in the last year who didn't work and that had to be terminated. Typically, an employer will not generalize from the characteristics of the failed employee to other perspective employees. For example, if the failed employee was a male, the employer would not decide to never hire another male. If the employee is 40 years old, the employer would not vow to never hire another person who is 40 years old. However, employers often decide after hiring one employee with a disability who did not work out, that no person with a disability could be successful at the company. Every person with a disability is an individual and different than every other person with or without a disability. Because a particular employee with a disability does not work out at a company does not mean that the company should conclude that another employee with a disability could not be successful.

One of the primary fears of most businesses when considering hiring a person with a disability is what they will do if the person does not work out. The answer is "What would you do for any other employee?". A good employer will work with any employee to help him or her to remediate a work problem. A good employer will also make any reasonable accommodation with any employee that will

permit the employee to maintain employment. However, any good employer will also terminate any employee whose problem can not be remediated or cannot be reasonably accommodated. Some employers are concerned about the legal liabilities that they may face if they fire an employee with a disability. However, if the employer has attempted to assist the employee to remediate the performance problem and to make reasonable accommodation, they will face not legal liability and the vocational agency will be supportive of the decision to terminate the person. Most employers are more concerned about telling a person with a disability that she or her is fired. Like any employee terminated, an employee with a disability will be upset, but not any more so than any other person. However, if an employer desires the vocational service agency should make the commitment to assist and support the employer during the termination of the person. This may include advising the employer what to say to the employee or actually sitting with the employer when she or he tells the person that she or he is fired. The Employment Consultant, as part of their assistance to the employee, provides emotional support, and teaches him or her to use the experience to identify the types of jobs which she or he should seek in the future and to find a new job.

# Consortium for Citizens with Disabilities

*The Consortium for Citizens with Disabilities is a coalition of over 100 national organizations working to enact comprehensive health care reform that will meet the needs of persons with disabilities and chronic illnesses, and their families.*

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TESTIMONY ON BEHALF OF

THE CONSORTIUM FOR CITIZENS WITH DISABILITIES'  
Task Force on Health, Task Force on Long-Term Services and Supports  
and Task Force on Social Security

Presented by

Allan Bergman  
Co-Chair, CCD Long-Term Services and Support Task Force  
Director of State and Federal Relations  
United Cerebral Palsy Associations, Inc.

RESPECTFULLY SUBMITTED TO

THE HOUSE WAYS AND MEANS SUBCOMMITTEE ON SOCIAL SECURITY

FEBRUARY 23, 1994

ON BEHALF OF

American Association of University Affiliated Programs for Persons  
with Developmental Disabilities  
American Counseling Association  
American Network of Community Options and Resources  
American Occupational Therapy Association  
American Psychological Association  
American Speech-Language-Hearing Association  
American State of the Art Prosthetic Association  
Amputee Coalition of America  
Association for Education and Rehabilitation of the Blind and Visually Impaired  
Association of Maternal and Child Health Programs  
Autism National Committee  
Bazelon Center for Mental Health Law  
Center on Disability and Health  
Council for Exceptional Children  
Epilepsy Foundation of America  
International Association of Psychosocial Rehabilitation Services  
National Association of Developmental Disabilities Councils  
National Association of Rehabilitation Facilities  
National Association of School Psychologists  
National Association of State Directors of Developmental Disabilities Services  
National Community Mental Healthcare Council  
National Easter Seal Society  
National Head Injury Foundation  
National Mental Health Association  
National Multiple Sclerosis Society  
National Parent Network on Disabilities  
National Spinal Cord Injury Association  
National Recreation and Park Association  
Paralyzed Veterans of America  
Spina Bifida Association of America  
The Arc  
United Cerebral Palsy Associations, Inc.

(Partial listing of organizations as of February 22, 1994. Complete list will be submitted for Record.)

For additional information, please contact

Kathy McGinley 202-785-3388  
Janet O'Keeffe 202-336-5934  
Peter Thomas 202-659-2900  
Marty Ford 202-785-3388  
Allan Bergman 202-842-1266

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The Consortium for Citizens with Disabilities (CCD) is a working coalition of over 100 national consumer, advocacy, provider and professional organizations, which advocates on behalf of people of all ages with physical and mental disabilities and their families. Since 1973, CCD has advocated for federal legislation, regulations, and funding to benefit people with disabilities. This testimony is presented on behalf of the undersigned members of CCD.

People with disabilities include individuals with physical and mental impairments, conditions or disorders, and people with acute or chronic illnesses, which impair their ability to function. The prevalence of functional impairments due to chronic illness, congenital conditions and trauma has increased rapidly in the past decades and is expected to increase further in the coming years. This is due to advances in medical technology that save lives, but which often leave the survivor with significant disabilities. In the last 25 years, the size of the working-age population has increased by 38 percent, but the number of working-age persons with disabilities has increased 158 percent.

The 49 million Americans with disabilities have an enormous stake in the current health care reform debate. Lack of adequate health care coverage is a critical issue for many persons with disabilities and chronic illnesses, who have experienced first hand the myriad problems with the current system.

The U.S. health care system provides high quality care, but it is overly expensive, often wasteful, and does not assure adequate health care coverage for all Americans. Escalating and uncontrolled costs make insurance unaffordable for an increasing number of Americans, and discriminatory practices by insurance companies exclude millions more Americans who need health care. Current health insurance is also biased towards acute care and fails to cover necessary services for persons with chronic illnesses and conditions. For many persons with disabilities, lack of access to comprehensive health care undermines the promise of the Americans with Disabilities Act for inclusion, independence and empowerment.

Persons with disabilities and chronic illnesses are disproportionately represented among both the uninsured and the under-insured in the current system of private health insurance. As it operates today, the U.S. health insurance system fails persons with disabilities and chronic conditions in fundamental ways:

- It excludes many persons with disabilities and chronic conditions as "medically uninsurable" or offers them insurance only with pre-existing condition exclusions. In a recent Census Bureau survey, 43 percent of persons with severe disabilities reported that they did not have private health insurance.
- It often charges prohibitive rates to persons with ongoing health needs, making insurance unaffordable for many.

- It does not pay for many necessary health-related services, including adequate rehabilitation, assistive technology, and long-term services and supports.
- It places annual and life-time limits on health care services.
- It often fails to provide protection against catastrophic health care costs.
- It allows insurers to terminate insurance coverage when a person becomes ill.

For all these reasons, CCD strongly endorses the need for far-reaching and comprehensive reform of the American health care system.

### **Problems With Health Insurance are a Major Work Disincentive**

While the Americans with Disabilities Act is a comprehensive mandate to end discrimination against persons with disabilities, it does not address all of the barriers impeding their full participation in society. One important area that is not adequately addressed by the ADA is the availability of health insurance.

The issue of access to health insurance by persons with disabilities has been called by many, the "missing piece" of the ADA. This was not an oversight however, but a deliberate omission. The ADA specifically exempts insurance from its provisions, stating that nothing in the Act "shall be construed to prohibit or restrict an insurer, hospital or medical service company, health maintenance organization, or any agent, or entity that administers benefit plans, or similar organizations from underwriting risks, classifying risks, or administering such risks that are based on or not inconsistent with State law."

The inability of persons with disabilities to obtain adequate health insurance and other necessary support services is a major barrier to their employment. A 1985 survey of persons with disabilities found that one of the most frequently cited barriers to employment was fear of losing government health benefits through the Medicare and Medicaid programs. Since many of these individuals have recurring health care needs, higher than average health care costs, and a greater risk of developing secondary health problems and disabilities, they are understandably fearful of losing their health care coverage. Employers also are reluctant to hire persons with disabilities because to do so in many cases will lead to sharp increases in their health insurance costs.

While Congress has enacted legislation aimed at reducing the work disincentive for persons on SSDI and SSI, the various work-incentive provisions are very complicated. Persons on SSDI and SSI generally spend considerable time and effort to establish eligibility for income and medical benefits, which are predicated on their inability to work. Therefore, it is understandable that they may be very reluctant to initiate work, particularly if they don't understand the work-incentive provisions related to health coverage. In 1988, the Social Security Administration's Disability Advisory Council stated that the work-incentive provisions needed to be clarified and better understood.

It is important to note, however, that these work incentives may not be sufficient for many individuals. People who rely on Medicare or Medicaid may not be able to have their health care needs met through the health insurance plan offered by a given employer. Thus, they are unable to consider gainful employment because they risk losing vital health and long-term services. In addition, continued eligibility for Medicaid is still predicated on having virtually no assets. Thus, a person who wants to work and build up savings for future needs will not be able to do so if they want to keep their Medicaid coverage.

For all these reasons, CCD believes that the Health Security Act will eliminate some major work disincentives for people with disabilities by guaranteeing health coverage and by providing long-term services and supports to those most in need.

#### Lack of Long-Term Services is a Major Work Disincentive

Many persons with disabilities need long-term services and supports to function independently. For many, these services and supports can mean the difference between independence and dependence.

In order to work, many individuals with disabilities require long-term services and supports, particularly personal assistance and assistive technology. However, private insurance and Medicare do not cover these services. For persons on Medicaid, some states provide home and community-based services but many states severely limit the duration and scope of personal care that their Medicaid programs will cover. Furthermore, even if a state has a Medicaid home and community-based waiver program, it may be targeted to elderly individuals or to people with specific types of disabilities and therefore the services through the waiver are not available to individuals with other disabling conditions.

People with long term support needs, such as individuals with mental retardation or developmental disabilities or people with serious mental illness, typically receive their services through a variety of specialized provider agencies. Many of these community providers serve individuals who are receiving Medicaid-reimbursable services. However, access to these services depends on the state you live in and your level of income and resources.

The lack of an effective long-term services system complicates the delivery of residential, vocational, habilitation, and medical services. Consumers are hampered in their efforts to achieve their life's goals because they do not have the services and supports necessary to access needed services from providers in the community. Although the symptoms of this problem manifest themselves in different ways for different providers, the underlying cause of each symptom is the lack of a solid foundation of long term services.

Individuals with disabilities needing vocational services are hampered as well. The most obvious impediment is a lack of transportation, in the form of drivers and companions to assist in the use of public transit, which prevents participants from traveling to the worksite. Less obvious, often because this situation is not reported due to its embarrassing nature, is that people with severe disabilities have no one to help them get them out of bed, washed, dressed, and into their preferred mobility aids. This barrier not only prevents people with severe disabilities from getting to work, but also forces individuals to either inappropriately rely on volunteers, coworkers, and even supervisors in order to eat lunch and use the bathroom while at work, or to try to do without food and drink all day long.

In situations where consumers receive acute rehabilitation, physical and occupational therapy, and related services, they often face an impossible task when attempting to complete the final step in returning to the community. They face the dilemma of returning to a community setting without adequate long term services or staying inappropriately in the acute or chronic care facility. Without appropriate support services, returning to the community often results in the person developing additional health problems, which increases the chance of the person obtaining a secondary disability, adds severe stress to the family, and drastically reduces the individual's quality of life. Remaining in an acute or chronic care facility results in unnecessary costs, an inappropriate living situation for an individual who is no longer ill, and prevents an individual in true need of acute or chronic care services from receiving those services. Appropriate community supports would prevent these

negative outcomes.

The following are brief descriptions of persons with disabilities who need or will need long-term services to enable them to work. The long-term services available through the Health Security Act will be vitally important to all of them.

- A young woman, age 24, with cerebral palsy and mental retardation has benefitted significantly from the Medicaid community supported living arrangements services program. She lives in her own apartment with a roommate and counselor, has found a job, and pays taxes. She has formed new friendships and has increased her independence, access to the community, and her self esteem. Although she has made great progress, she will continue to need long term services and supports for the foreseeable future.
- A twenty-five year old man in Maryland who is diagnosed as having paranoid schizophrenia has spent many months in psychiatric hospitals over the last several years. Although his disability and numerous hospitalizations had a serious impact on his ability to participate in school, he eventually earned his diploma. Through a community outpatient psychiatric rehabilitation program, he receives numerous long term support services which are enabling him to become more independent in the community. He receives assistance in keeping his medications under control, learning to use public transportation, learning job seeking skills and appropriate business attire and behavior, managing money and paying bills, and is learning to live on his own. He will need continued support in various aspects of his life in order to maintain and increase his ability to live independently and to avoid future hospitalization.
- A seventeen year old girl is experiencing major changes in her life as a result of traumatic brain injury during a car accident. She is having a slow recovery, is experiencing learning problems, frustration and extensive social changes, and attends school only half day while she receives rehabilitation services everyday. As she matures and as the extent of her injuries are revealed, she will need various supports over time, including services to assist her in making the transition from school to work and to assist her to become as independent as possible within her community.
- In Wisconsin, a young boy born with cerebral palsy and sensory impairments requires a tracheostomy tube to help him breathe, a gastrointestinal tube to help him eat, and other extensive medical, health, and social supports. He lives at home with his family, attends his neighborhood school, and relies on a number of basic supports from numerous sources such as the school system, private insurance, Medicaid waiver services, and state and county community and respite care services programs. While managing services from many different sources is complicated, the mix enables him to live at home and to stay out of an institution. He will continue to need support at school, specialized therapies, prescription medications, special diets, personal assistance, adaptations such as a lift on the family van, and support for community living as he grows older and seeks to enter the job market.

#### **How the Health Security Act will Help Persons with Disabilities**

When evaluating the adequacy of a health system reform proposal, whether the needs of persons with disabilities and chronic illnesses are met is an essential litmus test. It is our strong belief that a health care system that meets the needs of persons with disabilities and chronic illnesses will meet the needs of all Americans.

There are many positive features in the Health Security Act that address issues of concern to persons with disabilities. These features must be retained in any health

reform legislation enacted by Congress. Legislative proposals that do not include these features do not constitute reform and will be vigorously opposed by the disability community. These fundamental features and the positive ways that the Health Security Act addresses them are:

**Universal Coverage.** All legal residents of the United States will be covered by 1998 and health care coverage will not be dependent upon employment status, age, health, disability, or ability to pay.

**Non-Discrimination.** Federal civil rights laws, including Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, will govern all parts of the health care system, including health alliances, health plans, the National Health Board, and providers. These laws will provide important protections for persons with disabilities, including assurances that negative assumptions regarding the quality of life of individuals with disabilities will not be used to make determinations about the medical necessity and appropriateness of services. These protections are critical for persons with disabilities and must be retained in any health care reform legislation passed by the Congress.

**Elimination of Pre-Existing Condition Exclusions.** No one will be denied coverage for any health problem.

**Equitable Financing and Mechanisms to Spread Risk as Broadly as Possible.**

- **Mandatory community rating.** Community rating is the cornerstone of equitable financing. It eliminates the exorbitant premiums that people with disabilities and chronic illnesses have been forced to pay for inadequate coverage. Community rating will also help to increase employment opportunities and ensure retention of employees with disabilities. Currently, many employers are unable to afford or obtain health insurance for employees who have a disability, or who have a family member with a disability or chronic illness. This situation discourages the employment of persons with disabilities.
- **Mandatory Health Alliances.** Community rating in a multi-payer system requires that risk pools be structured to spread the costs of health care as broadly as possible. Therefore, we strongly support the requirement that all employers with fewer than 5000 employees be required to participate in the alliance. Without this level of participation, the risk and costs of health care will not be spread widely enough. Regional health alliances will enable small and medium size employers, the self-employed, and for-profit and non-profit organizations that employ people with disabilities, to benefit from the negotiating power of a large pool to obtain affordable, comprehensive coverage for their employees.

Exclusive, mandatory health alliances will require all residents in a geographic area to enroll in health plans offered through the alliance. This will assure portability of coverage. In our current system insurers pick and choose who they will cover, and employers often offer only one plan, which is not portable when people change their job. In marked contrast, requiring that everyone purchase insurance from a single alliance will assure that everyone can choose among a number of health plans, and keep their plan if they change or lose their job. Freedom of choice of health plans is particularly important for persons with disabilities and chronic illnesses who are Medicaid-eligible. Allowing persons who are Medicaid eligible to choose a health plan from those offered by the alliance will solve one of the major problems faced by Medicaid recipients in the current system: inadequate care due to a shortage of providers willing to accept Medicaid patients.

Some groups are suggesting alternatives to exclusive alliances, including a proposal to allow multiple alliances in a geographic area and the option for consumers to purchase health insurance outside the alliance. **CCD strongly opposes this proposal because it would perpetuate the current segmented health insurance market that fails to spread risk adequately.** We are greatly concerned that allowing individuals and businesses to purchase insurance outside the alliance will allow insurers to continue skimming the low risks out of the population; this will drive up costs for the plans that enroll a broader cross mix of the population, which would include a larger proportion of persons who are high users of health care. A voluntary and competing alliance approach will only continue the current system where too many insurance companies compete in a segmented market, making it impossible to adequately spread risk. Additionally, it will reduce the state's ability to provide stringent oversight of both marketing practices and quality of care.

- **Subsidies for Small Businesses and Persons With Low Incomes.** All businesses will be able to deduct 100 percent of the cost of insurance up to a specified limit as a business expense. Additionally, small employers with low wage workers, and individuals and families with low incomes will be eligible for subsidies for the community-rated premiums. In addition, persons with low incomes will receive cost-sharing discounts.

#### **The Elimination of Financial Barriers to Services.**

- **Elimination of lifetime caps on medically necessary or appropriate covered services.** Persons with high ongoing health costs will be assured of coverage.
- **Protection against catastrophic out-of-pocket costs.** Deductibles and co-payments will be limited to \$1500 annually for an individual and \$3000 annually for a family. No balance billing will be allowed, i.e. providers will not be allowed to charge patients more than the amount negotiated with the health plan.

**Comprehensive Benefits Package.** Every American will have coverage for a specified, broad range of preventive, diagnostic, and treatment services. Many of these services are particularly important for persons with disabilities:

- Inpatient and outpatient rehabilitation services.
- Outpatient prescription drugs.
- Experimental treatments through approved clinical trials.
- Preventive services.
- Mental health and substance abuse treatment services.
- Durable medical equipment, orthotics (orthopedic braces) and prosthetics (artificial limbs), and prosthetic devices that replace all or part of the function of an internal body organ.
- Home health and extended care services.

**The Incorporation of the Acute Portion of Medicaid into the New System.** This step will eliminate the current two-tiered system of health care by providing every American with the same choice of health plans.

**Cost Containment.** The proposal includes measures to ensure that health insurance

remains affordable. Without effective cost containment, increased costs will be shifted to consumers in the form of higher premiums, increased cost-sharing, and reduced benefits. Effective cost-containment measures include:

- Caps on premium increases.
- Competition among health plans in the regional health alliance.
- Standardization of health insurance forms to reduce administrative costs.
- Medicare prescription drug rebates.

**Consumer Participation and Consumer Protections.** The proposal includes a system of government and private oversight with enforcement procedures, including the appointment of an ombudsman at the regional alliance level. Other important provisions that will assure consumer involvement and protections are:

- A guarantee of due process rights with regard to benefit determinations, grievance procedures, and access to judicial review; provisions to protect the confidentiality of medical records and to assure access to regulatory proceedings.
- The establishment of regional health care alliances, which will increase the negotiating power of consumers, particularly small businesses and self-employed individuals. The mandated participation of consumers in the governance and administration of the health alliances will help assure accountability and responsiveness to consumer concerns.
- Consumer choice will be assured. Consumers will not be restricted to the plan their employer selects, but will be allowed to choose among a range of plans that they can keep if they change jobs. All managed care plans will have an out-of-network option. Consumers will be able to enroll in and disenroll from plans during "open season" and for "cause."
- Administrative simplification will make it easier for consumers to understand their health care coverage and their rights.

**Consumer Protections During the Transition to the New System.** There are a number of provisions designed to ensure maintenance of current health care coverage and benefits during the transition period. These include: requirements to help preserve current coverage, restrictions on premium increases, limits on the duration of pre-existing condition exclusions, and a national transitional health insurance risk pool. These protections are essential for persons with disabilities and chronic illnesses who may lose their coverage during the transition period as the insurance industry consolidates.

**Research Initiatives.** The HSA includes new funding for health research focused on prevention and outcomes research, which we strongly support. Priority areas include child and adolescent health, birth defects, chronic disease and conditions, mental health, environmental health, substance abuse, and the development of functional measures.

## **RECOMMENDED REFINEMENTS**

Legislation to address the major problems of access, cost, and quality for a large, heterogeneous population will, of necessity, be complex and highly detailed. Provisions to reform financial, organizational, and service arrangements must take account of major variations in population density, ethnic composition, health

infrastructure, and economic circumstances. In an undertaking of such enormous complexity and scope, there is a danger that the specialized needs of subgroups of persons with the most serious and disabling illnesses and conditions will not be understood and addressed.

To assure that a reformed health system will meet the specialized needs of persons with disabilities and chronic illnesses and conditions, CCD recommends several refinements to the provisions of the Administration's Health Security Act. It is important to note that while these recommendations relate specifically to the Health Security Act, many of the problems they address are not problems with the bill per se, but problems with the current health system that must be adequately addressed in any health reform legislation that the Congress enacts. At the same time, the positive aspects of the current system must be retained.

Specific areas of concern in H.R. 3600 include: financial incentives to underserve; risk adjustment and reinsurance; continued financial barriers to care; provisions relating to the utilization of covered benefits, particularly outpatient rehabilitation, durable medical equipment, prescription drugs, and mental health and substance abuse services; extra-contractual services; specialized services for children; the continued coverage of services currently available through Medicaid, particularly those under the Early, Periodic, Screening, Diagnostic, and Treatment mandate; assuring choice of providers and access to specialists in managed care settings; and the education and training of health care providers.

**Our specific recommendations regarding all these issues are available in a separate document that CCD will be glad to share with the Subcommittee.**

#### **How the Long-Term Service Provision of the Health Security Act will Help People with Disabilities**

President Clinton's proposals for long-term services in H.R. 3600 will assist persons with disabilities in many ways. He calls for a bold new commitment of \$38 billion per year (at full implementation) for services that are vitally need by people with significant disabilities.

The proposal recognizes that long-term services are crucial components of health care for persons of all ages with disabilities and chronic illnesses, and must be included in any plan to reform the nation's health care system. While long-term services and supports are not included in the mandated benefits package, the Administration has proposed to expand the availability of these services through a new program of home and community-based services, and to provide tax credits for personal assistance services for working persons with disabilities. Without these services, many individuals may be inappropriately institutionalized at a higher cost, both in economic and in human terms. Ignoring the need for long-term services will short-change many people and limit the effectiveness of any health care reform.

The strengths of the long-term services provisions of the Health Security Act are:

##### **1. A New Commitment to Long Term Services**

First and foremost is the President's willingness to commit new federal resources -- at least \$38 billion dollars per year at full implementation -- to expanding and improving long term services that are desperately needed by Americans with significant disabilities. This commitment will enable thousands of people with disabilities to access education and training programs, hold jobs, and participate in community activities, often for the first time in their lives.

##### **2. An Emphasis on Home and Community Services**

In general, home and community based services are more cost effective than institutional services and afford people with disabilities greater opportunities to become contributing members of society. The overwhelming desire of most people with disabilities of all ages is to remain in their own homes and communities, while receiving the support services necessary to remain as independent as possible.

### **3. Improved Eligibility Criteria**

The President's plan takes a positive step forward in attempting to cover people of all ages with all types of disabilities -- cognitive, mental, and physical. Historically, other proposals have excluded people on the basis of one type of disability, such as mental illness; CCD considers that approach unacceptable. The President's proposal also allows eligibility for all income levels, thereby beginning to address the marriage penalties of the income-based programs and the problem of people having to impoverish themselves in order to have the assistance they need to survive and prosper. It also addresses the work disincentives issue, where people who are receiving needed services accept a job, lose their benefits, and yet do not earn enough money to meet their basic living needs and purchase their disability-related goods and services.

### **4. An Emphasis on Consumer Involvement and Direction**

The disability community is very pleased that the Clinton proposal contains many principles that we believe are essential to the effectiveness of any long-term services system. These principles include a commitment to consumer-directed services, an option for the use of vouchers or direct cash payments, consumer involvement in planning the state long-term services program, and individualized service needs assessments and plans of services.

These principles are particularly important because of the changing nature of the entire disability services system and we applaud the Administration's recognition of their importance. Services for individuals with disabilities historically have been delivered in a paternalistic manner. In light of the promise of empowerment implicit in the Americans with Disabilities Act, people with disabilities now expect to exercise an increasing degree of control over their lives, their rehabilitation and their support systems. Involvement in the design, direction, management, and assessment of their individual support services enables people with disabilities to exercise a degree of control over their own lives that is essential to physical and emotional well-being.

The ability of people with disabilities to participate actively at the planning level of long-term services means that there will be a greater chance that the service system ultimately will meet the needs of those it is intended to serve. Given the number of jobs that will be created by a new \$38 billion a year program, this program represents a unique opportunity to employ some of the persons with disabilities in America (67 percent of whom are not working) through their participation in policymaking, administration, management, and direct service jobs that will be created.

### **5. Tax Credits**

The proposed tax credits and changes in medical care deductions will help to offset the extraordinary expenses of living with a disability and assist people with disabilities to enter the workforce by giving them a measure of economic equity with those who do not need to pay these extraordinary costs.

### **A Good First Step**

CCD believes that the President's long-term services plan represents a significant beginning for a system that should ultimately be comprehensive. While it is desirable to make long term services available right away to all individuals with

disabilities who need them, CCD recognizes that fiscal restraints will necessitate the gradual phasing in of coverage in some orderly fashion. We are concerned that this coverage be phased in equitably so that people with different types of disabilities and economic circumstances will be treated fairly and in a manner which ensures that there needs are appropriately met.

We believe that long term services are a critical component of health reform and we urge Congressional support for the inclusion of a strong long term services component in legislation to restructure the American health care system. We pledge to work with you to ensure the availability, appropriateness and effectiveness of such supports for all people with disabilities.

### **RECOMMENDED REFINEMENTS**

We have several recommendations for refining the long-term service provisions of the Health Security Act to assure that they will meet the needs of persons with disabilities. Specific areas of concerns include: the eligibility criteria, the breadth of the basic service package, the restricted definition of personal assistance services, provisions related to the continued availability of long-term services through the Medicaid program, consumer involvement, the continuation of the institutional bias in the Medicaid program, lack of adequate low-income protections in the cost-sharing provisions, the continuation of the EPSDT mandate, reimbursement issues, limited eligibility for the tax credit, and long-term care insurance.

Other concerns include, the need to provide psychiatric services required over time which are beyond those covered by the basic benefits package; the need to resolve issues regarding state medical practice and nurse practice acts in relation to health-related tasks performed by personal assistance providers such as medication administration and catheterization; the relationship between acute health services and long term services for people with disabilities including clarification of treatment of services such as "outpatient" rehabilitation services which might be considered acute or long term services; an assessment of the impact of the state option for making capitated payments to health plans or other providers for community based long term services; and the length of time until full implementation of the long term services proposal. The relationship between acute health and long term services is problematic for all people with serious and persistent physical, cognitive, and mental disabilities; for people with psychiatric disabilities, there is the additional question of the linkage to essential long term services for people who exceed limitations for non-residential intensive services until the year 2001 when full coverage is scheduled to be in effect.

**Our specific recommendations regarding all these issues are available in a separate document that CCD will be glad to share with the Subcommittee.**

### **Closing**

In closing, we would like to state that CCD is committed to working with both the Administration and Congress to enact comprehensive health reform in 1994.

With the exception of President Clinton's plan and the Single Payer Plan introduced by Senator Wellstone and Rep. McDermott, all of the other bills currently being considered in the 103rd Congress fail to address the needs of persons with disabilities in fundamental ways. We strongly urge the Committee to reject those proposals that do not guarantee universal coverage for comprehensive benefits, protection from catastrophic costs, long-term services, and meaningful cost containment that will slow the growth in health care costs so that comprehensive benefits remain affordable.

As you proceed with your work on health reform legislation, we would like you to remember one point:

"In the long-term, the success of the health care system must be judged less on its success in serving the majority of the population, most of whom have few or simple medical care needs, and more on how effectively it addresses the needs of those with serious and persistent disabling illness, who depend on the health system for their functioning, perhaps even for their lives. To the extent that the reforms address their needs successfully, they are likely to serve us all well."<sup>1</sup>

1. Mechanic, David. Mental health services in the context of health insurance reform. *The Milbank Quarterly*, Vol. 71(3), 1993.



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**HEALTH CARE REFORM FACT SHEET**

Background

Health care reform represents an opportunity of a lifetime for 49 million Americans with disabilities, including individuals with cerebral palsy and other severe disabilities and their families. Historically, people with cerebral palsy and their families have been victimized by pre-existing condition exclusions, lack of portability of coverage, disincentives for employment, and inequitable costs or have faced the complete unavailability of health insurance coverage or the insecurity of being underinsured. Persons with cerebral palsy and other disabilities are increasingly vulnerable in the voluntary private health insurance marketplace and in the residual public health insurance programs under the growing pressure of cost containment in the health care financing system.

There is a crisis

Despite decades of warnings and personal suffering, 50 YEARS OF BAND-AIDS masking as voluntary health care reform have not worked. 39.2 million Americans under the age of 65 (including 10 million children) have no health insurance and the number is growing by over 2 million people per year. Millions of us are denied insurance because we have a "pre-existing" disability or chronic condition. Millions of us are "victimized" by the current health care system through exorbitant premiums, annual and lifetime limits on coverage, and lack of coverage of health-related services such as rehabilitation, assistive technology and long-term services and supports. Millions of us are forced to give up jobs and homes to qualify for Medicaid - poverty based, second class care. Millions of us are forced to remain in jobs without career advancement for fear of loss of health care coverage for ourselves or a member of our family with a new employer. The costs of health care are out of control. Without universal coverage, there will continue to be cost-shifting, with those who purchase health care paying emergency room and other costs for those who do not have health insurance.

UCPA Policies and the Proposals

While numerous bills have been introduced, only two come anywhere close to meeting UCPA's policy statement and the CCD "Principles for Health Care Reform from the Disability Perspective" of **non-discrimination, comprehensiveness, appropriateness, equity and efficiency**. These are the President's "Health Security Act" (HR 3600/S. 1757) and the Wellstone/McDermott single payer proposal, the "American Health Security Act" (HR 1200/S. 491)

Disability Perspective a Litmus Test: Not a Special Interest Group

Over 81 million children and adults under age 65 have chronic health conditions which private health insurers typically deny coverage for, impose pre-existing conditions on, or raise premiums by at least 50 percent, if one applies individually or in small groups.

Additionally, the average person carries six to eight genes which predisposes them to chronic health conditions in the future, even if they have no symptoms at the present time. Between congenital birth conditions, injuries, diseases, and the process of aging, every American will experience a disability or chronic condition either personally or through a family member. We all want access to the most effective medically necessary services whenever our health care needs occur.

This is why health care is the one need that all persons share a common interest in protecting. However, most "temporarily able-bodied" persons do not know what treatments, such as rehabilitation therapies or assistive technology they might need someday to prevent secondary disabilities or to compensate for functional limitations should they or a family member develop a disability or chronic illness or condition.

No one has lifetime health security. We are all vulnerable! While insurers, providers, and employers represent special interest groups who are looking for ways to benefit economically from different forms of health care reform, people with disabilities and their

families are in the best position to reveal what it takes to address the health related needs of different groups in the population.

### The Clinton Bill As A Starting Point for Debate

The Clinton bill guarantees universal coverage. All people will have comprehensive health care coverage and access to a wide-ranging acute care benefits package. There will be no discriminatory pre-existing condition exclusions. Health alliances (large insurance pools) and community rating will be utilized to ensure choice of health plan and equity in health care costs. Health insurance coverage will be workplace-based for the majority of Americans. Those who are not employed and those who are presently on Medicaid will be included in the same system. Consumer involvement at all levels is built into the system as are consumer protections. Costs will be contained through a variety of means including limits on premium increases and streamlining of the system and the paperwork mill it generates to operate more efficiently. Long term services are an integral part of the package and include the maintenance of existing Medicaid funded long term services and the installation of a new home and community-based component.

The basic benefits package contains benefits that should meet the needs of most Americans, including hospital services, emergency services, services of physicians and other health professionals, clinical preventative services, mental health and substance abuse services, family planning services, pregnancy-related services, hospice, home health care, extended care, ambulance services, outpatient laboratory and diagnostic services, outpatient prescription drugs and biologicals, outpatient rehabilitation services, durable medical equipment, prosthetics and orthotics, vision and hearing care, preventative dental services for children and health education classes.

There are several refinements needed to the acute care portion of the Clinton plan to ensure children and adults with cerebral palsy and disabilities are treated equitably. The first is to the limits based on "illness or injury" which precludes access to outpatient rehabilitation, home health services and extended care for persons with congenital conditions. UCPA has recommended changes to ensure that all individuals born with disabilities will have access to these critical services. The second is the limit based on requiring improvement in outpatient rehabilitation services. UCPA has recommended changes to ensure that maintenance of function and prevention of deterioration are seen as just as important as improvement in function.

### Cooper/Breaux -- A Major Concern

Often called "Clinton lite", the Cooper/Breaux bill is much less than that. It does not offer universal coverage. It does not specify a basic benefits package providing no guarantee that the benefits needed by people with cerebral palsy will be included. Employers are to offer insurance but do not have to offer more than one plan nor are they required to pay for coverage for their employees. If employers do pay for coverage, they receive tax deductibility only for the cost of the lowest cost plan. If an individual needs a higher cost plan, they have no tax savings above the cost of the lowest cost plan. It places no limits on the costs of premiums or premium increases and proposes very small Health Plan Purchasing Cooperatives for small businesses (less than 100 employees). With such small pools, the risks and costs of health care will not be spread widely enough and the negotiating power of consumers is considerably diminished. Medicaid acute care is abolished and blended into the system. However, federal funding for long term care services through Medicaid will be terminated over three years with the states expected to pay the full cost of these services with only transitional federal funding.

### UCPA's Recommendations

OUR NATION'S HEALTH CARE SYSTEM IS INDEED IN CRISIS AND MUST BE COMPREHENSIVELY REFORMED THIS YEAR. WE RESPECTFULLY DEMAND THAT YOU ACCEPT THE PRESIDENT'S CHALLENGE TO CREATE AND ENACT LEGISLATION THAT WILL ENSURE UNIVERSAL COVERAGE (not merely universal access) FOR EVERY AMERICAN CHILD AND ADULT BY JANUARY 1, 1998 OF A COMPREHENSIVE SET OF BENEFITS SPECIFIED IN LAW THAT IS AFFORDABLE AND CAN NEVER BE TAKEN AWAY, REGARDLESS OF EMPLOYMENT STATUS, AGE, HEALTH, DISABILITY OR ABILITY TO PAY. KEY FEATURES OF UNIVERSAL COVERAGE INCLUDE: NO PRE-EXISTING CONDITION OR CONGENITAL EXCLUSIONS; PORTABILITY OF COVERAGE AND BENEFITS; NO WORK DISINCENTIVES; COMMUNITY RATING; NO LIFETIME CAPS; LIMITS ON OUT-OF-POCKET EXPENSES; ACCESS TO SPECIALISTS AND OTHER APPROPRIATE PROVIDERS AND SERVICES WITHOUT FINANCIAL PENALTY; MEANINGFUL FAMILY/CONSUMER INVOLVEMENT AND CHOICE; PUBLIC ACCOUNTABILITY; AND HOME AND COMMUNITY BASED LONG-TERM SERVICES, INCLUDING PERSONAL ASSISTANCE AND FAMILY SUPPORT SERVICES. WE FURTHER URGE YOU TO OPPOSE THE COOPER/BREAUX BILL AND THE ROWLAND/BILIRAKIS BILL AND OTHER BAND-AID SOLUTIONS MASQUERADING AS REAL HEALTH CARE.

### **Relevant Committees**

House Education and Labor

House Rules

Senate Finance

5/12/94 AIB:sg

House Energy and Commerce

House Ways and Means

Senate Labor and Human Resources



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**LONG TERM SERVICES AND SUPPORTS FACT SHEET**

Background

President Clinton's proposal for health care reform, the Health Security Act (HR 3600/S.1757), includes a substantial commitment to long term services and supports for people of all ages with the most severe disabilities. It would create a new program for home and community-based services for people regardless of income level and would establish new tax credits for people with disabilities who work despite substantial personal expenditures for personal assistance services. At the same time, the current Medicaid long term services program would be maintained to continue serving low-income individuals with disabilities, many of whom would not meet the severity of disability eligibility requirements of the new program. The Clinton proposal, as embodied in the House and Senate bills, is the only proposal which would significantly establish new services while maintaining the Medicaid services upon which so many people with cerebral palsy and other disabilities rely.

UCPA and the Consortium for Citizens with Disabilities (CCD) have considered the development of comprehensive long term services and supports legislation and financing to be a critical need area for many years. UCPA and other CCD advocates have been very active in working with the elderly and children communities to achieve the passage of long term services legislation which meets the needs of children with disabilities and their families, adults with disabilities as well as people who are aging. Together, the groups have addressed crucial issues of system design; training and compensation; quality assurance; eligibility and services; and due process. The disability and aging advocates made joint recommendations to the Administration during the development of the President's proposal. Through the Long Term Care Campaign and other forums, the groups continue to work together to ensure that the final health reform act includes meaningful long term services provisions that meet the needs of people of all ages.

UCPA, other CCD advocates, and the elderly and children's communities believe that it is absolutely critical that home and community-based long term services be part of the reform of our national health care system. The American people also believe that long term services must be included. A January 1994 survey indicates that: 48 percent of adults would be more likely to support a health care reform proposal that included coverage for home and community-based care while 42 percent would be much less likely to support a proposal that does not include long term care coverage. Ignoring long term services will short-change many people and limit the effectiveness of any health care reform.

UCPA and the CCD has analyzed the long term care components of other health reform bills and has determined that the Clinton proposal is the only one which would meet the needs of children and adults with cerebral palsy and other severe disabilities. The "McDermott/Wellstone"(or single payer) bill is the only other proposal including significant community services (see comments below).

President Clinton's Proposal

- New Commitment to Long Term Services -- The Clinton proposal would commit new federal resources (at least \$38 billion dollars per year at full implementation) to expand and improve long term services that are needed by Americans with significant disabilities.
- Emphasis on Home and Community Services -- The Clinton Administration's emphasis on expanding access to home and community-based services rather than institutional services represents a long-sought recognition that the overwhelming desire of most families with children with disabilities and most people with disabilities is to remain in their own homes and communities with the supports necessary to remain as independent as possible.

- **Eligibility Criteria** -- The Clinton plan takes a major stride forward in attempting to cover people of all ages with all types of physical, cognitive and mental disabilities. Historically, other proposals have excluded people on the basis of one type of disability, such as mental illness. The President's proposal also allows eligibility for all income levels, with cost sharing.
- **Basic Philosophies** -- The Clinton proposal also embodies many other principles and philosophies that are critical to creating an effective system, including a commitment to consumer directed services, an option for the use of vouchers or direct cash payments, consumer involvement in planning the state long term services program, and individualized assessments and service plans.
- **Tax Treatment** -- The proposed tax credits and changes in medical care deductions will help to offset the extraordinary expenses of living with a disability and assist people with disabilities to enter the workforce.
- **A Good First Step** -- Overall, the President's long term services plan represents a significant beginning for a system that should ultimately be comprehensive. While it is desirable to make long term services available at the outset to all individuals with disabilities who need them, UCPA recognizes that fiscal constraints will require a gradual phase-in.

While the long term services provisions of the Clinton plan are the best to date for people with disabilities, various issues have been identified which raise concerns about the effect of certain aspects of the proposal on people with disabilities. UCPA believes that these are not insurmountable obstacles. UCPA will continue to work with other disability advocates, children's advocates, senior advocates, the Administration and Congress to ensure the passage of a program which meets the needs of children and adults of all ages with disabilities. Documents are available from UCPA which spell out the strengths and areas for improvements in the Clinton plan. In addition, more detailed recommendations for amendments are available. In fact UCPA, is very encouraged by the refinements to the President's plan as they relate to children in the legislation proposed by Senator Kennedy on May 9th.

**Other Bills:** Other bills have been introduced which address long term services. The current "McDermott/Wellstone" bill would create a new program for long term services and eliminate current Medicaid long term services. Otherwise known as the "single-payer" bill it has some major drawbacks for people with disabilities, including the eligibility criteria for people with cognitive and mental impairments and the use of institutional services cost as the measure for available community services; much work would be required to make it acceptable. The "Cooper/Breaux" bill would devastate the current Medicaid long term services programs by removing the federal financial commitment over 4 years. A preliminary plan for a new long term services program is still under development. The other major bills -- "Michel/Lott", "Stearns/Nickles", and "W. Thomas/Chaffee" -- do not provide for any new long term services programs, but instead focus on private long term care insurance, which will be of relatively little use to people with current disabilities or pre-existing conditions.

#### UCPA Recommendation

Members of Congress are urged to support inclusion of the Health Security Act long term services provisions in health care reform. Members are urged to ensure that people with disabilities including children and adults with cerebral palsy are fully included in long term services reform, particularly regarding eligibility criteria and services covered. Congress must fulfill its commitments to children with disabilities and their families and adults with disabilities which it defined in the Americans with Disabilities Act, by assuring home and community services and supports in health care reform.

#### **Relevant Committees**

Senate Finance Committee  
 Senate Labor and Resources Committee  
 House Ways and Means  
 House Energy and Commerce Committee  
 House Education and Labor Committee

*A Personal Note of Welcome for*

*Starley*

You are an important piece of the puzzle for improving supported work services for people with disabilities.

I want to personally welcome you to "A National Symposium on Supported Employment: Road to the Future". We want you to enjoy yourself, meet and discuss things with other participants, and to feel that your investment in time was well spent."

If you have any suggestions to improve this mutual learning experience or need assistance during the conference, I would be happy to help.

Sincerely,

*John Austin*

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## **JOB COACHING AND SUPPORTED EMPLOYMENT: A STUDY OF PRESENT CONDITIONS AND EMERGING DIRECTIONS**

In response to federal and state efforts at systems change, the number of people with severe disabilities who receive assistance and support which allows their inclusion in community businesses has grown rapidly in recent years. Although "job coaches" are considered essential to the success of integrated employment, not enough is known about the role they play in providing support, particularly since their activities have been evolving in the face of changes over what constitutes "best practice" in the field.

The intent of this project is to conduct a comprehensive analysis of conditions that affect the changing roles, status, and management of job coaches, using data from employment programs, job coaches, consumers and policy makers that affect the success of integrated employment opportunities. Major project activities are outlined below. The three-year project, initiated in October 1991, is a collaborative effort that combines the resources of the Human Services Research Institute as the lead agency, The Employment Projects at the University of Oregon, the Institute on Disability at the University of New Hampshire, and United Cerebral Palsy Associations, Inc. This project is supported by the U.S. Department of Education-National Institute on Disability and Rehabilitation Research.

### ***NATIONAL SURVEYS OF JOB COACHES AND ADMINISTRATORS OF COMMUNITY INTEGRATED EMPLOYMENT PROGRAMS***

The Human Services Research Institute has conducted two separate surveys to examine issues related to employment for citizens with disabilities. A national sample of programs in 20 states responded to questionnaires for staff providing direct employment support and for program administrators. Responses to these confidential surveys have helped us in our continuing efforts to learn more about current issues in the field from both perspectives.

#### ***PUBLIC PARTICIPATION ACTIVITIES***

We solicited information directly from administrators, job coaches, and consumers in public forums and focus groups conducted in the following states: Louisiana, Minnesota, Montana, New Hampshire, Oregon, and Virginia. These meetings provided input from a broad sample of shareholders in community integrated employment and preceded smaller focus group meetings which further refined and analyzed the issues raised in the larger forums.

#### ***EFFECTIVENESS OF VARIOUS PROVIDED SUPPORTS***

A study conducted by The Employment Projects at the University of Oregon investigates variations in how support is provided to employees with severe disabilities in integrated employment. This study involves intensive research with 45 individuals from Oregon, Washington, and California who are successfully employed through integrated employment programs.

#### ***INDICATORS OF EFFECTIVE JOB COACHING***

A study identifying job coach competencies and consumer success in the work place is being conducted by the Institute on Disability at the University of New Hampshire. This study will result in the identification and listing of competencies for successful job coaching or facilitation. Methods employed include consumer forums, and interviews with agency directors, job coaches, and employees.

#### ***POLICY ANALYSIS AND SITE VISITS***

State level policies may serve as barriers or incentives to innovation in community integrated employment. The present status of these policies will be examined. A national survey of state agency administrators, followed up with telephone interviews and visits to four states will contribute to an analysis of policies that affect community integrated work services.

### ***CONFERENCE AND TRAINING SEMINARS ON TRENDS IN COMMUNITY INTEGRATED EMPLOYMENT***

In the final period of the project, we will convene a one day national conference in Washington, DC to disseminate findings and present recommendations for public policy. In addition, presentations and seminars will be conducted at major relevant professional and consumer meetings around the country. Project outcomes will also be reported in professional publications, major newsletters, and presentations.

# Results of Six Statewide Forums on Job Coaching

Lynda Brown, Kerri Melda & John Agosta  
The Human Services Research Institute

*Job Coaching and Community Integrated Employment:  
Present Conditions and Emerging Directions*

*Brief Report No. 1  
Summer 1993*

## About This Project

About nine years ago, the Office of Special Education and Rehabilitation Services began to focus on the transition of students with severe disabilities from school to integrated employment. Likewise, in 1985-86 the Rehabilitation Services Administration funded 27 systems change grants to help states to advance the supported employment initiative.

Today, as a result of these and other efforts, the fundamental value and feasibility of community integrated employment (CIE) for adults with a wide range of support needs is no longer the primary question. Between 1986 and 1988 alone the number of persons receiving CIE services in 48 reporting states increased from fewer than 10,000 to over 32,000. By 1990 the number had grown to over 72,000. And recent passage of the Rehabilitation Amendments of 1992 (P.L. 102-569) carry great promise for advancing the CIE agenda further in coming years.

Yet important issues remain to be addressed if CIE opportunities are to become available to the majority of individuals with severe disabilities. Attention has turned increasingly from issues of program development to the challenges of providing ongoing support.

One leading challenge pertains to the eventual role that the employment specialist or *job coach* will be called upon to play. Because the job coach has been identified as the key to the success of CIE, it is important to understand the many ways in which the role of the job coach may vary and to examine how that role interacts with other supports. This is especially the case since the field and the role of the job coach in particular are simultaneously undergoing extensive diversification and evolution.

In response, the purpose of this three year project is to conduct a comprehensive analysis of conditions that affect the changing roles, status, and management of job coaches, using data from CIE programs, job coaches and others in support roles that affect the success of integrated employment opportunities. The project began in October 1991 and will end in September 1994.

To address the complexity and breadth of the relevant issues, multiple methods of data collection and analysis are being used, including: (a) the conduct of public forums, national surveys, personal interviews, and targeted site visits, (b) completion of a research study to examine the nature of ongoing supports in integrated work sites, and (c) development of a series of quality indicators for CIE. During the project's third year, efforts will focus on the dissemination of our findings.

This report summarizes the comments offered about the role of job coaches by consumers, job coaches, managers, and administrators who attended public forums in six states (LA, MN, MT, NH, OR, VA). All forums were held in the Fall of 1992.

## What Did We Want To Know?

Participants were asked:

1. To describe their "vision" or dreams for CIE and job coaching;
2. To list the ways they measure success and quality in CIE;
3. To describe the attitudes, practices or regulations which help them to reach their goals for CIE and those which stand in the way of their success; and

4. To make recommendations for improving outcomes for the supported employee.

## What Did We Find?

Participants outlined these features of a system of CIE which they believed would improve service to the consumer:

- ◆ CIE should offer individualization and choice ("customer" responsive), valued employment with a living wage and benefits, integration and inclusion in all sectors, access to all public and community resources, and whatever services and supports are necessary to achieve these goals.
- ◆ *Job Coaching* may include job search counselling and placement, job "carving", modification and adaptation, arranging for transportation, technological and personal assistance, job and other skills training for employees, training for employers and co-workers about the employee with a disability, identification of, coordination and collaboration with multiple funding, service and support sources, on-going consultation or support as well as advocacy and public education.
- ◆ *Ideals and expectations* for the supported employee centered around choice, self-determination, empowerment, reduced dependence, career paths, continuous improvement, integration and inclusion, access to resources and supports, positive self-concept and image, material well-being.
- ◆ *Indicators of quality* in CIE named most often were: employee satisfaction, improved standard of living, increased skills, continuity, good evaluations, more opportunities and more social relationships.

## Future Challenges

Specific recommendations were made for improving CIE.

- ◆ The individual with a disability must be at the center of the planning process, and seen as a whole person, capable, developing, having preferences, and able to contribute.
- ◆ To facilitate choice and consumer influence, funding for services must be more directly accessible to the individual.
- ◆ Programs must creatively and flexibly access a broad range of resources, procedures and strategies for providing support, both public and private. "Natural supports" in the workplace and community must be identified, accessed and monitored.
- ◆ There needs to be a highly responsive *coordinated* system of services and supports with a fixed point of responsibility for the individual's program plan. Job coaches and their agencies need to maintain the commitment to helping the person keep the job over time.
- ◆ A full range of options need to be available for the higher or lower cost needs of different people, with only as much service or support as needed at any time, with variable increases and decreases over time.
- ◆ We need to create a national manpower model for CIE which emphasizes the roles of capacity building, empowering, facilitating, consulting, advocating, networking, coordinating, as well as training.
- ◆ Job finding needs to include careful job matching, tailoring jobs, looking in all sectors for jobs and emphasizing a career focus, to maximize each individual's contribution.

These ideas reflect a vision of services which are accessible, flexible, empowering of people, and efficient. Some ideas call for re-structuring our service models to craft a more consumer-responsive decentralized system of service. The challenge to the field is to debate the implementation options, and enlist public support for the changes required to more effectively serve and support people with severe disabilities in the work force.

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For a full report on this topic, call us at 503-362-5682 or request Report Number 1 to: Human Services Research Institute, Job Coach Project, 525 Glen Creek Road NW (#230), Salem OR, 97304. There will be a charge of \$10.00 for each full report for copying, postage and handling.

This project is a collaborative effort that combines the resources of the Human Services Research Institute, the Employment Projects at the University of Oregon, the Institute on Disability at the University of New Hampshire, and United Cerebral Palsy Associations. The project is supported with funds from the U.S. Department of Education under grant number H133A10002.

# Results of a National Survey of Job Coaches

John Agosta, Lynda Brown & Kerri Melda  
The Human Services Research Institute

*Job Coaching and Community Integrated Employment:  
Present Conditions and Emerging Directions*

*Brief Report No. 2  
Summer 1993*

## About This Project

About nine years ago, the Office of Special Education and Rehabilitation Services began to focus on the transition of students with severe disabilities from school to integrated employment. Likewise, in 1985-86 the Rehabilitation Services Administration funded 27 systems change grants to help states to advance the supported employment initiative.

Today, as a result of these and other efforts, the fundamental value and feasibility of community integrated employment (CIE) for adults with a wide range of support needs is no longer the primary question. Between 1986 and 1988 alone the number of persons receiving CIE services in 48 reporting states increased from fewer than 10,000 to over 32,000. By 1990 the number had grown to over 72,000. And recent passage of the Rehabilitation Amendments of 1992 (P.L. 102-569) carry great promise for advancing the CIE agenda further in coming years.

Yet important issues remain to be addressed if CIE opportunities are to become available to the majority of individuals with severe disabilities. Attention has turned increasingly from issues of program development to the challenges of providing ongoing support.

One leading challenge pertains to the eventual role that the employment specialist or *job coach* will be called upon to play. Because the job coach has been identified as the key to the success of CIE, it is important to understand the many ways in which the role of the job coach may vary and to examine how that role interacts with other supports. This is especially the case since the field and the role of the job coach in particular are simultaneously undergoing extensive diversification and evolution.

In response, the purpose of this three year project is to conduct a comprehensive analysis of conditions that affect the changing roles, status, and management of job coaches, using data from CIE programs, job coaches and others in support roles that affect the success of integrated employment opportunities. The project began in October 1991 and will end in September 1994.

To address the complexity and breadth of the relevant issues, multiple methods of data collection and analysis are being used, including: (a) the conduct of public forums, national surveys, personal interviews, and targeted site visits, (b) completion of a research study to examine the nature of ongoing supports in integrated work sites, and (c) development of a series of quality indicators for CIE. During the project's third year, efforts will focus on the dissemination of our findings.

Unlike other reports in this series, this report reveals and examines findings emerging from a national survey of job coaches.

## What Did We Want To Know?

The overall purpose of the survey was to collect baseline data on numerous aspects of the working conditions of job coaches across the country. The domains covered included: demographic information (age, gender, wages and benefits), education and training received before and after becoming a job coach, the ways job coaches spend their time, job satisfaction, and special issues and opinion. The survey was conducted by mail in September 1992, and directed to 1,240 job coaches across 20 states. The number of job coaches who responded totaled 308, yielding a 25% response rate.

## What Did We Find?

The following major findings emerged from our survey:

- ◆ Over half (54%) of job coaches are under 35 years old, with 70% being female. Almost one third (31%) have held their job for less than one year.
- ◆ About 40% earn less than \$16,000 per year, though almost all have medical insurance, sick leave and paid vacation benefits.
- ◆ About one third (37%) list high school as their highest educational achievement. Of those indicating some amount of college or university training, 64% note that they had *no* instruction specific to CIE.
- ◆ Before beginning work as a job coach, 51% reveal that they were given eight hours or less training on CIE.
- ◆ Job coaches most often note a need for training in the following areas: (a) knowledge of state and federal regulations, (b) identification and development of new job opportunities, and (c) strategies for building natural supports within the job site.
- ◆ The most often used strategies applied by job coaches involve spending time on site teaching people with disabilities how to do their job and remaining on-site to provide support.
- ◆ By far, the most important employment outcome noted is for consumers to find and maintain paid employment within community businesses. Second is for consumers to gain increased competence in the full range of life activities.
- ◆ Though job coaches are generally satisfied with many aspects of their jobs, 44% indicate some level of dissatisfaction with the compensation they receive.
- ◆ The greatest barrier to CIE, according to job coaches, is the negative attitudes of the public and potential employers concerning disability. Second noted is the

unavailability of employment opportunities or a poor local economy. About half (49%) indicated that it is difficult to nearly impossible to find employment opportunities for people with disabilities.

- ◆ The greatest factors contributing to the success of CIE include: (a) the positive attitudes and enthusiasm of job coaches, (b) actions taken locally to develop positive relationships with employers, (c) specific job coaching tactics or actions taken by co-workers, and (d) the positive attributes or actions taken by consumers themselves.

## Future Challenges

Emerging best practices in CIE challenge the field to: (a) extend the opportunity for employment to those with the most severe disabilities, (b) diversify the types and sources of support for consumers on the job, and (c) forge meaningful relationships with businesses to expand employment opportunities and utilize the natural supports already available on the job.

These trends suggest that the role of the job coach will continue to evolve, placing increasing responsibility on job coaches to create innovative support networks for individuals with complex needs and to do more to strengthen *the employer* as the primary support giver.

But today, job coaches are generally paid less than \$17,000 per year and receive precious little training either before or after they begin work. There seems to be a great gap between the responsibilities and expectations pressed upon them and the amount systems are willing to invest in enhancing their performance.

If the field is to push beyond traditional practices that depend on job coaches to act as on-site instructors and remain as the primary support givers, then we must do more to prepare and support them in their work, offering them the information and assistance they need and improved compensation for their efforts.

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# Results of a National Survey of Program Administrators

John Agosta, Lynda Brown & Kerri Melda  
The Human Services Research Institute

*Job Coaching and Community Integrated Employment:  
Present Conditions and Emerging Directions*

*Brief Report No. 3  
Summer 1993*

## About This Project

About nine years ago, the Office of Special Education and Rehabilitation Services began to focus on the transition of students with severe disabilities from school to integrated employment. Likewise, in 1985-86 the Rehabilitation Services Administration funded 27 systems change grants to help states to advance the supported employment initiative.

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Yet important issues remain to be addressed if CIE opportunities are to become available to the majority of individuals with severe disabilities. Attention has turned increasingly from issues of program development to the challenges of providing ongoing support.

One leading challenge pertains to the eventual role that the employment specialist or *job coach* will be called upon to play. Because the job coach has been identified as the key to the success of CIE, it is important to understand the many ways in which the role of the job coach may vary and to examine how that role interacts with other supports. This is especially the case since the field and the role of the job coach in particular are simultaneously undergoing extensive diversification and evolution.

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To address the complexity and breadth of the relevant issues, multiple methods of data collection and analysis are being used, including: (a) the conduct of public forums, national surveys, personal interviews, and targeted site visits, (b) completion of a research study to examine the nature of ongoing supports in integrated work sites, and (c) development of a series of quality indicators for CIE. During the project's third year, efforts will focus on the dissemination of our findings.

Unlike other reports in this series, this report reveals findings emerging from a national survey of local administrators whose agency delivers CIE services.

## What Did We Want To Know?

The overall purpose of the survey was to collect information on numerous administrative aspects of agencies who offer CIE services. The domains covered included: background information on the agency (e.g., years in operation, number of staff), the number of people served by primary classification, financial information, organizational direction and effects of offering CIE, and special issues and opinion. The survey was conducted by mail in September 1992, and directed to 620 program administrators across 20 states. The number of administrators who responded totaled 191, yielding a 31% response rate.

## What Did We Find?

- ◆ About one half (46%) of the agencies have been in operation for over 20 years, though nearly two thirds (63%) have been offering CIE for six or fewer years.
- ◆ The great majority of agencies (69%) employ five or fewer staff to provide CIE services.
- ◆ About one half experience annual turnover among job coaches of 20% or less, with 65% reporting that it takes fewer than four weeks to fill a job vacancy.
- ◆ 53% of the agencies provide CIE to 40% or less of their consumers.
- ◆ The most frequently cited reason (60% of respondents) for not offering CIE to all consumers is that *some were not ready*. Second (51% of respondents) is that some consumers preferred sheltered work.
- ◆ For 86% of the agencies, the average cost per participant for CIE is \$10,000 or less, with 57% indicating \$5,000 or less.
- ◆ The primary source of revenue for CIE is the state mental retardation/developmental disabilities authority, providing 44% of CIE funds. Second is the state vocational rehabilitation authority at 30%.
- ◆ 73% of the agencies consider CIE as only one of an array of services available, while 17% offer CIE only.
- ◆ Two actors that most help efforts to implement CIE are direct service staff and case managers. State agency staff were regarded as the least helpful.
- ◆ Two factors that most contribute to the implementation of CIE include the coordination among multiple local agencies and the provision of training/technical assistance. Most troublesome is the difficulty of finding needed ancillary supports and securing needed funding.
- ◆ The local vocational rehabilitation agency and local businesses are regarded as the most helpful organizations.
- ◆ The greatest barrier to CIE, according to administrators, is the lack of funding.

Second noted is the unavailability of employment opportunities or a poor local economy.

- ◆ The greatest factors contributing to the success of CIE include: (a) the positive attitudes and enthusiasm of job coaches, (b) actions taken locally to develop positive relationships with employers, (c) specific job coaching tactics or actions taken by co-workers, and (d) the positive attributes or actions taken by consumers themselves.

## Future Challenges

Most employment agencies serving people with disabilities have been in operation for at least 15 years, with many being 20 or more years old. During this time, program managers worked hard to offer stable and effective services, and to improve the agency's status in the community.

The trouble is that these agencies offer services primarily within sheltered facilities that limit the consumer's opportunity to participate in community life. While the approach was applauded just two decades ago, the employment field is shifting again to emphasize CIE over sheltered work.

The challenge faced by employment agencies is threefold. *First*, prevailing attitudes regarding the work readiness of people with disabilities must be set aside in favor of a *presumption of employability*, people with disabilities are generally "ready" to begin with. *Second*, means must be found to push away from existing service structures while continually advancing actions to promote CIE. *Third*, an increased investment must be made in direct line staff (job coaches) to provide needed training and technical assistance in CIE.

Toward these ends, the role that state disability authorities must play to assist local agencies should also be emphasized. Among the greatest challenges they face is the need to *coordinate resources* among state authorities and to *reallocate existing resources* to expand the funding base for CIE.

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# Results of a National Survey of Vocational Rehabilitation, Mental Retardation and Developmental Disability Program Directors

Kerri Melda, John Agosta & Lynda Brown  
The Human Services Research Institute

*Job Coaching and Community Integrated Employment:  
Present Conditions and Emerging Directions*

*Brief Report No. 4  
Fall 1993*

## About This Project

About nine years ago, the Office of Special Education and Rehabilitation Services began to focus on the transition of students with severe disabilities from school to integrated employment. Likewise, in 1985-86 the Rehabilitation Services Administration funded 27 systems change grants to help states to advance the supported employment initiative.

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Yet important issues remain to be addressed if CIE opportunities are to become available to the majority of individuals with severe disabilities. Attention has turned increasingly from issues of program development to the challenges of providing ongoing support.

One leading challenge pertains to the eventual role that the employment specialist or *job coach* will be called upon to play. Because the job coach has been identified as the key to the success of CIE, it is important to understand the many ways in which the role of the job coach may vary and to examine how that role interacts with other supports. This is especially the case since the field and the role of the job coach in particular are simultaneously undergoing extensive diversification and evolution.

In response, the purpose of this three year project is to conduct a comprehensive analysis of conditions that affect the changing roles, status, and management of job coaches, using data from CIE programs, job coaches and others in support roles that affect the success of integrated employment opportunities. The project began in October 1991 and will end in September 1994.

To address the complexity and breadth of the relevant issues, multiple methods of data collection and analysis are being used, including: (a) the conduct of public forums, national surveys, personal interviews, and targeted site visits, (b) completion of a research study to examine the nature of ongoing supports in integrated work sites, and (c) development of a series of quality indicators for CIE. During the project's third year, efforts will focus on the dissemination of our findings.

This report illustrates findings emanating from a national survey of directors/administrators of state vocational rehabilitation agencies and state mental retardation/developmental disabilities agencies.

## What Did We Want To Know?

This survey was designed to gain a national perspective of state policymakers' views of the future trends of job coaching and CIE. Questions fell into these categories: the people receiving CIE services; future directions for the field; factors contributing to or hindering the success of CIE locally; state level policy concerns; and needed systems changes. In Spring 1993, these surveys were mailed to 50 MR/DD directors and 78 VR directors. The number of administrators who responded totaled 41 and 67 respectively, yielding 82% and 85% response rates.

## What Did We Find?

- ◆ In most state MR/DD (85%) and VR (70%) agencies, the number of people receiving CIE services has increased by at least 10% over the past two years. All felt that the pace at which growth in CIE was occurring was either too slow or just about right.
- ◆ Currently, MR/DD and VR administrators find (on average) that their agencies can more easily serve people with developmental disabilities than other disabilities (e.g. physical disabilities, brain injury, mental illness). Looking ahead three years, they feel that their ability to serve these other populations will improve.
- ◆ Presented with several potential directions for CIE, VR directors marked these as ones in which they expect to invest higher levels of resources: serving people with the *most severe* disabilities; shifting agency resources from segregated work to CIE; and assuring that people with disabilities have significant control over rehabilitation services.

MR/DD directors noted the following: paying for supports away from the worksite (e.g. personal assistance, transportation); shifting agency resources from segregated work to CIE; and expanding consumer control for choosing their own services and service providers.

- ◆ MR/DD and VR directors highlighted these factors as ones hindering the success of CIE: lack of transportation services; potential effects of employment on other public benefits for consumers (e.g. SSI, Medicaid); and poor local employment opportunities. VR directors also stressed the amount of funding available to offer *ongoing* services as a hindrance.
- ◆ Two thirds (67%) of VR administrators expect to make greater use of their Title I money to finance CIE services over the next two years. And 85% of MR/DD directors plan to make greater use of the HCBS Medicaid waiver for these purposes.
- ◆ Regarding state policy concerns, MR/DD and VR directors did not indicate great satisfaction with the current status of any of the issues listed. They especially emphasized their dissatisfaction with the status of

statewide business plans to attract employers for CIE and the funding available for CIE through other state agencies. MR/DD directors also expressed discontent with the level of funding available for CIE through their own agencies, and with the amount of influence consumers have over policy direction.

- ◆ Most MR/DD and VR directors (78% and 66%) feel that fundamental system changes are very much needed. Most needed were: a common vision of CIE formulated by and shared among consumers, families, employers, providers, and funding agencies; training for job coaches and employers (consistent with shared vision); a financial commitment to CIE; improved collaboration among public agencies and with the business community; increased funding for long term support; and assurance of consumer choice.

## Future Challenges

Based on these findings, several challenges seem eminent for state policymakers. *First*, state MR/DD and VR agencies must work to expand the opportunities for and availability of integrated employment to meet the growing demands from consumers. *Second*, a reallocation of resources, both human and financial, must take place to match (and enhance) the pace and substance of this movement toward integrated employment. *Third*, agencies must direct their efforts toward developing local capacities to employ individuals with disabilities. Agencies must reflect to their communities the shifting attitude from "employment potential" to "presumed employability," and work collaboratively with others in the public sector, local providers, and local businesses to develop more and better community employment opportunities. And *fourth*, emphasis must be placed on self-determination and informed choice for the consumer, with agencies assuring that consumers have significant control in all levels of the decision making process.

Finally, an overarching concern for state policymakers revolves around the job coach. If job coaches are to play a role in the actions listed above, then policymakers must recognize and address the need for increased investment in their performance (e.g. training and technical assistance).

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# Social Network Studies and Qualitative Research in Supported Employment

David Mank, Deborah Olson & Yan Xiaoyan  
University of Oregon

*Job Coaching and Community Integrated Employment:  
Present Conditions and Emerging Directions*

*Brief Report No. 5  
Fall 1993*

## About This Project

About nine years ago, the Office of Special Education and Rehabilitation Services began to focus on the transition of students with severe disabilities from school to integrated employment. Likewise, in 1985-86 the Rehabilitation Services Administration funded 27 systems change grants to help states to advance the supported employment initiative.

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roles that affect the success of integrated employment opportunities. The project began in October 1991 and will end in September 1994.

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## About These Studies

The research discussed here includes studies of the social networks of individuals in supported employment and qualitative research about the perspective of people, from several different roles, that provide support to individuals with severe disabilities. Each approach to research in supported employment uncovers information about integration in the workplace and, in turn, information about ways to improve strategies for supporting people with severe disabilities in the workplace.

One of the most important outcomes of supported employment is the integration of people with disabilities into the social milieu of the workplace. It is as difficult to define and create integration as it is important. Early efforts in defining integration merely defined group size, noting that smaller groups or individualized placements are more likely to result in better integration. In the last few years it has become increasingly clear that integration is complex, is different from business to business and it different from individual to individual.

Social integration into the workplace also defines a difficult and complex area of responsibilities for job coaches or supported employment specialists. Initially, the role of the job coach was largely understood to be providing job training and

related supports to assist a person to learn a job and become as independent as possible. In the last few years, people with differing disability labels have entered supported employment. In addition, new relationships with employers have emerged, emphasizing the importance understanding the culture of the workplace, the supports that might be provided by coworkers in the company and the social networks that exist in the workplace. If people with disabilities will become a part of the social fabric of the workplace, then the social and support networks of the workplace must be better understood.

### **Social and Support Network Studies**

In every workplace, people interact with one another to accomplish work tasks, support one another in some way, share small talk, or exchange more personal information. Integration for an employee with disabilities means becoming a part of this social milieu. Social Network studies are designed to gather information about the networks of people in a workplace that interact with each other for various reasons, about various topics. In addition, these studies are designed to discover the extent to which the employee with disabilities is part of those social networks. Further, social and support network studies provide information about the range of people that are involved in a person's work life and provide some kind of personal or work related support. Finally, a better understanding of the social and support networks in the workplace provides clues about ways to improve integration and participation for employees with disabilities.

#### *The Range of Social & Support Networks in SE*

The study described here explored the social and support networks of five individuals with severe disabilities in supported employment in a range of different employment circumstances. A two part survey was used to ask the individual with disabilities and others in the workplace questions about the nature and extent of their contact with others in the workplace. In addition, coworkers and paid support personnel were asked about the extent to which they provide some kind of support to the individual with disabilities.

#### **Results**

The social and support networks of these five

individuals varied greatly, from situations where few people are involved in a person's work life to instances where more than 20 others interact on a frequent basis with the individual with disabilities. There are interesting differences in the networks from person to person. The relative participation of coworkers, family, paid supporters and friends varies considerably, primarily as a function of the nature of the workplace. Unique presentation of the composition of the social and support networks make it possible to evaluate the ways to increase the size and structure of individual networks. In addition, it is clear that integration and social networks must be evaluated in terms of a number of dimensions including: size, composition, complexity, and choice.

#### **A Range of Perspectives on Supported Employment: A Qualitative Research Approach**

One of the basic values of supported employment is that work is a valued activity. Following this, is an assumption that the people who support an individual in their employment or their community life will view and value their employment in the same way. As a part of a larger study to investigate the impact of supported employment on quality of life, qualitative research using ethnographic techniques, was employed to better understand the perspectives of people that support individuals within the community including employment support personnel, residential support personnel and family members. This qualitative analysis relied on strategies of participant observation and open-ended, in-depth interviews to gather information on the range of perspectives of people that provide support to individuals with disabilities.

#### **Results**

Different perspectives and attitudes about supports in the community and the importance of employment by family members, residential support personnel and employment support personnel were explored. It became clear that while individuals from such different perspectives shared common values about community participation, there was also divergence in views about the importance of employment in the larger context of community life. This divergence was often in conflict and presented mixed messages to employers, coworkers and the individual with disabilities concerning the importance of work.

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If you are interested in a full report on this topic, call us at 503-362-5682 or send your request for Report Number 5 to: Human Services Research Institute; Job Coach Project; 525 Glen Creek Road NW (#230); Salem OR 97304.

This project is a collaborative effort that combines the resources of the Human Services Research Institute, the Employment Projects at the University of Oregon, the Institute on Disability at the University of New Hampshire, and United Cerebral Palsy Associations. The project is supported with funds from the U.S. Department of Education under grant number H133A10002.

# Quality Indicators of Effective Job Coaches

Jan Nisbet

Institute on Disability, University of New Hampshire

*Job Coaching and Community Integrated Employment:  
Present Conditions and Emerging Directions*

*Brief Report No. 6  
Fall 1993*

## About This Project

About nine years ago, the Office of Special Education and Rehabilitation Services began to focus on the transition of students with severe disabilities from school to integrated employment. Likewise, in 1985-86 the Rehabilitation Services Administration funded 27 systems change grants to help states to advance the supported employment initiative.

Today, as a result of these and other efforts, the fundamental value and feasibility of community integrated employment (CIE) for adults with a wide range of support needs is no longer the primary question. Between 1986 and 1988 alone the number of persons receiving CIE services in 48 reporting states increased from fewer than 10,000 to over 32,000. By 1990 the number had grown to over 72,000. And recent passage of the Rehabilitation Amendments of 1992 (P.L. 102-569) carry great promise for advancing the CIE agenda further in coming years.

Yet important issues remain to be addressed if CIE opportunities are to become available to the majority of individuals with severe disabilities. Attention has turned increasingly from issues of program development to the challenges of providing ongoing support.

One leading challenge pertains to the eventual role that the employment specialist or *job coach* will be called upon to play. Because the job coach has been identified as the key to the success of CIE, it is important to understand the many ways in which the role of the job coach may vary and to examine how that role interacts with other supports. This is especially the case since the field and the role of the job coach in particular are simultaneously undergoing extensive diversification and evolution.

In response, the purpose of this three year project is to conduct a comprehensive analysis of conditions that affect the changing roles, status, and management of job coaches, using data from CIE programs, job coaches and others in support roles that affect the success of integrated

employment opportunities. The project began in October 1991 and will end in September 1994.

To address the complexity and breadth of the relevant issues, multiple methods of data collection and analysis are being used, including: (a) the conduct of public forums, national surveys, personal interviews, and targeted site visits, (b) completion of a research study to examine the nature of ongoing supports in integrated work sites, and (c) development of a series of quality indicators for CIE. During the project's third year, efforts will focus on the dissemination of our findings.

This report outlines the activities related to an ongoing project aimed at assisting supported employment programs to establish a quality assurance system for job coach competencies.

## What Did We Want To Know?

Using a national survey approach, we have attempted to learn what makes a job coach successful. In particular, what are the characteristics or skills that appear to be related to successful employment in integrated environments where the goal, ultimately, is to transfer the support to the work setting. The team associated with this project felt that this would be very helpful, given the national context of supported employment and many of the debates that have focused on job coach certification, training, and criteria for success.

Many leaders in supported employment have suggested advanced training programs for job coaches. More recently terms such as "employment facilitator" have emphasized the importance of skills such as: working with employers and co-workers, advocating for the employee, utilizing employee assistance programs, training skills, public relations skills, and evaluation. It appears that job coaching is getting more complex, rather than easier. However, although there are numerous job coach curricula that focus on evaluation, training, and placement, there are *few* that identify those skills

that are actually related to successful employment for the person with a severe disability.

In this study, the research team arrived at the job coach competencies by: 1) conducting an extensive literature review; 2) interviewing 15 supported employment agency directors; 3) interviewing 15 designated successful job coaches; 4) interviewing 15 consumers or family members who had successful supported employment experiences; and 5) interviews with 15 coworkers/supervisors in the actual work environments. The comments have been tabulated and will be distributed to 12 experts and 12 consumers or families for national review, consolidation, and examples. The results will be analyzed and a tool will be developed that will assist job coaches to self-assess; and supervisors to evaluate performance.

### What Did We Find?

It would be fair to say, that to date we have learned a great deal. Much of the information has clarified and exposed supported employment in the state of New Hampshire. We felt, at the time, that New Hampshire would be an adequate research environment, given its national record in supported employment (#3 nationally), although, not central to our original question regarding job coach competencies, we found that 1) supported employment still remained a dream for many; 2) that even those examples identified as successful integrated and naturally supported employment were limited in hours and duration; 3) that individuals with severe disabilities were benefiting from inclusive employment as the exception, not the rule; and 4) that there was no common understanding of the roles, responsibilities, and skills necessary for successful job coaching; and, 5) in general, there was more of an emphasis on personal characteristics than the technical skills associated with job coaching.

Having discussed these findings with my colleagues, there seems to be mixed explanations that need further review. Some of these explanations of the findings are as follows:

- ◆ Because adequate funding continues to be an issue for people in need of long-term supports, the technology has not developed from a strong experiential base.

- ◆ Under the guise of "natural supports, many employment vendors have emphasized establishing a sense of community over performance and productivity.
- ◆ Within New Hampshire, specifically, there is no well established capacity to provide ongoing training and assistance to meet the needs of newly hired job coaches.
- ◆ Job Coaches are grossly undervalued and underpaid and therefore do not make "employment of people with disabilities" a career.
- ◆ There is a general lack of consensus among the leadership as to the role of job coaches, coworkers, supervisors, and businesses.
- ◆ Supported Employment agencies, in reality, have not adequately included business and industry in leadership roles. That is, job coaches continue to be seen as there for the "consumers" but not for the business and industry.

### Future Challenges

In reviewing the survey findings, it is clear that there is an emphasis on characteristics, not skills. Training is seen as something simple and does not seem to be done with rigor. There is an emphasis on simplicity rather than documentation and ongoing evaluation. In particular, modifiers such as patient, relaxed, unobtrusive, sense of humor, sensitive, open, friendly, positive, supportive, good listener, committed, and energetic were commonly used.

Because the characteristics and findings to date require examples, and clarifiers, we will be asking the original core group to provide specific examples for validation. We anticipate that there will be additional skills and characteristics added after the expert and consumer validation. Additionally, some findings for a project focusing on natural supports will be added prior to final validation.

As with any research that focuses on emerging best practices, one must be sure that the "practices" are "best". Our findings, to date, suggest that we must enlist other states that have national reputations to assist in the validation. Otherwise, we may be reporting on what is, rather than what should be.

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If you are interested in a full report on this topic, call us at 503-362-5682 or send your request for Report Number 6 to: Human Services Research Institute, Job Coach Project, 525 Glen Creek Road NW (#230), Salem OR, 97304. There will be a charge \$10.00 for the product for copying, postage and handling.

This project is a collaborative effort that combines the resources of the Human Services Research Institute, the Employment Projects at the University of Oregon, the Institute on Disability at the University of New Hampshire, and United Cerebral Palsy Associations. The project is supported with funds from the U.S. Department of Education under grant number H133A10002.

## Consumer Perspectives and Concerns

Sieglinde A. Shapiro  
Commonwealth Mentor Group, Inc.

### *Job Coaching and Community Integrated Employment: Brief Report No. 7 Present Conditions and Emerging Directions Summer, 1994*

#### About this Project

In October, 1991 Human Services Research Institute began a three year project to conduct a comprehensive analysis of the conditions that affect the status, changing roles and management of job coaches. Commonwealth Mentor Group, Inc. was asked to provide consultation regarding consumer involvement and perspectives on these issues. The following report reflects the results of participation in advisory board and other meetings, telephone and in-person interviews with consumers and family members, and input gathered at various community forums.

#### What Did We Want To Know?

Consumers of Community Integrated Employment (CIE) program services, their families and advocates want to know the following things:

- 1) Who is receiving services? Are more people with significant and different disabilities being served now than have been in the past?
- 2) What are the demonstrated results of these programs? Is the rate of job placement increasing and are consumers living more integrated and productive lives?
- 3) How involved are people with disabilities, their families and advocates in decision-making during all stages of transition, training and employment?
- 4) What is the overall quality of job coaching personnel? Is the role of job coach necessary? Should policy-makers emphasize the further development of job coaches, "natural supports" within the workplace or a combination of both?
- 5) When will the quality, access to and level of community supports improve?
- 6) Are other consumers and their families satisfied with the services they receive?
- 7) Are job opportunities and acceptance of people with significant disabilities improving?

8) Is information regarding CIE reaching consumers, families and advocates; and are they involved in policy development at the local, state and national levels of decision-making regarding the future of CIE?

#### What Did We Find?

Consumers and family members were contacted by telephone and in-person interviews, participated in advisory board and other meetings, and various community forums during 1992 and 1993. They were asked to respond to the above questions and provided the following observations:

- \* People with disabilities want to work in the community. Having a job "on the outside" helps to build one's skills, confidence and self esteem. It puts money in their pockets and allows for more freedom, choice and control in their lives. Working in the community brings them more opportunities for social interaction, self-respect and respect from family members and others. When they work consumers and concerned family members become more confident and visionary regarding the consumer's abilities, potential and future options.
- \* While more consumers are being placed by CIE programs, most get and remain in entry level jobs, work limited hours and receive low wages. They have little opportunity to learn new things and advance their careers. When asked about changes they would like to see they cite: "more hours, more money and the chance to do more things."
- \* While CIE services have increased more than seven-fold between 1986 and 1994 not enough people with significant and/or multiple physical and mental disabilities are being given access to CIE. A national survey of program administrators found 60% citing consumers "not being ready" for CIE as the reason for not offering CIE services to all consumers. Many consumers and families disagree.
- \* Involvement of consumers, families and advocates in policy development and decision-making at the local, state and national levels varies greatly. Change comes in small increments and only after

enormous effort. Opportunities to influence policies and decisions are especially limited for people with developmental disabilities and not always very meaningful. They have much to contribute and want more opportunities to create and influence change.

- \* Consumers know that CIE training, supports, and job placement are limited by prejudice, limited funding for CIE programs and local economic conditions. They want more and better training and job opportunities for themselves, as well as education for business and community leaders regarding the abilities and value of people with disabilities.

- \* Persons with significant or multiple disabilities continue to find it most difficult to become integrated into the community.

- \* Job coaches are usually female (70%) and young (54% under age 35). Almost half earn less than \$16,000 per year and 37% list high school graduation as their highest educational achievement. They have received little advance training in the skills needed to place people with disabilities in jobs and cite the need for such training. Turnover rates are high. Many consumers and families know this and that job development and placement is thus hindered. They want things to change.

- \* Work disincentives such as the loss of medical, SSI or other necessary benefits; a lack of accessible and affordable transportation; and the lack of other community supports foster consumer and family fears and keep many from CIE. They need insurance they can count on, reliable support services and access.

- \* Information regarding research, emerging trends and future directions for policy-making rarely reaches consumers or their families, and only some advocates who are affiliated with groups and organizations representing selected disabilities. When it does, it is usually provided "after the fact" or in publications and/or formats which are not easily accessible to or usable by persons with all types of disabilities who might benefit from the knowledge.

## Future Challenges

The following concerns and recommendations were mentioned most often:

If you are interested in copies or more information on this report call us at 503-362-5682 or send your request for Report Number 7 to: Human Services Research Institute; Job Coach Project; 525 Glen Creek Road NW (#230); Salem, OR 97304. There will be a charge of \$10.00 for the product for copying, postage and handling.

This project is a collaboration effort that combines the resources of Human Services Research Institute, the Employment Projects at the University of Oregon, the Institute on Disability at the University of New Hampshire, and United Cerebral Palsy Associations. The project is supported with funds from the U.S. Department of Education under grant number H133A10002.

The greatest barriers to CIE for people with significant disabilities are the negative attitudes exhibited by potential employers and the general community; negative assumptions made about them by professionals and service providers; limited expectations and fears among family members; lack of accessible and affordable transportation, and limited support programs. A number of consumers specifically cited insufficient funding for CIE programs as a barrier to their opportunity for growth and integration into the community; and suggested that funding should be redirected away from sheltered employment. They also expressed concerns that more community education was needed regarding people with disabilities.

This would suggest that policy-makers must finally respond to the call for a large scale redirection of funds away from institutions and special facilities and to individuals, families and community support services. The types and sources of supports for consumers also need to be expanded and diversified.

If job coaching continues as a service of provider organizations then the role of job coach needs to evolve. They will need better and more appropriate training in job development, job placement and creating support networks. Their compensation and opportunities for career advancement should reflect their increased abilities and responsibilities. However, "natural supports" at the workplace were definitely preferred by consumers, families and advocates and need further nurturing and development. This would decrease the "special" nature of disabled workers and facilitate their integration and socialization in the community.

Information dissemination efforts must expand beyond professional journals and reports. Concentrated efforts should be made to reach out to the disability community through their meetings and publications.

Service providers and other professionals need to act more affirmatively to involve consumers, family members and advocates in their activities. If people with disabilities are to enjoy more choice and control over their lives, new and different strategies for inclusion must be explored.

## Highlights of Key Proposed Regulation Changes Rehabilitation Act Amendments of 1992

The following are from the revised regulations the Office of Special Education and Rehabilitation Services (OSERS) has issued representing the changes from the amendments to the Rehabilitation Act passed in 1992. These amendments have been generally agreed to have strengthened the act along the lines of greater choice, inclusion and participation for persons with disabilities.

### • **Employment outcome:**

"Must be consistent with the abilities, capabilities and interests" of the individual.

### • **Competitive employment:**

"Compensation at or above minimum wage is required."

### • **Extended employment:**

Replaces the term sheltered employment, or "work in a nonintegrated setting with compensation at or above the minimum wage, unless a lower wage based on individual productivity is permitted in accordance with ... the Fair Labor Standards Act."

### • **Making informed choices:**

Each individual must be provided a list identifying all their options for services and the providers of services of interest. Also requires other information on "quality, accessibility and consumer satisfaction be made available."

### • **Integrated setting:**

A setting where the majority of individuals with whom individuals with disabilities interact meaningfully, excluding service providers, are not individuals with disabilities. If there is a "distinct work group of only individuals with disabilities, the work group consists of no more than eight..."

### • **Use of profit-making organizations for on-the-job training:**

Increases state flexibility to use profit-making organizations to provide employment services.

### • **Supported employment plan:**

Requires each state to have an acceptable plan for providing SE services.

### • **Eligibility:**

Requires a presumption that the person can benefit from vocational rehabilitation, unless "there is clear and convincing evidence" otherwise. The eligibility determination must be made "within 60 days of the date on which an application is submitted."

### • **Movement to more integrated employment:**

States must make a "maximum effort" to provide services to promote movement from extended employment to integrated employment.

### • **Construction limitation:**

A 10% cap of funding for construction.

### • **Transitioning students**

State plan must contain policies designed to facilitate the transfer of responsibilities for transitioning students from school to work.

### • **Personnel development:**

State plan must describe the activities to establish and maintain a comprehensive system of personnel development designed to ensure an adequate supply of qualified rehabilitation personnel, including professionals and paraprofessionals.

### • **Personnel standards:**

State plan must describe the procedures to be used to "ensure that ... personnel needed ... are appropriately and adequately prepared and trained, including ... standards that are consistent with any national or state-approved or recognized certification, licensing, registration or other comparable requirements..."

**For more information:** US Dept. of Ed., OSERS, 400 Maryland Ave. SW, Washington, DC, 20202; or contact your state vocational rehabilitation office.

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***JOB COACHING IN SUPPORTED EMPLOYMENT:  
PRESENT CONDITIONS AND EMERGING DIRECTIONS  
NATIONAL SURVEY RESULTS***

Data Summaries  
April 1993

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***HUMAN  
SERVICES  
RESEARCH  
INSTITUTE***

**JOB COACHING IN SUPPORTED EMPLOYMENT:  
PRESENT CONDITIONS AND EMERGING DIRECTIONS**

**NATIONAL SURVEY RESULTS**

**APRIL 1993**

**DATA SUMMARIES**

**Prepared by:**

**John Agosta, Ph.D. - Lynda Brown, M.S. & Kerri Melda, M.S.**

**The Human Services Research Institute  
525 Glen Creek Road NW (Suite #230)  
Salem OR 97304  
(503) 362-5682**

**Prepared for:**

**Department of Education  
National Institute on Disability and Rehabilitation Research  
Switzer Building  
330 C Street SW  
Washington DC 20201**

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## TABLE OF CONTENTS

### 1. Background Information on the Project

### 2. Methods

Figure 1: Sampling Plan and Response Rates By State

### 3. Results: Job Coach Survey

### 4. Results: Administrator Survey

## LIST OF FIGURES BY SURVEY

### *JOB COACH SURVEY*

- Figure 2: Background Information on Job Coaches
- Figure 3: Wages and Benefits Received by Job Coaches
- Figure 4: Previous Education and Training of Job Coaches
- Figure 5: Training Provided to Job Coaches
- Figure 6: A Closer Look - Training Provided to Job Coaches
- Figure 7: Indicated Training Needs by Job Coaches
- Figure 8: People Served & Type of Placement
- Figure 9: How Job Coaches Spend Their Time in a Week
- Figure 10: Strategies Used by Job Coaches at the Job Site
- Figure 11: Comparative Importance of Selected Outcomes
- Figure 12: Job Satisfaction Indicated by Job Coaches
- Figure 13: Total Job Satisfaction Scores
- Figure 14: Job Satisfaction - Job Security
- Figure 15: Job Satisfaction - Job Compensation
- Figure 16: Job Satisfaction - Satisfaction with Coworkers
- Figure 17: Job Satisfaction - Satisfaction with Supervisors
- Figure 18: Expected Tenure for Job Coaches
- Figure 19: Difficulty with Obtaining Job Site)
- Figure 20: Barriers to Integrated Employment
- Figure 21: Factors Promoting Integrated Employment

### *PROGRAM ADMINISTRATOR SURVEY*

- Figure 22: Information On Administrators & Their Programs
- Figure 23: Staffing to Provide CIE
- Figure 24: Annual Turnover Among Job Coaches
- Figure 25: Time Taken to Recruit New Staff
- Figure 26: People Provided Vocational Services and CIE
- Figure 27: Percent People Receiving CIE
- Figure 28: People Served By Disability In Facilities and CIE
- Figure 29: Percent of People By Disability Receiving CIE
- Figure 30: Reasons For Not Providing CIE to All Consumers
- Figure 31: Budget Information on Vocational Services & CIE
- Figure 32: Source of Revenue for CIE Services
- Figure 33: Organizational Direction
- Figure 34: Origin of Organizational Direction
- Figure 35: Actors Who May Help/Hinder CIE
- Figure 36: Factors That May Help/Hinder CIE
- Figure 37: Organizations Who May Help/Hinder CIE
- Figure 38: Effect of CIE on Facility Operations
- Figure 39: Barriers to Integrated Employment
- Figure 40: Factors Promoting Integrated Employment

## 1. *Background Information on the Project*

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This three year research project -- now in its second year - is designed to conduct a comprehensive analysis of conditions that affect the changing roles, status, and management of job coaches, using data from supported employment programs, job coaches and others in support roles that affect the success of integrated employment opportunities. Multiple methods of data collection and analysis, including quantitative analysis, qualitative methods and policy analysis, are being used to address the complexity and breadth of the relevant issues.

The project is a collaborative effort that combines the resources of the Human Services Research Institute, the Employment Projects at the University of Oregon, the Institute on Disability at the University of New Hampshire, and United Cerebral Palsy Associations, Inc.

One objective of the project concerned the conduct of a national survey of job coaches and program administrators. What follows is a description of the methods used to conduct the survey and summaries of the resulting data. No explanative text is provided here, nor is a discussion of the findings offered. A more complete report of this national survey and findings will be available at the project's completion.

## 2. *Survey Methods*

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The overall purpose of the survey was to collect baseline data on numerous aspects of the working conditions of job coaches across the country. The strategy pursued involved data collection from two sources: 1) a national mail survey of directors of job coaching services (n=620), and 2) a mail survey of job coaches presently employed at these agencies (two potential respondents per agency; n=1,240).

Activities regarding the preparation of a relevant survey forms proceeded smoothly. Drafts of each were prepared, feedback was secured from our Advisory Committee, a special panel of experts was convened in Oregon to review the forms, and near final drafts were fieldtested by nearly 50 job coaches in the midwest. Overall, the preparation of the two survey forms moved ahead without delay.

In contrast, project staff encountered difficulty securing a representative sample of relevant service agencies. Since there is no one comprehensive list of all service agencies providing supported employment, in the original grant proposal we described a process for acquiring a sample by "piecing together" available data bases and subsequently sampling from the unified base. Some of the sources that we intended to use included: Rehabilitation Services Administration system change grant recipients who receive technical assistance from the University of Oregon; the United Cerebral Palsy list of programs contacted in their national study of supported work for people with severe physical disabilities; the list of subscribers to *Supported Employment Infolines*.

Our exploration of these potential sources revealed that they could not be easily aggregated into a useful unified data base. Address lists such as those available through national newsletters have limited readership and introduce the potential of unwanted sampling bias. Other potential sources (e.g., national survey efforts undertaken by university staff) have mostly concentrated on state level staff and do not offer a data base of local service agencies. Still other sources, such as state or regionally centered research efforts, are often too narrowly focused to provide the representative sample required here (e.g., they may concentrate only on a particular state or service type).

Added to these problems is the quick rate of expansion in supported employment services nationally. Supported employment has extended well beyond the 27 "system change" states and has spread across state agencies (e.g., developmental disabilities agencies and rehabilitation agencies may both be providing supported employment in the same state). As a result, if we were to rely exclusively on previously compiled data bases, we would run the risk of excluding from the survey several states or regions with new programs. These factors led us to conclude that our original plan for securing a survey sample should be set aside in favor of a new strategy.

We identified staff who could help us at the *Training & Research Institute for People with Disabilities* at the Children's Hospital in Boston MA. Martha McGaughey and Bill Kiernan were conducting research of agencies providing integrated employment services and they already had on computer disk the addresses of 625 agencies in 20 states associated with state **vocational rehabilitation agencies**. These states were selected based on data obtained by the Research and Training Center on Vocational Rehabilitation at Virginia Commonwealth University. The 20 states included ten that were considered the most active in providing supported employment services, and ten that were considered to be the least active.

During the summer of 1992 they intended to complete work on a complementing survey of agencies identified through **developmental disabilities state agencies**. In these states, the Institute identified another 255 provider agencies. This composite address base would meet our needs and we opted to wait for their surveys to be completed. In Fall 1992 we obtained the composite data base from the Institute.

To obtain our data base of 620 agencies, we selected at random 365 of the 625 agencies available through the vocational rehabilitation data base. We selected all of the 255 agencies available through the developmental disabilities data base.

As revealed by Figure 1, in September 1992 a total of 620 *Administrator Surveys* were mailed to agencies in 20 states. Administrators were also provided two *Job Coach Surveys* to distribute to appropriate staff within their agencies (1,240). The number of administrators who responded totals 191 (31%), while the number of job coaches total 308 (25%).

Figure 1:

National Survey On Community Integrated Employment:

States Surveyed And Response Patterns

| State        | Original Systems Change State? | Vocational Rehabilitation Data Base |                      |             | MR/DD Services Data Base         |             | TOTAL                  |
|--------------|--------------------------------|-------------------------------------|----------------------|-------------|----------------------------------|-------------|------------------------|
|              |                                | Respondents Available               | Respondents Surveyed | Respondents | Respondents Available & Surveyed | Respondents | # Surveyed Respondents |
| California   | YES                            | 94                                  | 61                   | 15          | 30                               | 13          | 91 - 28                |
| Colorado     | YES                            | 21                                  | 13                   | 5           | 8                                | 2           | 21 - 7                 |
| Connecticut  | YES                            | 15                                  | 10                   | 3           | 19                               | 8           | 29 - 11                |
| Georgia      | NO                             | 39                                  | 27                   | 10          | 16                               | 6           | 43 - 16                |
| Idaho        | NO                             | 18                                  | 7                    | 0           | 0                                | 0           | 7 - 0                  |
| Illinois     | YES                            | 36                                  | 19                   | 4           | 20                               | 4           | 39 - 8                 |
| Louisiana    | NO                             | 26                                  | 16                   | 4           | 10                               | 4           | 26 - 8                 |
| Maryland     | YES                            | 37                                  | 22                   | 7           | 6                                | 2           | 28 - 9                 |
| Maine        | NO                             | 23                                  | 9                    | 1           | 5                                | 3           | 14 - 4                 |
| Minnesota    | YES                            | 15                                  | 6                    | 2           | 35                               | 18          | 41 - 20                |
| Mississippi  | NO                             | 1                                   | 0                    | 0           | 10                               | 2           | 10 - 2                 |
| North Dakota | YES                            | 15                                  | 10                   | 4           | 2                                | 1           | 12 - 5                 |
| Nebraska     | NO                             | 25                                  | 15                   | 5           | 8                                | 4           | 23 - 9                 |
| New York     | YES                            | 82                                  | 44                   | 9           | 38                               | 15          | 82 - 24                |
| Ohio         | NO                             | 38                                  | 21                   | 5           | 19                               | 6           | 40 - 11                |
| Oklahoma     | YES                            | 8                                   | 5                    | 2           | 11                               | 1           | 16 - 3                 |
| Tennessee    | NO                             | 25                                  | 16                   | 3           | 5                                | 2           | 21 - 5                 |
| Vermont      | YES                            | 28                                  | 16                   | 6           | 2                                | 1           | 18 - 7                 |
| Washington   | YES                            | 66                                  | 37                   | 6           | 11                               | 3           | 48 - 9                 |
| Wyoming      | NO                             | 14                                  | 11                   | 5           | 0                                | 0           | 11 - 5                 |
| TOTAL        | 11 YES<br>9 NO                 | 625                                 | 365                  | 96          | 255                              | 95          | 620 - 191<br>31%       |

### 3. National Survey Results: Job Coach Survey

Figure 2: Background Information On Job Coaches

Indicate your sex and age below.

|        |     |     |
|--------|-----|-----|
| Female | 213 | 70% |
| Male   | 92  | 30% |

Valid responses 305 of 308

|                |    |     |
|----------------|----|-----|
| Under 25 years | 30 | 10% |
| 25-30          | 81 | 26% |
| 31-35          | 56 | 18% |
| 36-40          | 48 | 16% |
| 41-45          | 48 | 16% |
| 46-50          | 24 | 8%  |
| 51-55          | 12 | 4%  |
| 56 & over      | 6  | 2%  |

Valid Responses 305 of 308

How long have you had this position in your agency?

|              |    |     |              |    |     |
|--------------|----|-----|--------------|----|-----|
| 0-11 months  | 94 | 31% | 36-47 months | 43 | 14% |
| 12-23 months | 50 | 17% | 47-59 months | 14 | 5%  |
| 24-35 months | 57 | 19% | 60 or more   | 41 | 14% |

Valid Responses: 299 of 308

What is the average number of hours that you work in this job each week?

|               |     |     |                             |
|---------------|-----|-----|-----------------------------|
| 0-10 hours    | 9   | 3%  | Valid responses: 278 of 308 |
| 11-20 hours   | 11  | 4%  |                             |
| 21-30 hours   | 11  | 4%  |                             |
| 31-40 hours   | 216 | 78% |                             |
| over 40 hours | 31  | 11% |                             |

Figure 3: Wages and Benefits Received by Job Coaches

What is your annual salary? (If you work part-time, mark your full time equivalent! \*)

|                   |    |     |                 |    |     |
|-------------------|----|-----|-----------------|----|-----|
| \$9,999 and below | 16 | 5%  | 16,000-17,999   | 52 | 18% |
| \$10,000-11,999   | 12 | 4%  | \$18,000-19,999 | 46 | 15% |
| \$12,000-13,999   | 33 | 12% | \$20,000-21,999 | 40 | 13% |
| \$14,000-15,999   | 56 | 19% | Over \$21,999   | 43 | 14% |

Valid Responses: 298 of 308

What fringe benefits do you receive from your job?

| Benefit                             | Full Time Status * |     | Part Time Status * |     |
|-------------------------------------|--------------------|-----|--------------------|-----|
| Sick leave                          | 238                | 97% | 18                 | 78% |
| Medical/Health benefits (insurance) | 220                | 90% | 15                 | 65% |
| Paid vacation/Annual leave          | 238                | 97% | 15                 | 65% |
| Dental benefits                     | 154                | 63% | 9                  | 39% |
| Optical benefits                    | 59                 | 24% | 4                  | 17% |
| Pension or Retirement plan          | 142                | 58% | 12                 | 52% |
| Family leave                        | 57                 | 23% | 5                  | 22% |
| Total Staff                         | 245                |     | 23                 |     |

Valid Responses: 268 of 308

Note: Full time status refers to people who work 35 hours a week or more.  
Part time status refers to those working less than 35 hours a week.

Figure 4: Previous Education And Training Of Job Coaches

What is the highest educational level that you have achieved?

|                                      |     |     |
|--------------------------------------|-----|-----|
| Grade school or some high school     | 4   | 1%  |
| High school graduate or GED          | 102 | 36% |
| Associates degree (two year degree)  | 50  | 18% |
| Bachelor's degree (four year degree) | 103 | 36% |
| Master's degree                      | 20  | 8%  |
| Other                                | 4   | 1%  |

Valid Responses: 283 of 308

If you had any college or university training, did your college program include training specific to community integrated employment?

|                                      |     |     |
|--------------------------------------|-----|-----|
| None                                 | 130 | 64% |
| Classroom exposure only              | 20  | 10% |
| Practicum/actual job experience only | 24  | 12% |
| Both classroom and job experience    | 29  | 14% |

Valid Responses: 203 of 308

Figure 5: Training Provided to Job Coaches

Before you assumed full responsibility in your job, how many hours of training on community integrated employment did your employer provide to prepare you for working in your present position?

|                     |    |     |
|---------------------|----|-----|
| None                | 79 | 28% |
| Eight hours or less | 67 | 23% |
| 9-16 hours          | 50 | 17% |
| 17 to 32 hours      | 36 | 13% |
| 33 to 48 hours      | 40 | 14% |
| More than 48 hours  | 14 | 5%  |

Valid responses: 286 of 308

Estimate the amount of training you receive annually to update your skills?

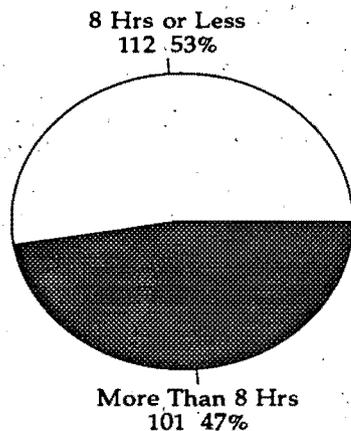
|                     |    |     |
|---------------------|----|-----|
| None                | 16 | 6%  |
| Eight hours or less | 62 | 21% |
| 9-16 hours          | 63 | 21% |
| 17 to 32 hours      | 80 | 28% |
| 33 to 48 hours      | 52 | 18% |
| More than 48 hours  | 16 | 6%  |

Valid responses: 289 of 308

Figure 6: A Closer Look -- Training Provided to Job Coaches

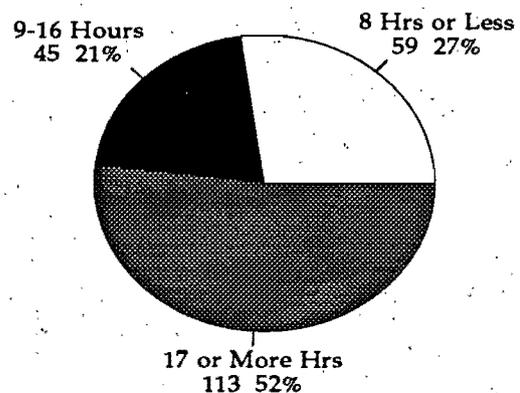
236 of 308 respondents (76%) achieved no more than a high school diploma OR if they had gone to college, had received no instruction related to CIE. The amount of training offered to these job coaches before they began work and annually thereafter is shown below:

Training Offered BEFORE Beginning Work



Valid Responses = 213 of 236

Training Offered Annually



Valid Responses = 213 of 236

**Figure 7: Indicated Training Needs by Job Coaches**

Rate the need you have for training in each of the of the areas listed. (Respondents marked a number from 1-5 with the lower the number marked indicating lesser need)

|   | Not Needed |    |     | Extremely Needed | Missing |   |
|---|------------|----|-----|------------------|---------|---|
| Program philosophy of community integrated employment                         | 127        | 87 | 49  | 35               | 3       | 7 |
| Identification and development of new job opportunities                       | 27         | 60 | 79  | 97               | 40      | 5 |
| Consumer assessment (e.g., standardized measures, determining needs)          | 40         | 65 | 106 | 74               | 20      | 3 |
| Assessment of job requirements and demands                                    | 71         | 69 | 88  | 63               | 14      | 3 |
| Making job site modifications and adaptations                                 | 52         | 79 | 79  | 73               | 21      | 4 |
| Provision of on-site instruction to consumers                                 | 71         | 73 | 86  | 58               | 17      | 3 |
| Strategies for working with co-workers to provide needed supports             | 47         | 58 | 92  | 83               | 26      | 2 |
| Strategies for providing follow along at the work site                        | 75         | 95 | 70  | 45               | 19      | 4 |
| Strategies for building natural supports within the job site                  | 39         | 77 | 89  | 60               | 39      | 4 |
| Program management techniques (paperwork, data management, supervision)       | 59         | 82 | 84  | 51               | 28      | 4 |
| Knowledge of state and federal regulations (e.g., tax credits, SSI, Medicaid) | 24         | 48 | 80  | 98               | 51      | 7 |
| Knowledge on changing from facility-based practices to integrated employment  | 59         | 64 | 79  | 77               | 25      | 4 |

**Figure 8: People Served by Job Coaches and Type of Placement**

At present, how many people with disabilities do you personally provide with direct employment support?

|            |     |     |
|------------|-----|-----|
| 1-6 people | 132 | 43% |
| 7-12       | 93  | 30% |
| 13-18      | 44  | 14% |
| 19-24      | 17  | 5%  |
| 25-30      | 15  | 5%  |
| 31-36      | 2   | 1%  |
| 37-42      | 5   | 2%  |

Mean per respondent: 10 people

Valid Responses: 308 of 308

Indicate the number of these people by their age and the level of support you provide.

|                    | Mean per Response |
|--------------------|-------------------|
| Are under 25 years | 2.1               |
| Are 26-35 years    | 4.5               |
| Are 36-45 years    | 2.8               |
| Are 46-55 years    | 0.8               |
| Are over 55        | 0.3               |

Valid Responses: 258 of 308

|                    | Mean per Response |
|--------------------|-------------------|
| Never              | 0.4               |
| Less than weekly   | 3.4               |
| Weekly             | 3.9               |
| Daily              | 1.8               |
| Throughout the day | 1.3               |

Valid Responses: 205 of 308

Indicate the number of these people by their type of placement:

**In a group (two or more) of others with disabilities (e.g., in a crew or enclave).**

**2.6 people (Mean per response)**

**Individual placements not in close proximity with others with disabilities.**

**5.9 people (Mean per response)**

**In clusters of individual placements of people with disabilities within the same job site.**

**1.0 people (Mean per response)**

**In a small business run by a human service agency, but away from a disabilities work facility.**

**.4 people (Mean per response)**

Valid Responses: 281 of 308

**Figure 9: How Job Coaches Spend Their Time in a Given Week**

Indicate the amount of time you devote each week to work in the areas listed.

|  | Less than<br>20% | 21-<br>40% | 41-<br>60% | 61-<br>80% | 81-<br>100% | Missing |
|--|------------------|------------|------------|------------|-------------|---------|
| <b>Finding/developing potential work opportunities</b> (e.g., market analysis, review of job listings, contract negotiating).                          | 197              | 56         | 32         | 15         | 4           | 4       |
| <b>Creating a favorable working environment for placement</b> (e.g., physical accommodation, situation/consumer assessment, job match).                | 177              | 71         | 31         | 17         | 8           | 4       |
| <b>Teaching people with disabilities how to do their job.</b>  | 62               | 59         | 65         | 67         | 52          | 3       |
| <b>Providing support directly to people with disabilities at the job site</b> (e.g., follow along, periodic guidance on job specific tasks).           | 54               | 57         | 66         | 70         | 59          | 2       |
| <b>Providing ongoing support directly to co-workers at the job site</b> (e.g., teaching co-workers how to provide support, helping to solve problems). | 141              | 62         | 52         | 33         | 16          | 4       |
| <b>Working with others outside the job site to support individual job placements</b> (e.g., family members, residential staff).                        | 190              | 68         | 24         | 13         | 6           | 7       |
| <b>Teaching other staff in techniques related to integrated employment.</b>  | 219              | 40         | 29         | 7          | 5           | 8       |
| <b>Working with people with disabilities on non-work life matters.</b> (e.g., friendships, personal crises, residential issues, benefits, recreation). | 156              | 79         | 47         | 16         | 6           | 4       |
| <b>Working to advance the concept of integrated employment in the community</b> (e.g., public relations).  | 180              | 61         | 36         | 10         | 13          | 8       |
| <b>Completing required paperwork to document activities</b> (e.g., Individual Program Plan records, case management reports).                          | 77               | 109        | 70         | 30         | 18          | 4       |

**Figure 10: Strategies Used by Job Coaches at the Job Site**

Indicate how often you do each of the following to provide support at the job site.

|  | Used<br>Less than<br>20% | Used<br>21-<br>40% | Used<br>41-<br>60% | Used<br>61-<br>80% | Used<br>81-<br>100% | Missing |
|--|--------------------------|--------------------|--------------------|--------------------|---------------------|---------|
| <b>Act as an on-site instructor:</b> Using systematic instruction at the job site to teach consumers job skills.                                       | 70                       | 61                 | 55                 | 53                 | 66                  | 3       |
| <b>Remain on-site to provide ongoing support:</b> Staying on-site to provide needed support (little formal reliance on coworkers to provide supports.) | 73                       | 55                 | 56                 | 48                 | 74                  | 2       |
| <b>Teach co-workers to provide on-site instruction or support:</b> Providing training to co-workers so that they provide systematic instruction.       | 145                      | 80                 | 43                 | 27                 | 7                   | 6       |
| <b>Utilize Attendants or Personal Care Assistants:</b> Using a paid attendant to provide on-the-job support to workers with disabilities.              | 250                      | 23                 | 7                  | 9                  | 3                   | 16      |
| <b>Develop or utilize standing Employee Assistance or Training Programs:</b> Assuring that support is provided through employers' training resources.  | 191                      | 53                 | 29                 | 16                 | 5                   | 14      |
| <b>Utilize environmental adaptations or modifications and technology (AMT):</b> Potential AMT is designed and put in place at the job site.            | 209                      | 45                 | 32                 | 9                  | 1                   | 12      |

**Figure 11: Comparative Importance of Selected Outcomes**

|   | Rate the importance of each of the potential program outcomes listed below. |    |                     |     |         |            | Rank order the top three outcomes targeted by your program. |            |    |         |
|---|---|----|---------------------|-----|---------|------------|---|------------|----|---------|
|   | Not Important   |    | Extremely Important |     | Missing | 1st Ranked | 2nd Ranked  | 3rd Ranked |    |         |
| For consumers to find and maintain paid employment in community businesses.                 | 0   | 4  | 17                  | 58  | 227     | 2          | 157   | 38         | 41 |         |
| For consumers to interact with co-workers at the job site.                                  | 0   | 8  | 17                  | 106 | 175     | 2          | 4   | 51         | 32 |         |
| For consumers to interact with other community members away from the job site.              | 6   | 16 | 59                  | 123 | 102     | 2          | 1   | 10         | 21 |         |
| For consumers to earn enough money so that they no longer need social services or benefits. | 26  | 43 | 81                  | 74  | 80      | 4          | 2   | 15         | 21 |         |
| For consumers to gain enhanced personal and professional identity.                          | 0   | 4  | 21                  | 78  | 203     | 2          | 23  | 72         | 52 |         |
| For consumers to achieve a greater sense of belonging to their community.                   | 0   | 5  | 14                  | 78  | 209     | 2          | 22  | 57         | 62 |         |
| For consumers to gain increased competence in the full range of life activities.            | 0   | 4  | 14                  | 64  | 224     | 2          | 88  | 53         | 71 |         |
|   |   |    |                     |     |         |            | 10  | 12         | 8  | Missing |

**Figure 12: Job Satisfaction Indicated by Job Coaches**

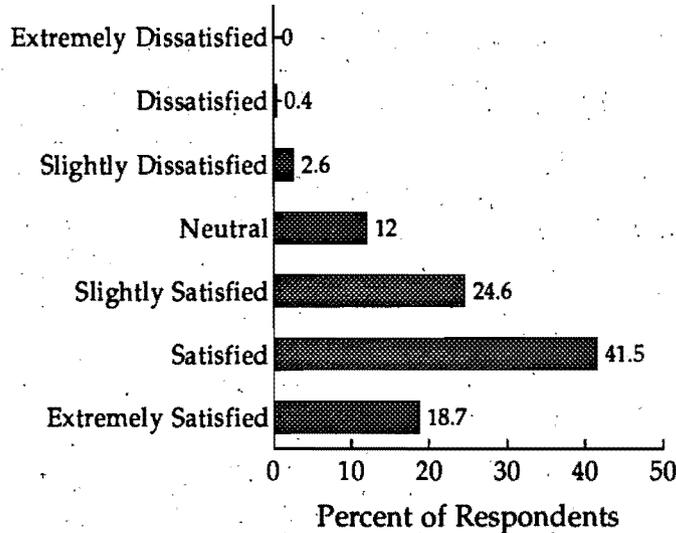
Indicate how satisfied you are with each aspect of your job listed below. \*

|  | Extremely Dissatisfied |    |    | Neutral |    |     | Extremely Satisfied |   |  | Missing |
|--|------------------------|----|----|---------|----|-----|---------------------|---|--|---------|
| (1) The amount of job security I have.   | 9                      | 13 | 27 | 42      | 43 | 117 | 53                  | 4 |  |         |
| (2) The amount of pay and fringe benefits I receive.                                 | 24                     | 51 | 64 | 25      | 61 | 65  | 12                  | 6 |  |         |
| (3) The amount of personal growth and development I get in doing my job.             | 4                      | 8  | 23 | 34      | 47 | 121 | 67                  | 4 |  |         |
| (4) The people I talk to and work with on my job.                                    | 1                      | 4  | 5  | 23      | 35 | 162 | 76                  | 2 |  |         |
| (5) The degree of respect and fair treatment I receive from my supervisor.           | 6                      | 6  | 16 | 18      | 26 | 119 | 113                 | 4 |  |         |
| (6) The feeling of worthwhile accomplishment I get from doing my job.                | 2                      | 7  | 6  | 16      | 47 | 108 | 119                 | 3 |  |         |
| (7) The chance to get to know other people while on the job.                         | 1                      | 5  | 9  | 30      | 44 | 143 | 74                  | 2 |  |         |
| (8) The amount of support and guidance I receive from my supervisor.                 | 7                      | 11 | 19 | 28      | 47 | 105 | 86                  | 5 |  |         |
| (9) The degree to which I am fairly paid for what I contribute to this organization. | 28                     | 38 | 50 | 43      | 46 | 76  | 21                  | 6 |  |         |
| (10) The amount of independent thought and action I can exercise in my job.          | 1                      | 12 | 21 | 10      | 39 | 124 | 98                  | 3 |  |         |
| (11) How secure things look for me in the future of this organization.               | 11                     | 13 | 26 | 61      | 51 | 106 | 38                  | 2 |  |         |
| (12) The chance to help other people while at work.                                  | 0                      | 0  | 3  | 21      | 21 | 143 | 118                 | 2 |  |         |
| (13) The amount of challenge in my job.  | 4                      | 6  | 16 | 24      | 44 | 121 | 90                  | 3 |  |         |
| (14) The overall quality of the supervision I receive in my work.                    | 6                      | 13 | 19 | 37      | 36 | 125 | 69                  | 3 |  |         |

\* Note: Source of this satisfaction scale: Hackman & Oldham, 1980.

**Figure 13: Total Job Satisfaction Scores**

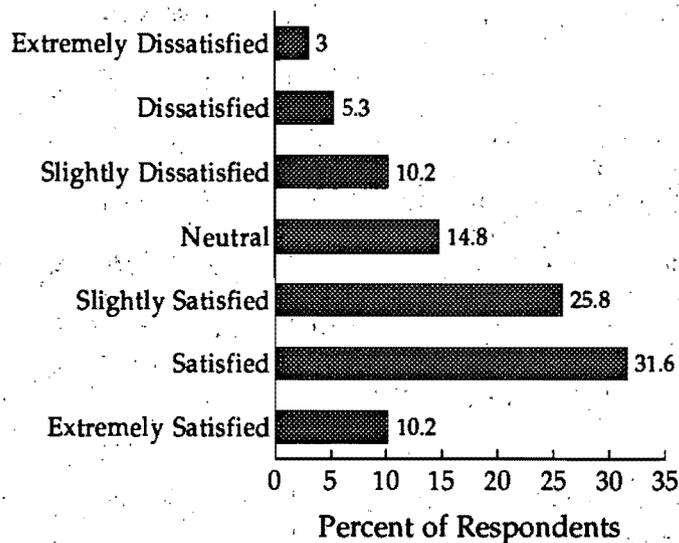
Scale created by scoring responses to all 14 satisfaction items from 0-6 and then summing the item scores. Internal consistency (Cronbach alpha) was measured at .877.



Valid Responses = 284 of 308

**Figure 14: Job Satisfaction -- Job Security**

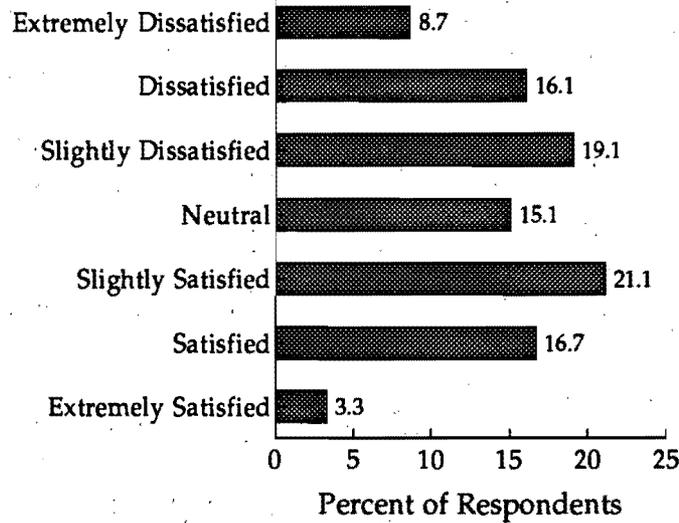
Scale created by scoring responses to two satisfaction items (#s 1 & 11) from 0-6 and then summing the item scores. Internal consistency (Cronbach alpha) was measured at .846.



Valid Responses = 304 of 308

**Figure 15: Job Satisfaction -- Job Compensation**

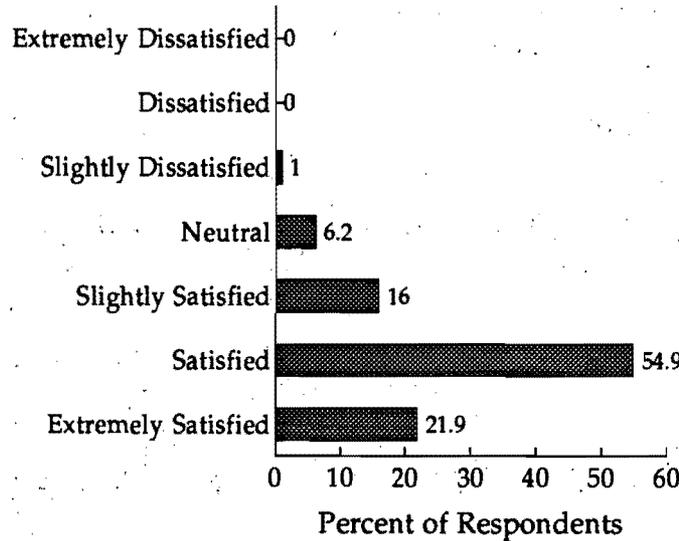
Scale created by scoring responses to two satisfaction items (#s 2 & 9) from 0-6 and then summing the item scores. Internal consistency (Cronbach alpha) was measured at .839.



Valid Responses = 299 of 308

**Figure 16: Job Satisfaction -- Satisfaction with Coworkers**

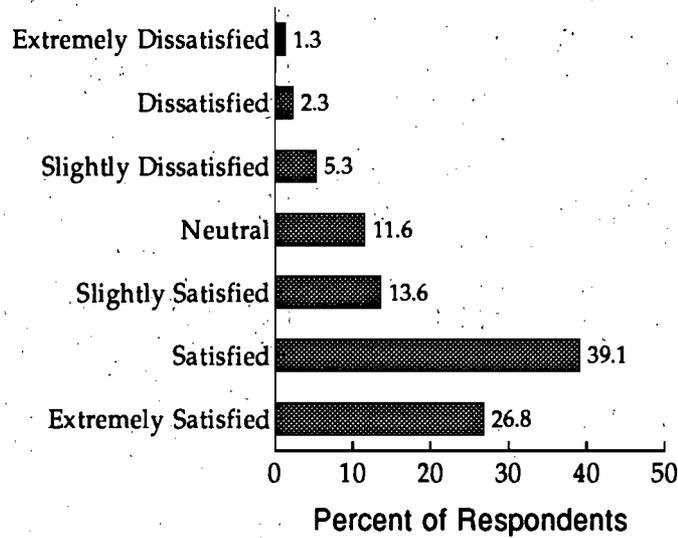
Scale created by scoring responses to three satisfaction items (#s 4,7,12) from 0-6 and then summing the item scores. Internal consistency (Cronbach alpha) was measured at .715.



Valid Responses = 306 of 308

**Figure 17: Job Satisfaction -- Satisfaction with Supervisors**

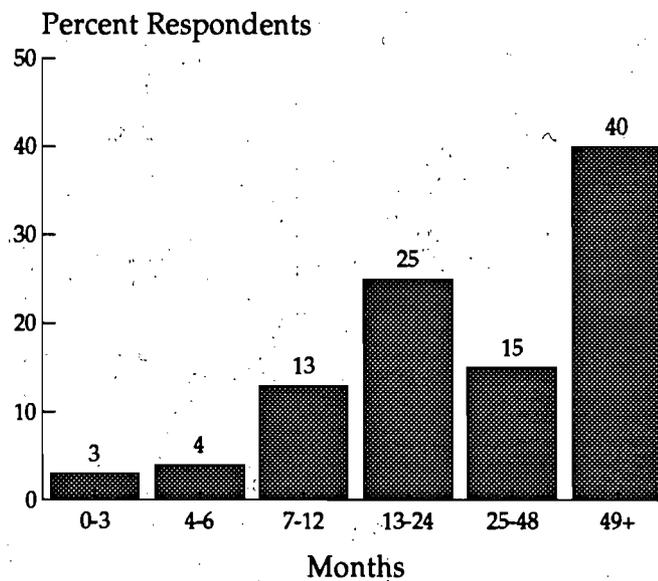
Scale created by scoring responses to *three* satisfaction items (#s 5,8,14) from 0-6 and then summing the item scores. Internal consistency (Cronbach alpha) was measured at .911.



Valid Responses = 302 of 308

**Figure 18: Expected Tenure for Job Coaches**

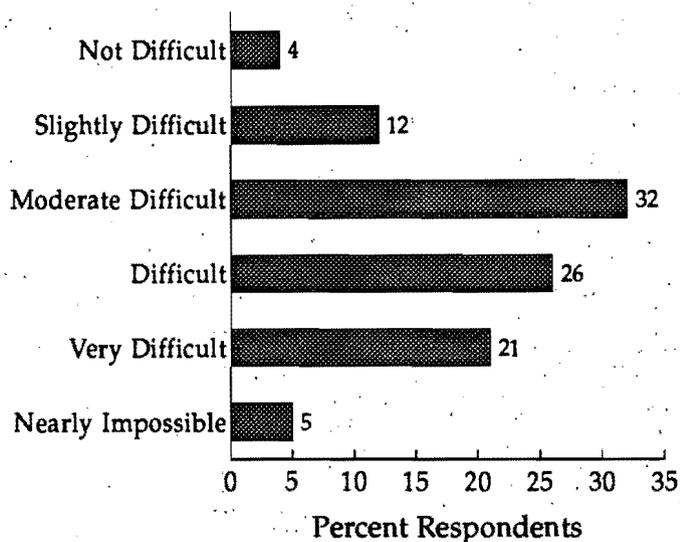
*How much longer do you think you will continue in your present job?*



Valid Responses: 299

**Figure 19: Difficulty with Obtaining Job Sites**

*How difficult is it for you to find employment opportunities for the consumers you serve?*



Valid Responses: 289

**Figure 20: Barriers to Integrated Employment (Job Coach's Perspectives)**

*In your experience, what are the two greatest barriers to your success in providing community integrated employment services?*

|   | First Stated Barrier | Second Stated Barrier |
|---|----------------------|-----------------------|
| Attitudes of the public and employers concerning disability                       | 100 34%              | 66 23%                |
| Local employment opportunities and economic conditions                            | 88 30%               | 43 15%                |
| The lack of needed transportation services for consumers                          | 26 9%                | 21 7%                 |
| Consumer preferences on where they want to work or the lack of needed skills      | 20 7%                | 32 11%                |
| Problems with supporting people on their job or with individual employers         | 14 5%                | 37 13%                |
| Administrative or staff actions within service agencies that undercut CIE efforts | 11 3%                | 19 7%                 |
| The lack of funding for CIE   | 9 3%                 | 16 6%                 |
| The lack of training for job coaches  | 7 2%                 | 4 1%                  |
| The lack of coordination or commitment among local, state and federal agencies    | 5 2%                 | 8 3%                  |
| Potential effects on other public benefits for consumers                          | 5 2%                 | 6 2%                  |
| Actions taken by family members   | 4 1%                 | 18 6%                 |
| Other barriers  | 7 2%                 | 11 4%                 |
| <b>Total Valid Responses</b>  | <b>296</b>           | <b>281</b>            |

**Figure 21: Factors Promoting Integrated Employment (Job Coach's Perspectives)**

*In your experience, what are the two factors contributing to your success in providing community integrated employment services?*

|   | <i>First Stated Factor</i> |     | <i>Second Stated Factor</i> |     |
|---|----------------------------|-----|-----------------------------|-----|
| The attitude concerning disability and the commitment to CIE of job coaches | 48                         | 17% | 39                          | 15% |
| Local efforts to build relationships with employers                         | 45                         | 15% | 34                          | 13% |
| Job analysis and training tactics applied by job coaches                    | 39                         | 13% | 49                          | 18% |
| Actions taken by employers or coworkers to support consumers                | 38                         | 13% | 26                          | 10% |
| Positive attributes or actions taken by consumers on their own behalf       | 30                         | 10% | 24                          | 9%  |
| Job development activities pursued locally to target specific employers     | 19                         | 7%  | 10                          | 4%  |
| The reputation for CIE earned by local service agencies over time           | 18                         | 6%  | 20                          | 8%  |
| The level of cooperation among local professionals involved with CIE        | 17                         | 6%  | 16                          | 6%  |
| The general underlying attitude of local service agencies concerning CIE    | 13                         | 5%  | 18                          | 7%  |
| The previous work experiences of job coaches not directly related to CIE    | 5                          | 2%  | 8                           | 3%  |
| The training given job coaches  | 4                          | 1%  | 9                           | 3%  |
| Other factors   | 15                         | 5%  | 10                          | 4%  |
| <b>Total Valid Responses</b>  | <b>291</b>                 |     | <b>263</b>                  |     |

#### 4. National Survey Results: Program Administrator Survey

**Figure 22: Background Information On Administrators & Their Programs**

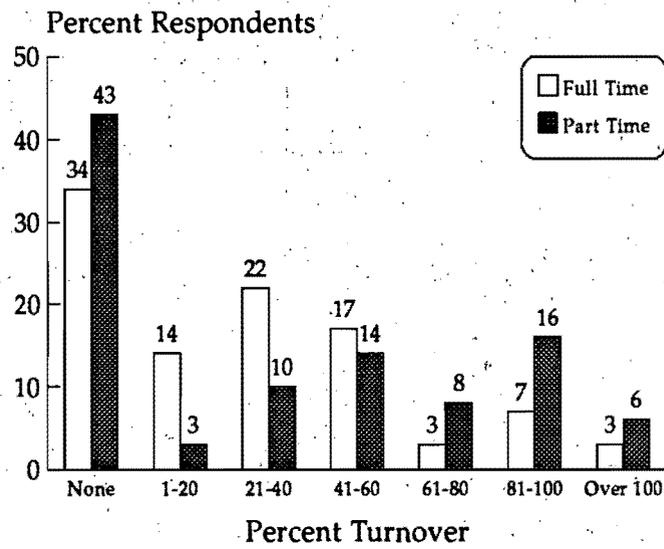
| <i>How long have you had this position in your agency?</i> |    |     |      | <i>How long has your organization been in operation?</i> |    |     |      | <i>How long has it been providing CIE services?</i> |    |     |      |
|--|----|-----|------|--|----|-----|------|---|----|-----|------|
| Less than 1 year   | 20 | 11% | 11%  | 0-5 years  | 11 | 6%  | 6%   | Less than 1 year                                    | 6  | 3%  | 3%   |
| 1-2 years  | 39 | 21% | 32%  | 6-10 years   | 27 | 14% | 20%  | 1-2 years   | 19 | 10% | 13%  |
| 3-4 years  | 39 | 21% | 53%  | 11-15 years  | 21 | 11% | 31%  | 3-4 years   | 44 | 24% | 37%  |
| 5-6 years  | 28 | 15% | 68%  | 16-20 years  | 43 | 23% | 54%  | 5-6 years   | 47 | 26% | 63%  |
| 7-8 years  | 15 | 7%  | 75%  | 21-25 years  | 32 | 17% | 71%  | 7-8 years   | 32 | 17% | 80%  |
| 9-10 years   | 16 | 8%  | 83%  | 26-30 years  | 16 | 8%  | 79%  | 9-10 years  | 11 | 6%  | 86%  |
| More than 10 years   | 32 | 17% | 100% | More than 30   | 39 | 21% | 100% | More than 10  | 25 | 14% | 100% |
| Valid Responses: 189 of 191                                |    |     |      | Valid Responses: 189 of 191                              |    |     |      | Valid Responses: 184 of 191                         |    |     |      |

**Figure 23: Staffing to Provide Community Integrated Employment Services**

*What was the average number of staff employed by your organization during FY 1990-91 to provide ongoing direct training and support to maintain individuals in community integrated employment (e.g., a "job coach")?*

| <b>Full Time Staff</b><br><i>Working 30-40 hours per week</i> |    |     |      | <b>Part Time Staff</b><br><i>Working less than 30-40 hours per week</i> |    |     |      |
|---|----|-----|------|---|----|-----|------|
| 0-1 Staff   | 32 | 18% | 18%  | 0-1 Staff   | 81 | 58% | 58%  |
| 2-3 Staff   | 53 | 29% | 47%  | 2-3 Staff   | 36 | 26% | 84%  |
| 4-5 Staff   | 39 | 22% | 69%  | 4-5 Staff   | 8  | 6%  | 90%  |
| 6-7 Staff   | 18 | 10% | 79%  | 6-7 Staff   | 6  | 4%  | 94%  |
| 8-9 Staff   | 10 | 6%  | 85%  | 8-9 Staff   | 5  | 4%  | 98%  |
| 10-19 Staff   | 14 | 8%  | 93%  | 10-19 Staff   | 2  | 1%  | 99%  |
| 20-29 Staff   | 7  | 4%  | 97%  | 20-29 Staff   | 0  | 0%  | 99%  |
| 30 or more  | 5  | 3%  | 100% | 30 or more  | 1  | 1%  | 100% |
| Valid Responses: 178 of 191                                   |    |     |      | Valid Responses: 139 of 191   |    |     |      |

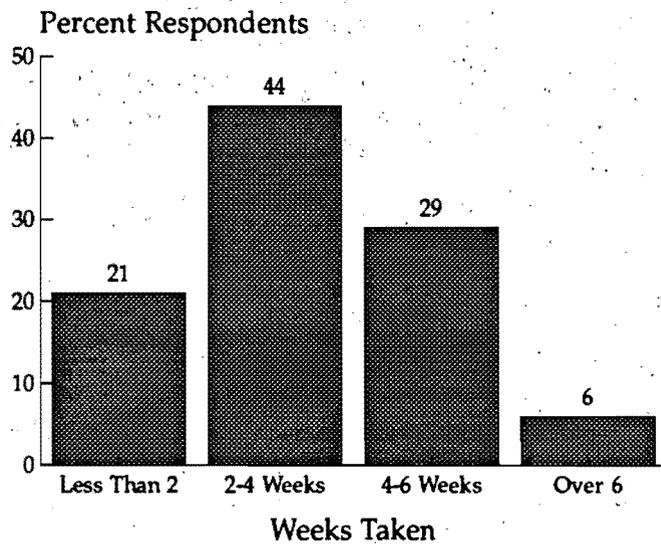
Figure 24: Annual Turnover Among Job Coaches



Valid Responses: 162 (Full); 79 (Part)

Figure 25: Time Taken to Recruit New Staff

When you have a vacancy for a person to provide ongoing direct training and support to maintain individuals in CIE (e.g. a "job coach), about how long does it usually take to fill an opening for such a position?



Valid Responses: 185 of 191

**Figure 26: People Provided Vocational Services and CIE**

*During fiscal year 1990-91 approximately how many individuals with disabilities received vocational services of any kind from your organization?*

|               |    |     |      |
|---------------|----|-----|------|
| 0-30 people   | 35 | 20% | 20%  |
| 31-60         | 47 | 27% | 47%  |
| 61-90         | 24 | 14% | 61%  |
| 91-120        | 20 | 11% | 72%  |
| 121-150       | 13 | 7%  | 79%  |
| 151-180       | 10 | 6%  | 85%  |
| 181-210       | 8  | 4%  | 89%  |
| More than 210 | 19 | 11% | 100% |

Range per organization: 2-603 people

Valid Responses: 176 of 191

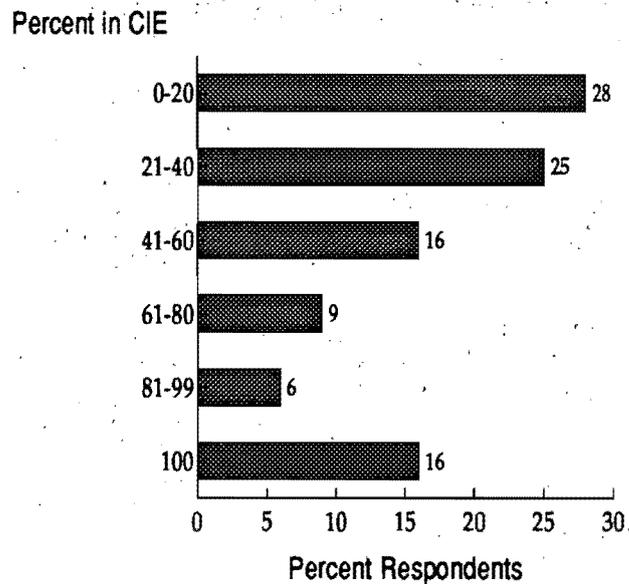
*During fiscal year 1990-91 approximately how many individuals received community integrated employment services (CIE) from your organization?*

|               |    |     |      |
|---------------|----|-----|------|
| 0-10 people   | 39 | 21% | 21%  |
| 11-20         | 43 | 23% | 44%  |
| 21-30         | 25 | 13% | 57%  |
| 31-40         | 18 | 10% | 67%  |
| 41-50         | 18 | 10% | 77%  |
| 51-60         | 11 | 6%  | 83%  |
| 61-70         | 3  | 2%  | 85%  |
| 70-100        | 13 | 7%  | 92%  |
| More than 100 | 14 | 8%  | 100% |

Range per organization: 0-250 people

Valid Responses: 184 of 191

**Figure 27: Percent of All People Receiving Vocational Services Who Receive CIE**

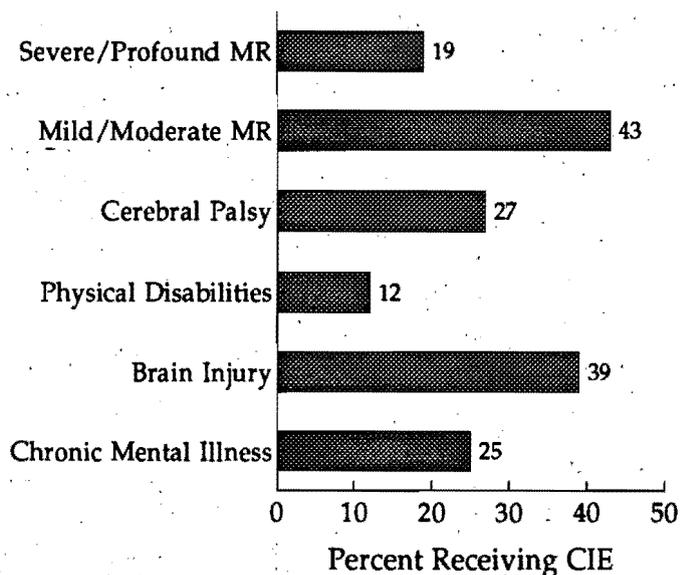


**Figure 28: People Served By Disability In Facilities and CIE**

List the approximate number of people in each of the following disability categories who primarily receive services (i.e., spend most of their time) in: a) your facility program, and b) your community integrated employment program.

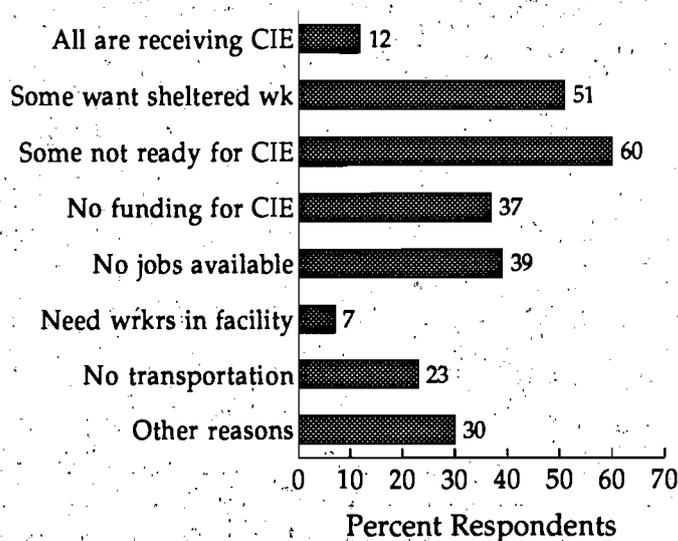
|  | People Served in Facility |       |      |        | People in CIE |       |      |        |
|--|---------------------------|-------|------|--------|---------------|-------|------|--------|
|  | Number                    | Range | Mean | Median | Number        | Range | Mean | Median |
| Severe and profound mental retardation | 3,391                     | 0-194 | 18.3 | 5      | 789           | 0-50  | 4.3  | 0      |
| Mild and moderate mental retardation   | 6,363                     | 0-300 | 35.3 | 19     | 4,755         | 0-243 | 23.0 | 13     |
| Cerebral Palsy                         | 702                       | 0-122 | 3.8  | 0      | 266           | 0-70  | 1.4  | 0      |
| Physical disability                    | 1,483                     | 0-350 | 8.0  | 0      | 210           | 0-23  | 1.1  | 0      |
| Brain Injury                           | 239                       | 0-41  | 1.3  | 0      | 151           | 0-25  | 0.8  | 0      |
| Serious/Persistent Mental Illness      | 3,498                     | 0-450 | 17.6 | 0      | 1,158         | 0-113 | 6.3  | 0      |

**Figure 29: Percent of People By Disability Receiving CIE Services**



**Figure 30: Reasons For Not Providing CIE to All Consumers**

*Your agency is not providing CIE to all its consumers for what reasons?*



Valid Responses All Items: 189 of 191

**Figure 31: Budget Information on Vocational Services and CIE**

*What was your agency's total annual budget in fiscal year 1990-91 for delivering vocational services of any type?*

|                     |    |     |      |
|---------------------|----|-----|------|
| Less than 100,000   | 26 | 16% | 16%  |
| \$101-250,000       | 29 | 18% | 34%  |
| \$251-500,000       | 27 | 17% | 51%  |
| \$501-750,000       | 25 | 16% | 67%  |
| \$751,000-1 million | 10 | 6%  | 73%  |
| \$1-2 million       | 32 | 20% | 93%  |
| \$2.1-3 million     | 7  | 4%  | 97%  |
| Over \$3 million    | 5  | 3%  | 100% |

Range: \$0 to 4,500,000  
Mean: \$725,633

Valid Responses: 161 of 191

*Of this amount, what amount was spent to deliver community integrated employment services?*

|                     |    |     |      |
|---------------------|----|-----|------|
| \$0-50,000          | 40 | 26% | 26%  |
| \$51-100,000        | 32 | 21% | 47%  |
| \$101-150,000       | 17 | 11% | 58%  |
| \$151-200,000       | 19 | 12% | 70%  |
| \$201-300,000       | 15 | 10% | 80%  |
| \$301-500,000       | 18 | 12% | 92%  |
| \$501,000-1 million | 7  | 5%  | 97%  |
| Over 1 million      | 5  | 3%  | 100% |

Range: \$0 to \$1,723,175  
Mean: \$211,072

Valid Responses: 153 of 191

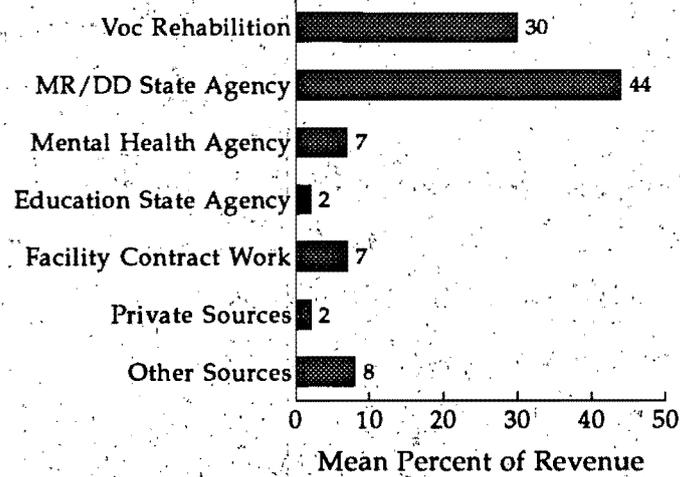
*In FY 1990-91, what was your average cost per participant with disabilities in the CIE program?*

|                 |    |     |      |
|-----------------|----|-----|------|
| \$0-2,500       | 32 | 24% | 24%  |
| \$2,501-5,000   | 45 | 33% | 57%  |
| \$5,001-7,500   | 19 | 14% | 71%  |
| \$7,501-10,000  | 21 | 15% | 86%  |
| \$10,001-15,000 | 12 | 9%  | 95%  |
| \$15,001-20,000 | 4  | 3%  | 98%  |
| \$20,001-25,000 | 1  | 1%  | 99%  |
| Over \$25,000   | 1  | 1%  | 100% |

Range: \$0 to \$25,700  
Mean: \$5,643

Valid Responses: 135 of 191

**Figure 32: Source of Revenue for CIE Services**



Valid Responses: 189 of 191

**Figure 33: Organizational Direction**

*Which statement best describes your organization?*

- 32 Offer only CIE, No facility based services.
- 17 Intend eventually only to offer CIE, will phase out facility services.
- 137 CIE only one of an array of services within facility.
- 1 Want to move away from CIE and offer only facility services.

Valid Responses: 187 of 191

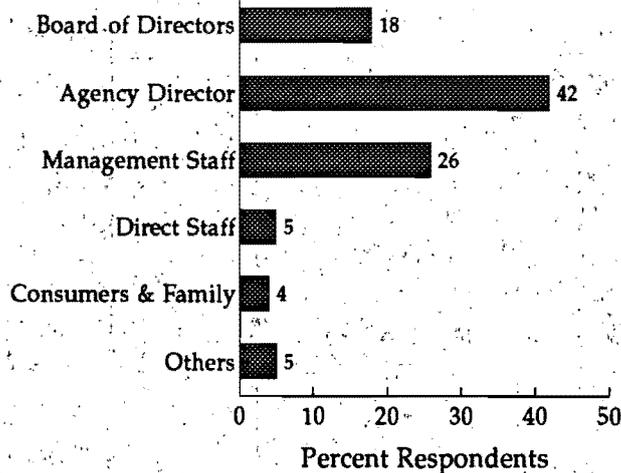
*Does your agency's mission statement contain a specific commitment to CIE?*

|     |     |     |
|-----|-----|-----|
| 128 | 68% | YES |
| 57  | 32% | NO  |

Valid Responses: 185 of 191

**Figure 34: Origin of Organizational Direction**

*At what level did your agency's policies on CIE first originate?*



Valid Responses: 169 of 191

**Figure 35: Actors Who May Help or Hinder Efforts to Implement CIE**

*Below is a list of actors who can help or hinder your organization's implementation of community integrated employment services. In general terms, rate these actors according to how each affects your agency's actions.*

| Actors                               | Great hindrance | Some hindrance | No effect | Some help | Great help | Mean * | Valid Cases |
|--------------------------------------|-----------------|----------------|-----------|-----------|------------|--------|-------------|
| Board Members                        | 4               | 12             | 49        | 80        | 38         | 3.74   | 183         |
| Case Managers                        | 1               | 22             | 22        | 79        | 56         | 3.93   | 180         |
| Direct Service Staff                 | 1               | 9              | 12        | 46        | 118        | 4.46   | 186         |
| People with Disabilities             | 1               | 17             | 16        | 80        | 70         | 4.09   | 184         |
| Families/ Advocates                  | 9               | 35             | 19        | 92        | 25         | 3.49   | 180         |
| Employers/Local Businesses           | 5               | 22             | 16        | 77        | 61         | 3.92   | 181         |
| Vocational Rehabilitation Counselors | 6               | 13             | 37        | 73        | 52         | 3.84   | 181         |
| State agency staff                   | 11              | 33             | 46        | 67        | 29         | 3.38   | 186         |

\* Each item required a response on a Likert scale, scored from 1-5. The mean shown refers to the mean likert scale score for that item. The higher the mean, the more helpful the actor on average.

**Figure 36: Factors That May Help or Hinder Efforts to Implement CIE**

*Below is a list of factors that can help or hinder your organization's implementation of community integrated employment services. In general terms, rate these factors according to how each affects your agency's actions.*

| Factors   | Great hindrance | Some hindrance | No effect | Some help | Great help | Mean * | Valid Cases |
|---|-----------------|----------------|-----------|-----------|------------|--------|-------------|
| Finding resources to meet CIE start-up costs            | 46              | 63             | 42        | 19        | 12         | 2.38   | 182         |
| Planning for a loss of work contracts in our facility   | 12              | 34             | 120       | 4         | 4          | 2.74   | 174         |
| Finding ancillary supports like transportation for CIE  | 66              | 80             | 23        | 5         | 12         | 2.02   | 186         |
| Receiving adequate funds to provide CIE services        | 77              | 59             | 16        | 16        | 17         | 2.12   | 185         |
| Delivering CIE given the tenure of our staff            | 8               | 33             | 70        | 45        | 28         | 3.28   | 184         |
| Acquiring needed staff training or technical assistance | 14              | 51             | 42        | 51        | 24         | 3.11   | 182         |
| The availability of jobs in our area for CIE            | 49              | 67             | 23        | 32        | 14         | 2.43   | 185         |
| Coordinating with other agencies involved with CIE      | 4               | 34             | 64        | 65        | 17         | 3.31   | 184         |
| Finding and using available sources of funding for CIE  | 31              | 64             | 36        | 39        | 11         | 2.64   | 181         |
| Coordinating multiple sources of funding for CIE        | 29              | 61             | 56        | 29        | 10         | 2.62   | 185         |

\* Each item required a response on a Likert scale, scored from 1-5. The mean shown refers to the mean likert scale score for that item. The higher the mean, the more helpful the factor on average.

**Figure 37: Organizations Who May Help or Hinder Efforts to Implement CIE**

*Rate the degree to which each of the following organizations has been involved in your agency's ongoing efforts to provide community integrated employment.*

| Organizations                        | Great hindrance | Some hindrance | No effect | Some help | Great help | Mean * | Valid Cases |
|--------------------------------------|-----------------|----------------|-----------|-----------|------------|--------|-------------|
| Local Business Community             | 5               | 14             | 30        | 104       | 32         | 3.78   | 185         |
| Local Community Groups               | 1               | 4              | 99        | 72        | 10         | 3.46   | 186         |
| State MR/DD                          | 10              | 20             | 63        | 65        | 28         | 3.44   | 186         |
| County/Local MR/DD Agency            | 9               | 13             | 74        | 56        | 29         | 3.46   | 181         |
| Local VR Agency                      | 4               | 16             | 36        | 72        | 55         | 3.86   | 183         |
| Case Management/Service Coordination | 4               | 20             | 73        | 67        | 22         | 3.45   | 186         |
| Advocacy Groups                      | 4               | 10             | 115       | 52        | 5          | 3.24   | 186         |
| Local Employment Councils            | 2               | 2              | 135       | 39        | 8          | 3.26   | 186         |

\* Each item required a response on a Likert scale, scored from 1-5. The mean shown refers to the mean likert scale score for that item. The higher the mean, the more helpful the organization on average.

**Figure 38: Effect of CIE on Facility Operations**

*Rate the degree to which each of the following facility operations has been influenced by your involvement with community integrated employment.*

| Facility Operations            | Very Negative | Somewhat Negative | No effect | Somewhat Positive | Very Positive | Mean * | Valid Cases |
|--------------------------------|---------------|-------------------|-----------|-------------------|---------------|--------|-------------|
| Management functions           | 1             | 18                | 31        | 67                | 63            | 3.96   | 180         |
| Direct service staff functions | 2             | 13                | 27        | 70                | 70            | 4.06   | 182         |
| Assessment strategies          | 0             | 7                 | 42        | 92                | 38            | 3.90   | 179         |
| Training/teaching strategies   | 0             | 7                 | 34        | 88                | 53            | 4.03   | 182         |
| Job placement strategies       | 2             | 7                 | 21        | 81                | 71            | 4.16   | 182         |
| Contract procurement           | 2             | 19                | 78        | 49                | 25            | 3.44   | 173         |
| Maintaining production levels  | 4             | 31                | 79        | 41                | 162           | 3.20   | 191         |

\* Each item required a response on Likert scale, scored from 1-5. The mean shown refers to the mean likert scale score for that item. The higher the mean, the more positive the influence on average.

**Figure 39: Barriers to Integrated Employment (Administrators' Perspectives)**

*In your experience, what are the two greatest barriers to your success in providing community integrated employment services?*

|   | First Stated Barrier |             | Second Stated Barrier |             |
|---|----------------------|-------------|-----------------------|-------------|
| Attitudes of the public and prospective employers concerning disability           | 28                   | 15%         | 25                    | 14%         |
| The unavailability of employment opportunities; A poor local economy              | 39                   | 20%         | 29                    | 16%         |
| The lack of needed transportation services for consumers                          | 15                   | 8%          | 20                    | 11%         |
| Consumer preferences on where they want to work or the lack of needed skills      | 5                    | 3%          | 13                    | 7%          |
| Problems with supporting people on their job or with individual employers         | 2                    | 1%          | 10                    | 5%          |
| Administrative or staff actions within service agencies that undercut CIE efforts | 11                   | 6%          | 4                     | 2%          |
| The lack of funding for CIE   | 58                   | 30%         | 36                    | 20%         |
| The lack of training for job coaches  | 5                    | 3%          | 6                     | 3%          |
| The lack of coordination or commitment among local, state and federal agencies    | 12                   | 6%          | 11                    | 6%          |
| Potential effects on other public benefits for consumers                          | 4                    | 2%          | 2                     | 1%          |
| Actions taken by family members   | 7                    | 4%          | 14                    | 8%          |
| Other barriers  | 3                    | 2%          | 13                    | 7%          |
| <b>Total Valid Responses</b>  | <b>189</b>           | <b>100%</b> | <b>183</b>            | <b>100%</b> |

**Figure 40: Factors Promoting Integrated Employment (Administrators' Perspectives)**

*In your experience, what are the two factors contributing to your success in providing community integrated employment services?*

|   | First Stated Factor |             | Second Stated Factor |             |
|---|---------------------|-------------|----------------------|-------------|
| The attitude concerning disability and the commitment to CIE of job coaches | 49                  | 27%         | 27                   | 16%         |
| Local efforts to build relationships with employers                         | 30                  | 16%         | 22                   | 13%         |
| Job analysis and training tactics applied by job coaches                    | 14                  | 8%          | 20                   | 11%         |
| Actions taken by employers or coworkers to support consumers                | 21                  | 11%         | 15                   | 9%          |
| Positive attributes or actions taken by consumers on their own behalf       | 26                  | 14%         | 28                   | 16%         |
| Job development activities pursued locally to target specific employers     | 4                   | 2%          | 3                    | 2%          |
| The reputation for CIE earned by local service agencies over time           | 10                  | 6%          | 6                    | 3%          |
| The level of cooperation among local professionals involved with CIE        | 8                   | 4%          | 16                   | 9%          |
| The general underlying attitude of local service agencies concerning CIE    | 8                   | 4%          | 16                   | 9%          |
| The previous work experiences of job coaches not directly related to CIE    | —                   | 0%          | —                    | 0%          |
| The training given job coaches  | —                   | 0%          | —                    | 0%          |
| Actions taken by family members   | 4                   | 2%          | 4                    | 2%          |
| Availability of adequate funding  | 4                   | 2%          | 5                    | 3%          |
| Other factors   | 8                   | 4%          | 13                   | 7%          |
| <b>Total Valid Responses</b>  | <b>186</b>          | <b>100%</b> | <b>175</b>           | <b>100%</b> |

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*JOB COACHING IN SUPPORTED EMPLOYMENT:*

*PRESENT CONDITIONS AND EMERGING DIRECTIONS*

RESULTS FROM A NATIONAL SURVEY OF  
STATE MR/DD AND VR PROGRAM DIRECTORS

Data Summaries

October 1993

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HUMAN  
SERVICES  
RESEARCH  
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**DATA SUMMARIES**

Prepared by:

**John Agosta, Ph.D., Kerri Melda, M.S. & Lynda Brown, M.S.**

**The Human Services Research Institute  
525 Glen Creek Road NW (Suite #230)  
Salem OR 97304  
(503) 362-5682**

Prepared for:

**Department of Education  
National Institute on Disability and Rehabilitation Research  
Switzer Building  
330 C Street SW  
Washington DC 20201**

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## TABLE OF CONTENTS

1. Background Information on the Project
2. Methods
3. Results: Survey of State MR/DD Program Directors
4. Results: Survey of State VR Program Directors

## LIST OF FIGURES BY SURVEY

### *MR/DD DIRECTOR SURVEY*

- Figure 1: Number of People Receiving CIE
- Figure 2: Ease of Getting CIE Services
- Figure 3: Future Directions in CIE
- Figure 4: Factors Affecting CIE Services
- Figure 5: Future Funding Opportunities
- Figure 6: Satisfaction with State Level Issues
- Figure 7: Need for Fundamental System Changes
- Figure 8: System Changes Needed

### *VR DIRECTOR SURVEY*

- Figure 9: Number of People Receiving CIE
- Figure 10: Ease of Getting CIE Services
- Figure 11: Future Directions in CIE
- Figure 12: Factors Affecting CIE Services
- Figure 13: Future Funding Opportunities
- Figure 14: Satisfaction with State Level Issues
- Figure 15: Need for Fundamental System Changes
- Figure 16: System Changes Needed

## *1. Background Information on the Project*

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This purpose of this three year research project is to conduct a comprehensive analysis of conditions that affect the changing roles, status, and management of job coaches, using data from supported employment programs, job coaches and others in support roles that affect the success of integrated employment opportunities. The project began in October 1991 and will end in September 1994. Multiple methods of data collection and analysis, including quantitative analysis, qualitative methods and policy analysis, are being used to address the complexity and breadth of the relevant issues.

The project is a collaborative effort that combines the resources of the Human Services Research Institute, the Employment Projects at the University of Oregon, the Institute on Disability at the University of New Hampshire, and United Cerebral Palsy Associations, Inc.

One objective of this project entailed conducting a national survey of state program directors of Mental Retardation/Developmental Disabilities and Vocational Rehabilitation agencies. What follows is a description of the methods used to conduct the survey and summaries of the resulting data. No explanative text is offered here, nor is a discussion of the findings provided. A more complete report of this national survey and findings will be available during the summer of 1994.

## *2. Survey Methods*

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The overall purpose of this activity was to gain a national perspective of state policymakers' views related to the future trends of job coaching and community integrated employment. To obtain this information, two survey instruments were developed and mailed to: 1) directors of state Mental Retardation and Developmental Disabilities (MR/DD) agencies (n=50); and 2) administrators of supported employment programs through state Vocational Rehabilitation agencies (n=78: includes directors of state Commissions for the Blind).

Utilizing information and data collected through previous activities of this project (e.g. a national survey of directors of job coaching services, a national survey of job coaches employed at these agencies, comments from public forums and focus groups on issues related to CIE conducted in six states), recent studies related to supported employment, and the new Reauthorization of the Rehabilitation Act, two companion survey instruments were drafted; one for MR/DD directors and one for VR administrators. Feedback was then secured from members of our Advisory Committee, project staff from each of our collaborating organizations (The Employment Projects of the University of Oregon, United Cerebral Palsy Associations, Inc., the University of New Hampshire Institute on Disability), and from our two project evaluators. These comments were then used to revise and refine each survey form.

In finished format, each survey consisted of several questions falling under these categories: 1) the people receiving CIE/SE services; 2) future directions for the field; 3) factors contributing to or hindering the success of CIE locally; 4) state level policy concerns; and 5) needed system changes.

A list of current names and addresses of state MR/DD directors was obtained through the National Association of State Directors of Developmental Disabilities Services (NASDDDS), and contact names for administrators of state VR programs (and Commissions for the Blind) were acquired through the Council of State Administrators of Vocational Rehabilitation (CSAVR) after survey approval from their research committee. And surveys were mailed out to 50 MR/DD directors and 78 VR administrators in mid-May 1993. The number of policymakers who responded totaled 41 and 67 respectively, yielding 82% and 85% response rates.

### 3. National Results: MR/DD Director Survey

Figure 1: Number of People Receiving CIE Services

Over the past two years, has the number of people receiving community integrated employment services through your agency...

|                                    |    |      |
|------------------------------------|----|------|
| Decreased Significantly (over 25%) | 0  | 0%   |
| Decreased Somewhat (10 - 25%)      | 3  | 7.5% |
| Remained the Same                  | 3  | 7.5% |
| Increased Somewhat (10 - 25%)      | 28 | 72%  |
| Increased Significantly (over 25%) | 5  | 13%  |

Valid Responses 39 of 41

In your opinion, at what pace has this growth occurred?

|                  |    |       |
|------------------|----|-------|
| Too Slow         | 23 | 56.1% |
| Just About Right | 13 | 31.7% |
| Too Fast         | 0  | 0%    |

Valid Responses 36 of 41

Figure 2: Ease of Getting CIE Services

In general, how difficult or how easy is it for the following groups to receive community integrated employment services through your agency?

| PRESENTLY...                                | Very Difficult |    |    |    | Very Easy |   | Mean * | Missing |
|---|----------------|----|----|----|-----------|---|--------|---------|
|   | 1              | 2  | 3  | 4  | 5         | 6 |        |         |
| Developmental disabilities (in general)     | 3              | 5  | 19 | 12 | 0         |   | 3.02   | 2       |
| Cognitive disabilities (mental retardation) | 0              | 4  | 21 | 12 | 3         |   | 3.35   | 1       |
| Physical disabilities                       | 10             | 6  | 12 | 8  | 1         |   | 2.56   | 4       |
| Socio-behavioral challenges                 | 7              | 22 | 7  | 1  | 0         |   | 2.05   | 4       |
| Dual diagnosis (DD & Mental Health)         | 8              | 20 | 8  | 3  | 0         |   | 2.15   | 2       |
| Bio-medical complication                    | 16             | 8  | 11 | 2  | 0         |   | 1.97   | 4       |
| The most severe disabilities                | 10             | 21 | 7  | 0  | 1         |   | 2.00   | 2       |
| <b>IN THREE YEARS IT WILL BE...</b>         |                |    |    |    |           |   |        |         |
|   | Very Difficult |    |    |    | Very Easy |   | Mean * | Missing |
|   | 1              | 2  | 3  | 4  | 5         | 6 |        |         |
| Developmental disabilities (in general)     | 0              | 2  | 11 | 20 | 6         |   | 3.76   | 2       |
| Cognitive disabilities (mental retardation) | 0              | 1  | 11 | 23 | 5         |   | 3.80   | 1       |
| Physical disabilities                       | 1              | 1  | 14 | 17 | 4         |   | 3.59   | 4       |
| Socio-behavioral challenges                 | 1              | 3  | 16 | 15 | 1         |   | 3.33   | 5       |
| Dual diagnosis (DD & Mental Health)         | 2              | 2  | 19 | 14 | 2         |   | 3.30   | 2       |
| Bio-medical complication                    | 2              | 3  | 16 | 13 | 2         |   | 3.27   | 5       |
| The most severe disabilities                | 2              | 4  | 17 | 15 | 1         |   | 3.23   | 2       |

Each item required a response on a Likert scale, scored from 1-5. The mean shown refers to the mean likert scale score for that item. The higher the mean, the easier to serve that group on average.

Figure 3: Future Directions in CIE

Listed below are numerous statements concerning potential future directions for the field. Over the next three years, to what extent will your agency invest resources (human and financial) in these future directions?

|  | Level of Investment |      |      |    |    | Mean * | Missing |
|--|---------------------|------|------|----|----|--------|---------|
|  | None                | Some | High |    |    |        |         |
| Greater numbers of people with the <i>most severe</i> disabilities will be participating in community integrated employment.   | 0                   | 1    | 16   | 14 | 9  | 3.77   | 1       |
| Given a <i>presumption of capability</i> (in the new Rehabilitation Act Amendments) and emphasis on "on the job" training and support, less effort will be directed toward consumer readiness.                                   | 1                   | 2    | 13   | 11 | 14 | 3.85   | 0       |
| <i>Career</i> development opportunities will be emphasized for the consumer beyond simple <i>job</i> placement.  | 0                   | 2    | 15   | 16 | 8  | 3.73   | 0       |
| Consumers will expand their <i>control</i> over local resources by choosing their own services and service providers.  | 0                   | 0    | 18   | 9  | 14 | 3.90   | 0       |
| Training and support responsibilities will <i>shift from job coaches to employer and co-workers</i> .  | 0                   | 1    | 15   | 18 | 7  | 3.75   | 0       |
| Greater use will be made of <i>existing personnel training</i> resources within community businesses.  | 0                   | 3    | 24   | 9  | 5  | 3.39   | 0       |
| The job coach will have responsibility to coordinate supports around the consumer's <i>whole life</i> , rather than just work life.  | 4                   | 10   | 14   | 10 | 3  | 2.95   | 0       |
| Your agency will <i>shift resources</i> from segregated work options to CIE.   | 0                   | 1    | 12   | 15 | 13 | 3.97   | 0       |
| Local service agencies will <i>convert</i> to community integrated employment services, phasing out their sheltered work options.  | 1                   | 4    | 23   | 4  | 9  | 3.39   | 0       |
| Your agency will share the costs of transition services with education agencies.   | 2                   | 10   | 16   | 7  | 6  | 3.12   | 0       |
| Your agency will share the costs of ongoing support services with vocational rehabilitation agencies.  | 2                   | 5    | 6    | 14 | 13 | 3.77   | 1       |
| Your agency will pay for supports <i>away from the worksite</i> , offering ongoing support that may include: transportation, communication, personal assistance, social skills training, counseling, family support, and others. | 1                   | 1    | 7    | 13 | 19 | 4.17   | 0       |

Each item required a response on a Likert scale, scored from 1-5. The mean shown refers to the mean likert scale score for that item. The higher the mean, the higher the level of investment from the agency on average.

Figure 4: Factors Affecting CIE Services

Job coaches and service administrators who responded to a recent national survey identified the following factors as ones that contribute to or hinder the success of CIE services locally. In general terms, rate these factors according to how you feel each is presently affecting overall CIE efforts in your state.

| Factors   | Great Hindrance | Neutral | Great Help | Mean * | Missing |      |   |
|---|-----------------|---------|------------|--------|---------|------|---|
| Attitudes of the public and employers concerning disability                       | 0               | 13      | 15         | 10     | 2       | 3.02 | 1 |
| Local employment opportunities and economic conditions                            | 9               | 17      | 9          | 3      | 1       | 2.23 | 2 |
| The level of coordination among local, state and federal agencies                 | 2               | 9       | 17         | 9      | 3       | 3.15 | 3 |
| Funding for providers to start up community integrated employment                 | 5               | 14      | 11         | 6      | 4       | 2.75 | 1 |
| Funding for providers to offer ongoing services for CIE                           | 4               | 13      | 12         | 7      | 4       | 2.85 | 1 |
| Local efforts to build relationships with employers                               | 1               | 1       | 19         | 16     | 3       | 3.47 | 1 |
| Management changes undertaken by local providers to promote CIE                   | 3               | 3       | 20         | 13     | 1       | 3.15 | 1 |
| The training presently offered to job coaches                                     | 1               | 8       | 16         | 13     | 2       | 3.17 | 1 |
| The reputation for CIE earned by local service agencies over time                 | 1               | 2       | 11         | 20     | 6       | 3.70 | 1 |
| The general underlying attitude of local provider agencies concerning CIE         | 3               | 5       | 13         | 15     | 4       | 3.30 | 1 |
| Job development activities pursued locally to target specific employers           | 1               | 0       | 17         | 15     | 5       | 3.60 | 3 |
| The attitude concerning disabilities & the commitment to CIE shown by job coaches | 0               | 3       | 10         | 21     | 5       | 3.71 | 2 |
| Job analysis and training tactics applied by job coaches                          | 0               | 5       | 16         | 16     | 1       | 3.34 | 3 |
| Actions taken by employers or co-workers to support consumers                     | 0               | 3       | 14         | 15     | 7       | 3.66 | 2 |
| The level of cooperation among local professionals involved with CIE              | 0               | 7       | 16         | 13     | 3       | 3.30 | 2 |
| Transportation services for consumers   | 13              | 16      | 7          | 2      | 0       | 1.94 | 3 |
| Other ancillary services (other than transportation)                              | 3               | 14      | 18         | 4      | 0       | 2.58 | 2 |
| Actions taken by consumers on their own behalf                                    | 1               | 4       | 20         | 8      | 6       | 3.35 | 2 |
| Consumer preferences regarding where they want to work                            | 0               | 1       | 21         | 12     | 5       | 3.53 | 2 |
| Consumer skill levels   | 0               | 2       | 22         | 13     | 2       | 3.38 | 2 |
| Potential effects on other public benefits for consumers (e.g. SSI, Medicaid)     | 7               | 20      | 9          | 3      | 0       | 2.20 | 2 |
| Actions taken by family members   | 1               | 6       | 16         | 13     | 2       | 3.23 | 3 |

Each item required a response on a Likert scale, scored from 1-5. The mean shown refers to the mean likert scale score for that item. The higher the mean, the more helpful the factor on average.

Figure 5: Future Funding Opportunities

With regard to funding over the next two years, do you expect that your state's VR Agency will make greater or less use of its Title I money to finance supported employment services?

|                                  |    |       |
|----------------------------------|----|-------|
| Much Less Use (reduce by 26%+)   | 0  | 0%    |
| Less Use (reduce by 10-25%)      | 2  | 5%    |
| Remain the Same                  | 15 | 37.5% |
| More Use (increase by 10-25%)    | 20 | 50%   |
| Much More Use (increase by 26%+) | 3  | 7.5%  |

Valid responses: 40 of 41

With regard to funding, over the next two years, do you expect that your agency will make greater or less use of the HCBS Medicaid waiver to finance CIE services?

|                                  |    |       |
|----------------------------------|----|-------|
| Much Less Use (reduce by 26%+)   | 0  | 0%    |
| Less Use (reduce by 10-25%)      | 0  | 0%    |
| Remain the Same                  | 6  | 14.6% |
| More Use (increase by 10-25%)    | 26 | 63.4% |
| Much More Use (increase by 26%+) | 9  | 22%   |

Valid responses: 41 of 41

Figure 6: Satisfaction with State Level Issues

Regarding state level issues related to community integrated employment services, how satisfied are you with the current status of each of the following in your state?

|  | Very Unsatisfied | Neutral | Very Satisfied | Mean * | Missing |      |   |
|--|------------------|---------|----------------|--------|---------|------|---|
| Level of funding available for CIE from your agency                              | 8                | 23      | 7              | 2      | 1       | 2.14 | 0 |
| Stability of available funding for CIE in your agency                            | 2                | 8       | 13             | 12     | 6       | 3.29 | 0 |
| Distribution of funds across voc. services, including CIE, in your agency        | 3                | 19      | 14             | 3      | 2       | 2.56 | 0 |
| Funding for CIE made available through other state agencies (e.g. VR, Education) | 7                | 16      | 10             | 7      | 1       | 2.48 | 0 |
| Training provided to community provider staff (e.g. job coaches) re: CIE         | 2                | 10      | 11             | 16     | 2       | 3.14 | 0 |
| Turnover rates among community provider staff (e.g. job coaches)                 | 4                | 13      | 19             | 5      | 0       | 2.60 | 0 |
| Availability of reliable CIE providers with whom to contract                     | 2                | 16      | 12             | 9      | 2       | 2.82 | 0 |
| Statewide business plan to attract employers for CIE                             | 6                | 16      | 13             | 4      | 1       | 2.45 | 1 |
| Level to which a common vision re: CIE is shared among public agencies           | 3                | 13      | 9              | 11     | 5       | 3.04 | 0 |
| Availability and utility of information regarding the people receiving CIE       | 2                | 9       | 14             | 14     | 1       | 3.07 | 1 |
| Present licensing and certification requirements for providers to deliver CIE    | 3                | 9       | 19             | 6      | 2       | 2.87 | 2 |
| Means for assuring that the CIE services offered are of acceptable quality       | 3                | 18      | 9              | 10     | 1       | 2.70 | 0 |
| Level of collaboration among public agencies providing CIE                       | 0                | 9       | 14             | 16     | 2       | 3.26 | 0 |
| Level of agreement among public agencies in determining severity of disability   | 2                | 15      | 18             | 5      | 1       | 2.70 | 0 |
| Amount of influence people with disabilities have over policy direction          | 10               | 16      | 10             | 4      | 1       | 2.26 | 0 |

Each item required a response on a Likert scale, scored from 1-5. The mean shown refers to the mean likert scale score for that item. The higher the mean, the more satisfied on average.

Figure 7: Need for Fundamental System Changes

To what extent are fundamental system changes necessary for the community integrated employment movement to expand and improve? Are they...

|                   |    |       |
|-------------------|----|-------|
| Not At All Needed | 0  | 0%    |
| Slightly Needed   | 4  | 9.8%  |
| Somewhat Needed   | 5  | 12.2% |
| Needed            | 21 | 51.2% |
| Greatly Needed    | 11 | 26.8% |

Valid responses: 41 of 41

To what extent are these fundamental system changes happening?

|                   |    |       |
|-------------------|----|-------|
| Not At All        | 0  | 0%    |
| A Little          | 9  | 22%   |
| A Moderate Extent | 26 | 63.4% |
| A Lot             | 6  | 14.6% |
| A Great Extent    | 0  | 0%    |

Valid responses: 41 of 41

### Figure 8: System Changes Needed

*If you feel that system changes are necessary, what are the two greatest changes that must be made?*

|  |    |       |
|--|----|-------|
| A commitment to CIE/Conversion to CIE from sheltered work                    | 13 | 19.7% |
| Emphasis on consumer control, choice, and outcomes                           | 8  | 9.1%  |
| Collaboration/cooperation among public agencies, and with private businesses | 8  | 6.1%  |
| More flexibility/fewer restrictions of Medicaid funding                      | 6  | 12.1% |
| Utilize natural supports more fully  | 5  | 12.1% |
| Improve ability to be flexible with funding (in general)                     | 4  | 6.1%  |
| Access more funding (in general)   | 4  | 6.1%  |
| Greater access to funding made available through VR agencies                 | 4  | 4.5%  |
| Improve transition from school to adult services                             | 3  | 4.5%  |
| Put in place mechanisms to assure quality in CIE                             | 3  | 7.6%  |
| Educate the community and employers about CIE                                | 3  | 4.5%  |
| Other  | 5  | 7.6%  |
| Total Valid Responses  | 66 | 100%  |

## 4. National Results: VR Director Survey

**Figure 9: Number of People Receiving CIE Services**

Over the past two years, has the number of people receiving community integrated employment services through your agency...

|                                    |    |       |
|------------------------------------|----|-------|
| Decreased Significantly (over 25%) | 2  | 3%    |
| Decreased Somewhat (10 - 25%)      | 4  | 6.1%  |
| Remained the Same                  | 14 | 21.2% |
| Increased Somewhat (10 - 25%)      | 29 | 43.9% |
| Increased Significantly (over 25%) | 17 | 25.8% |

Valid Responses 66 of 67

In your opinion, at what pace has this growth occurred?

|                  |    |     |
|------------------|----|-----|
| Too Slow         | 23 | 36% |
| Just About Right | 13 | 64% |
| Too Fast         | 0  | 0%  |

Valid Responses 50 of 67

**Figure 10: Ease of Getting CIE Services**

In general, how difficult or how easy is it for the following groups to receive community integrated employment services through your agency?

PRESENTLY...

|                                | Very Difficult |    |    |    | Very Easy |      | Mean * | Missing |
|--------------------------------|----------------|----|----|----|-----------|------|--------|---------|
| Developmental disabilities     | 4              | 5  | 14 | 29 | 11        | 3.60 | 4      |         |
| Mental Retardation             | 3              | 3  | 10 | 32 | 15        | 3.84 | 4      |         |
| Physical disabilities          | 13             | 16 | 19 | 13 | 1         | 2.56 | 5      |         |
| Brain Injury                   | 17             | 17 | 11 | 14 | 3         | 2.50 | 5      |         |
| Persistent Mental Illness      | 4              | 14 | 20 | 20 | 4         | 3.09 | 5      |         |
| Specific Learning Disabilities | 15             | 19 | 18 | 8  | 2         | 2.40 | 5      |         |
| Visual Impairments             | 15             | 13 | 18 | 13 | 3         | 2.61 | 5      |         |
| Hearing Impairments            | 113            | 16 | 23 | 9  | 2         | 2.53 | 4      |         |
| The most severe disabilities   | 12             | 12 | 21 | 14 | 4         | 2.77 | 4      |         |

IN THREE YEARS IT WILL BE...

|                                | Very Difficult |   |    |    | Very Easy |      | Mean * | Missing |
|--------------------------------|----------------|---|----|----|-----------|------|--------|---------|
| Developmental disabilities     | 0              | 5 | 22 | 27 | 7         | 3.59 | 6      |         |
| Mental Retardation             | 0              | 4 | 24 | 20 | 12        | 3.66 | 7      |         |
| Physical disabilities          | 3              | 2 | 19 | 30 | 6         | 3.56 | 7      |         |
| Brain Injury                   | 0              | 2 | 14 | 37 | 6         | 3.79 | 8      |         |
| Persistent Mental Illness      | 1              | 3 | 15 | 30 | 9         | 3.74 | 9      |         |
| Specific Learning Disabilities | 1              | 6 | 24 | 20 | 7         | 3.44 | 9      |         |
| Visual Impairments             | 2              | 3 | 27 | 20 | 6         | 3.43 | 9      |         |
| Hearing Impairments            | 3              | 3 | 22 | 23 | 7         | 3.48 | 9      |         |
| The most severe disabilities   | 0              | 2 | 16 | 32 | 11        | 3.85 | 6      |         |

Each item required a response on a Likert scale, scored from 1-5. The mean shown refers to the mean likert scale score for that item. The higher the mean, the easier to serve that group on average.

Figure 11: Future Directions in CIE

Listed below are numerous statements concerning potential future directions for the field. Over the next three years, to what extent will your agency invest resources (human and financial) in these future directions?

|  | Level of Investment |      |      |    |    | Mean * | Missing |
|--|---------------------|------|------|----|----|--------|---------|
|  | None                | Some | High |    |    |        |         |
| Greater numbers of people with the <i>most severe</i> disabilities will be participating in community integrated employment.   | 0                   | 0    | 13   | 28 | 26 | 4.19   | 0       |
| Given a <i>presumption of capability</i> (in the new Rehabilitation Act Amendments) and emphasis on "on the job" training and support, less effort will be directed toward consumer readiness.                                   | 0                   | 4    | 26   | 27 | 8  | 3.60   | 2       |
| <i>Career</i> development opportunities will be emphasized for the consumer beyond simple <i>job</i> placement.  | 0                   | 3    | 24   | 35 | 5  | 3.62   | 0       |
| Consumers will expand their <i>control</i> over local resources by choosing their own services and service providers.  | 0                   | 5    | 17   | 31 | 13 | 3.78   | 1       |
| Training and support responsibilities will <i>shift from job coaches to employer and co-workers</i> .  | 1                   | 7    | 21   | 26 | 11 | 3.59   | 1       |
| Greater use will be made of <i>existing personnel training</i> resources within community businesses.  | 0                   | 11   | 26   | 23 | 7  | 3.38   | 0       |
| The job coach will have responsibility to coordinate supports around the consumer's <i>whole life</i> , rather than just work life.  | 10                  | 9    | 16   | 25 | 6  | 3.12   | 1       |
| Your agency will <i>shift resources</i> from segregated work options to SE.  | 1                   | 5    | 13   | 25 | 20 | 3.90   | 3       |
| Local service agencies will <i>convert</i> to supported employment services, phasing out their sheltered work options.   | 3                   | 11   | 18   | 28 | 6  | 3.34   | 1       |
| Your agency will share the costs of transition services with education agencies.   | 1                   | 2    | 23   | 30 | 11 | 3.72   | 0       |
| Your agency will share the costs of ongoing support services with developmental disability or mental retardation agencies.   | 20                  | 18   | 14   | 14 | 9  | 2.90   | 2       |
| Your agency will pay for supports <i>away from the worksite</i> , offering ongoing support that may include: transportation, communication, personal assistance, social skills training, counseling, family support, and others. | 8                   | 5    | 18   | 25 | 11 | 3.38   | 0       |
| People with disabilities will have significant control over the substance and direction of the basic state grant program concerning rehabilitation services.   | 0                   | 1    | 23   | 25 | 18 | 3.89   | 0       |

Each item required a response on a Likert scale, scored from 1-5. The mean shown refers to the mean likert scale score for that item. The higher the mean, the higher the level of investment from the agency on average.

Figure 12: Factors Affecting CIE Services

Job coaches and service administrators who responded to a recent national survey identified the following factors as ones that contribute to or hinder the success of SE services locally. In general terms, rate these factors according to how you feel each is presently affecting overall SE efforts in your state.

| Factors  | Great<br>Hindrane |    | Neutral |    | Great<br>Help | Mean * | Missing |
|--|-------------------|----|---------|----|---------------|--------|---------|
| Attitudes of the public and employers concerning disability                      | 7                 | 33 | 10      | 14 | 3             | 2.59   | 0       |
| Local employment opportunities and economic conditions                           | 19                | 30 | 13      | 4  | 1             | 2.07   | 0       |
| The level of coordination among local, state and federal agencies                | 2                 | 11 | 23      | 22 | 8             | 3.34   | 1       |
| Funding for providers to <i>start up</i> supported employment                    | 10                | 15 | 13      | 22 | 6             | 2.98   | 1       |
| Funding for providers to offer <i>ongoing</i> services for SE                    | 26                | 20 | 6       | 12 | 3             | 2.19   | 0       |
| Local efforts to build relationships with employers                              | 0                 | 6  | 16      | 34 | 10            | 3.72   | 1       |
| Management changes undertaken by local providers to promote SE                   | 2                 | 7  | 29      | 26 | 3             | 3.31   | 0       |
| The training presently offered to job coaches                                    | 2                 | 13 | 21      | 21 | 10            | 3.35   | 0       |
| The reputation for SE earned by local service agencies over time                 | 0                 | 4  | 22      | 31 | 10            | 3.70   | 0       |
| The general underlying attitude of local provider agencies concerning SE         | 1                 | 10 | 19      | 29 | 8             | 3.49   | 0       |
| Job development activities pursued locally to target specific employers          | 0                 | 5  | 26      | 30 | 6             | 3.55   | 0       |
| The attitude concerning disabilities & the commitment to SE shown by job coaches | 0                 | 2  | 12      | 38 | 15            | 3.98   | 0       |
| Job analysis and training tactics applied by job coaches                         | 0                 | 7  | 21      | 33 | 5             | 3.54   | 1       |
| Actions taken by employers or co-workers to support consumers                    | 0                 | 4  | 26      | 31 | 5             | 3.56   | 1       |
| The level of cooperation among local professionals involved with SE              | 1                 | 7  | 21      | 34 | 4             | 3.49   | 0       |
| Transportation services for consumers  | 23                | 31 | 7       | 4  | 2             | 1.97   | 0       |
| Other ancillary services (other than transportation)                             | 4                 | 25 | 29      | 5  | 1             | 2.59   | 3       |
| Actions taken by consumers on their own behalf                                   | 3                 | 7  | 24      | 30 | 2             | 3.31   | 1       |
| Consumer preferences regarding where they want to work                           | 0                 | 9  | 21      | 31 | 6             | 3.50   | 0       |
| Consumer skill levels  | 2                 | 16 | 29      | 16 | 4             | 3.05   | 0       |
| Potential effects on other public benefits for consumers (e.g. SSI, Medicaid)    | 12                | 24 | 18      | 8  | 4             | 2.51   | 1       |
| Actions taken by family members  | 2                 | 13 | 26      | 23 | 3             | 3.17   | 0       |

Each item required a response on a Likert scale, scored from 1-5. The mean shown refers to the mean likert scale score for that item. The higher the mean, the more helpful the factor on average.

Figure 13: Future Funding Opportunities

With regard to funding over the next two years, do you expect that your state will make greater or less use of its Title I money to finance supported employment services?

|                                  |    |       |
|----------------------------------|----|-------|
| Much Less Use (reduce by 26%+)   | 0  | 0%    |
| Less Use (reduce by 10-25%)      | 3  | 4.5%  |
| Remain the Same                  | 19 | 28.8% |
| More Use (increase by 10-25%)    | 35 | 53%   |
| Much More Use (increase by 26%+) | 9  | 13.6% |

Valid responses: 66 of 67

Figure 14: Satisfaction with State Level Issues

Regarding state level issues related to supported employment services, how satisfied are you with the current status of each of the following in your state?

|   | Very Unsatisfied | Neutral | Very Satisfied | Mean * | Missing |      |   |
|---|------------------|---------|----------------|--------|---------|------|---|
| Level of <i>funding</i> available for supported employment from your agency               | 10               | 11      | 15             | 12     | 18      | 3.25 | 1 |
| <i>Stability</i> of available funding for supported employment                            | 8                | 16      | 15             | 16     | 12      | 3.11 | 0 |
| Distribution of funding across rehabilitation services, including SE                      | 6                | 13      | 24             | 17     | 6       | 3.06 | 1 |
| Funding for SE made available through <i>other state agencies</i> (e.g. MR/DD, Education) | 17               | 34      | 7              | 7      | 2       | 2.14 | 0 |
| The <i>training</i> provided to VR counselors regarding supported employment              | 3                | 19      | 15             | 28     | 2       | 3.10 | 0 |
| Turnover rates among VR counselors  | 3                | 8       | 26             | 23     | 6       | 3.31 | 1 |
| Availability of reliable SE <i>providers</i> with whom to contract                        | 8                | 18      | 15             | 25     | 1       | 2.89 | 0 |
| Statewide <i>business plan</i> to attract employers for SE                                | 21               | 27      | 14             | 4      | 1       | 2.05 | 0 |
| Level to which a <i>common vision</i> re: SE is shared among public agencies              | 3                | 25      | 26             | 9      | 4       | 2.79 | 0 |
| Availability and utility of <i>information</i> regarding the people receiving SE          | 2                | 15      | 33             | 15     | 2       | 3.00 | 0 |
| Present <i>licensing and certification</i> requirements for providers to deliver SE       | 7                | 10      | 38             | 8      | 4       | 2.88 | 0 |
| Means for assuring that the SE services offered are of acceptable <i>quality</i>          | 6                | 27      | 15             | 19     | 0       | 2.70 | 0 |
| Level of <i>collaboration</i> among public agencies providing SE                          | 4                | 15      | 16             | 25     | 6       | 3.21 | 1 |
| Level of agreement among public agencies in determining the <i>severity</i> of disability | 2                | 17      | 26             | 19     | 3       | 3.05 | 0 |
| Amount of influence people with disabilities have over policy direction                   | 3                | 18      | 27             | 13     | 6       | 3.01 | 0 |

Each item required a response on a Likert scale, scored from 1-5. The mean shown refers to the mean likert scale score for that item. The higher the mean, the more satisfied on average.

Figure 15: Need for Fundamental System Changes

To what extent are fundamental system changes necessary for the community integrated employment movement to expand and improve? Are they...

|                   |    |       |
|-------------------|----|-------|
| Not At All Needed | 2  | 3%    |
| Slightly Needed   | 4  | 6%    |
| Somewhat Needed   | 17 | 25.4% |
| Needed            | 25 | 37.3% |
| Greatly Needed    | 19 | 28.4% |

Valid responses: 67 of 67

To what extent are these fundamental system changes happening?

|                   |    |       |
|-------------------|----|-------|
| Not At All        | 3  | 4.5%  |
| A Little          | 15 | 22.7% |
| A Moderate Extent | 34 | 51.5% |
| A Lot             | 12 | 18.2% |
| A Great Extent    | 2  | 3%    |

Valid responses: 66 of 67

*Figure 16: System Changes Needed*

*If you feel that system changes are necessary, what are the two greatest changes that must be made?*

|  |           |             |
|--|-----------|-------------|
| A better funding mechanism/ability to provide long term supports                     | 25        | 27.5%       |
| A commitment to SE among agencies/Common vision toward SE                            | 13        | 14.2%       |
| More and better training for job coaches, providers, and employers                   | 13        | 14.2%       |
| Emphasis on consumer control, choice, and outcomes                                   | 9         | 9.8%        |
| Collaboration/cooperation among public agencies, and with private businesses         | 6         | 6.5%        |
| More stability in and adequacy of funding  | 5         | 5.4%        |
| Improve transition from school to adult services                                     | 4         | 4.3%        |
| Put in place mechanisms to assure quality in SE                                      | 4         | 4.3%        |
| Remove Medicaid disincentives  | 3         | 3.2%        |
| Create better job opportunities for people with disabilities (not just service jobs) | 3         | 3.2%        |
| Educate the community and employers about SE   | 2         | 2.1%        |
| Focus on truly serving those with "the most severe" disabilities                     | 2         | 2.1%        |
| Other  | 3         | 3.2%        |
| <b>Total Valid Responses</b>   | <b>91</b> | <b>100%</b> |