

Feb. 15, 2006

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CMS/OAGM/RCG
Mailstop C2-21-15
7500 Security Boulevard
Baltimore, MD 21244-1850

Award No: 11-P-92415-0/02

Dear Ms. Norris:

This letter is in response to Dennis Smith's letter congratulating Oregon on a successful application for continued funding under the Medicaid Infrastructure Grant (MIG) program in the amount of \$750,000.

Oregon is pleased to accept the continued funding with the General Terms and Conditions, as well as the twenty-two Special Conditions, which are stipulated in the Award Profile. We understand that Oregon is not bound by any other state specific terms and conditions regarding this grant. Our CMS Grant Number is 92415.

We look forward to continuing our partnership with CMS under the Comprehensive Employment Opportunities funding model, to develop a more comprehensive employment system infrastructure to serve the needs of persons with disabilities in our state.

Sincerely,

Bruce Goldberg, M.D.
Director

cc: Nettie Faulkner, Jeannine Eberly, Wendy Hill-Petras, CMS
James Toews, Cathy Cooper, DeAnna Hartwig, DHS/SPD
Stephaine Parrish Taylor, DHS/OVRS
Bob Nikkel, DHS/OMHAS

A BLUEPRINT FOR CHANGE

STRATEGIC PLAN 2006-2008 OREGON COMPETITIVE EMPLOYMENT PROJECT for PERSONS WITH DISABILITIES

**Oregon Department of Human Services
Office of Vocational Rehabilitation Services**

February 2006

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I. INTRODUCTION

Over the past several months, the *Oregon Competitive Employment Project* has worked to develop this strategic plan, *A Blueprint for Change*. This document describes how, over the next three years, the Project and its partners and supporters will build a more comprehensive, inclusive and integrated system of employment-related services and supports for Oregonians with disabilities.

Oregon has a history as a pioneer and innovator in providing services and supports to its citizens with disabilities, including the area of employment. The state's system of employment services and supports, while well developed, responsive and interconnected in some areas, is incomplete, inadequate and disjointed in others. As a whole, the system has impediments and disincentives. It is fragmented and can be confusing. These are the concerns and issues that the Project seeks to address.

The *mission* of the Oregon Competitive Employment Project is *to enhance the quality of life in Oregon by achieving, maintaining and advancing the competitive and inclusive employment of persons with disabilities*. The Project's corresponding *goals* are to:

- Empower people with all types of disabilities to obtain meaningful employment.
- Educate and engage employers to develop and market the "business case" for employing people with disabilities.
- Enhance the availability and effectiveness of employment supports for persons with disabilities.
- Enhance Oregon's workforce system and expand its availability for persons with disabilities.

The Blueprint outlines how the Project intends to carry out this mission and reach these goals. Over the following pages, the Blueprint identifies and describes:

- The action values and principles that guided development of the Blueprint, and will serve as touchstones for future Project decisions.
- The events and developments pertinent to the Project and the current environment.
- The issues, challenges and problems that will be addressed by the Project.
- The strategies and activities the Project will carry out, and the objectives and outcomes it seeks to achieve.

Our vision is ambitious but balanced. In the course of developing the Blueprint, the Leadership Council and Project staff developed and adopted the following *Action Values and Guiding Principles*. We intend that these be part of the Project's processes, strategies and activities, outcomes, and evaluation of the Project's success.

We value:

- Informed choice and self-determination.
- Person-centered planning and decision-making.
- Equal opportunity, full participation, and contribution to community.

- Empowerment and community inclusion.
- Diversity and cultural competency in process, communication, policy and program development.
- Self-sufficiency and economic independence.
- Access to appropriate training and education to achieve career and employment goals.
- Education, training and technical assistance.
- Collaborative decision-making.
- Evidenced based practices and measurable outcomes.
- Work that is beneficial and enhances the quality of life.
- Advocacy and inclusion of people with disabilities in policy and service design.

Guiding Principles:

- Our values will be represented in the development of a workforce system that provides for full inclusion of people with disabilities.
- Employment is an economic and social goal that benefits individuals, the community, the state and the economy.
- Public policy should reduce employment barriers experienced by people with disabilities, providing the supports and services they need to obtain and maintain competitive community employment.
- The needs of business will be better met through active collaboration with and among employers to develop creative solutions.
- Universal access to health care and transportation enhances the ability to work for all people.
- Partnerships and collaboration are key to successful and sustainable employment outcomes.
- Systemic barriers exist disproportionately for those with disabilities and the Competitive Employment Project will prioritize actions that minimize or eliminate those barriers.
- Providing workplace adaptations for different human needs is a fundamental skill needed by all employers.

Values and principles are important but they can be abstract. In order to clarify what the Project seeks to achieve, we have developed several hypothetical vignettes of how the Project intends Oregon's employment system to assist and support persons with disabilities. After the system refinements and changes outlined in the Blueprint have been implemented, we hope that these vignettes become realities. The vignettes can be found in the Appendix.

Our vision is tempered with an understanding of what is achievable. The difficulties that people with disabilities have experienced in obtaining and maintaining competitive employment is the result of years of misunderstanding, misinformation, neglect, and discrimination. Many of the challenges and difficulties that we seek to remedy will not be resolved overnight, or during the

life of the Project. But we can and we will make Oregon's competitive employment system more integrated, inclusive, collaborative, and culturally competent for Oregonians with disabilities.

• • •

The Blueprint is the result of a remarkable effort, including numerous community forums, key informant interviews, workgroup sessions, and meetings of our Leadership Council, as well as hundreds of hours of intensive and focused work by the Project's staff, contractors and consultants. It represents the perspectives and best thinking of many persons with disabilities, family members, employers, the business community, advocates and leaders of state and local government and nonprofit organizations.

The Project's Strategic Planning Design Team and Leadership Council intend that the Blueprint be a dynamic and evolving document. The world is not a static place. If the Project is to be a success, we will need to update and modify the Blueprint and make adjustments to our strategies and activities as circumstances change, and as we learn more about how to best support persons with disabilities and employers in developing a more integrated and inclusive workforce.

• • •

We are eager to implement the Blueprint – to sustain, strengthen, remodel and improve those systems and elements, and build those bridges and other structures needed to make competitive employment a reality for all Oregonians with disabilities. Please join us in this effort.

II. BACKGROUND

This section “scans” statistics, current information, and background information pertinent to the employment of people with disabilities and implementation of the Project, including revised and updated information from the “Environmental Analysis” section of the Department of Human Services’ Medicaid Infrastructure Grant (MIG) proposal.

This section of the Blueprint, and information collected through other elements of the Project’s strategic planning process and reported in subsequent sections, constitutes our environmental scan.

A. RECENT DEVELOPMENTS

In the mid-1980s, as Oregon was struggling to come out of an economic recession, civic and political leaders came together to create Oregon Shines, a vision for a world-class workforce and a thriving economy. Within two years, Oregon Shines led to the development of the Oregon Benchmarks, the first-ever attempt by a state to develop objective indicators for measuring the quality of life of a state in the areas of economy, health, natural resource sustainability and civic participation. Over one hundred measurable indicators – including a number specific to persons with disabilities – were developed by opinion leaders around the state. These measures were subsequently endorsed by the Oregon Legislature as a framework for public policy that would endure over time.

In 1996, policy leaders in Oregon, operating in partnership with consumers and advocates, implemented the Oregon Employment Initiative (OEI), with a focus on removing barriers to employment for persons with disabilities. Under OEI, key administrators in the Department of Human Services were charged with addressing policy, programmatic and service delivery issues through better coordination of existing systems as well as developing new ways of providing employment-related services to people with disabilities.

Over the ensuing years, Oregon has made other efforts to comprehensively serve persons with disabilities, notwithstanding Oregon’s economic difficulties. The state developed and increased its coordinated case management approaches to service delivery and continued to use its Medicaid Home and Community-Based Waiver for eligible persons with developmental disabilities to support employment. In 1999, Oregon launched the Employed Persons with Disabilities (EPD) program, one of the first Medicaid Buy-In programs in the country. Under the EPD program, eligible Oregonians with disabilities can work without losing their Medicaid health care benefits.

While the Oregon Employment Initiative was worthwhile, its timing was unfortunate, as another economic recession hit the state in late 2000. Between December 2000 and June 2003 the number of unemployed Oregonians increased by more than one-third. Oregon suffered from the highest unemployment in the nation. Thousands of Oregonians with disabilities were stuck in this economic downturn.

In 2001, the state began implementing the *Staley* settlement, entitling adults with developmental disabilities to self-determined community-based support services. While development of these new services continues, thousands of people previously on waiting lists for services are receiving a limited amount of funding to pursue life goals, including employment.

As the recession continued and its severity increased, policy-makers faced with a shortfall in state revenues implemented a series of significant budget cuts to many programs, including several of those serving Oregonians with disabilities, the poor and elderly. Oregon's Medically Needy program was eliminated, affecting more than 8,000 people who do not qualify for Medicaid; delays in the *Staley* settlement implementation schedule were instituted; funding was eliminated for thousands of Oregonians receiving long-term care services; over 10,000 non-Medicaid clients stopped receiving community mental health services and the Sheltered Services program, which provided non-competitive employment to nearly 200 Oregonians with severe disabilities, was eliminated. Many other human service programs were eliminated or reduced, and training budgets were reduced.

The recession officially ended in 2003 and today the Oregon economy is growing at a healthy rate. Nevertheless, the state continues to recover from the effects of severe unemployment and public service cuts. From April 2001 to October 2004, the state had the first or second highest unemployment rate in the nation, climbing to a high of 8.7 percent in June 2003. This fall, the rate slipped below 6 percent (seasonally adjusted) in October and presently is 5.7 percent. While encouraging, Oregon still has the 8th highest rate of unemployment rate in the nation; the national rate has declined to 4.9 percent. On a related basis, Oregon has continued to experience a decline in high-tech and high-paying jobs. Job growth has primarily occurred in the service sector and the construction trades, as the real estate market in urban Oregon has seen unprecedented price increases.

Some of the reductions made to health and human service programs by the Legislature in 2001 and 2003 were moderated later. But state revenue collections fell short of that needed to sustain human service programs, including those for people with disabilities. As a result, the 73rd Biennial Legislature, which began to meet in January 2005, was unable to reach agreement about a budget for the 2005-2007 biennium until August. This was the Legislature's second longest session in the state's history. In the end, more reductions were made, and more are possible. Unanticipated caseload growth has created shortfall in the current Department of Human Services budget. Hopefully, the state's economy will continue to expand and with it state revenue collections.

B. DISABILITY-RELATED STATISTICS AND DEMOGRAPHICS

1. Numbers of Persons with Disabilities

Presently available data about disabilities indicates that about 20 percent of Americans have a disability. Data on the prevalence of disability in Oregon indicates 550,000 Oregonians have a

disability, and that among people between the working ages of 16 and 64 an estimated 17.8 to 20 percent have a disability. As of 2004, Oregon's total population was estimated to be 3.5 million.*

2. Number and Types of Disabilities

In a recent survey of Oregonians, those persons between the ages of 16 and 64 reporting that they have a disability, reported having one or more disabilities as follows:

- 74,652 or 11.2 percent – Sensory disability
- 171,131 or 25.7 percent – Physical disability
- 113,742 or 17.1 percent – Mental disability
- 43,595 or 6.6 percent – Self-care disability
- 83,756 or 12.6 percent – Go-outside home disability
- 178,032 or 26.8 percent – Employment disability

3. Disabilities and Ethnicity

Nationally, disability rates vary considerably by ethnicity:

- 24.4 percent of African-Americans and Native Americans have a disability
- 20.9 percent of Latino Americans
- 18.3 percent of European American
- 16.6 percent of Asian Americans

Oregon-specific data indicates that persons with disabilities in Oregon are more likely to be older and of White, Non-Hispanic ethnicity. This is consistent with Oregon's overall ethnic composition:

- 87.4 percent are White
- 9.6 percent are Hispanic
- 3.5 percent are Asian
- 1.7 percent African-American
- 1.0 percent Native American or Alaskan Native
- 3.2 percent Other

4. Disabilities and Employment

Disability is strongly and negatively correlated with employment status in Oregon. About 43 percent of people with disabilities report not being employed compared with 25.5 percent of people without disabilities. Information collected by the Employment Department indicates that 234,000 Oregon workers between the ages of 16 and 64, or about 60 percent of workers with disabilities, reported their impairment created hardships for them at work.

* This and other data presented here is the best presently available comprehensive data. But it has its limitations. The methods used to collect, categorize and report information vary by source and each set of data only provides a "snapshot" of a given moment. The Project is continuing to search for more useful and informative data. In addition, the Project will work with others to refine data collection efforts in order to obtain a more complete, valid and reliable picture of disability-related developments in Oregon.

5. Where Persons with Disabilities Live

In reviewing data on where Oregonians with disabilities live, it is evident that most persons with disabilities (along with most other Oregonians) reside in the western valleys of the state, or the Interstate 5 corridor, with additional concentrations of persons residing along the Interstate 84 corridor. Nevertheless, the range in the percentage of persons with disabilities in urban and rural areas is considerable and not predictable. In fact, the areas in Oregon with the highest percentage of persons with disabilities are not the same as the areas with the highest population densities.

6. Other Significant Factors

In looking at other employment-related factors, when comparing Oregonians with disabilities to Oregonians without disabilities, persons with disabilities:

- Were much less likely to be employed and tended to have lower incomes.
- Were less likely to have wage or self-employment income, and more likely to have assistance income.
- Were nearly twice as likely to be at or below the poverty level.
- Were more likely to rent, and less likely to own, their homes.

C. SYSTEM STRENGTHS

Oregon's system of employment services and supports has a number of significant strengths and assets. These strengths (as identified in the Department of Human Services' proposal submitted for our Medicaid Infrastructure Grant), include:

- A well-developed and community-based set of long-term care options. Through 25 years of work in developing and implementing Home and Community-Based Waivers, Oregon has developed a multi-level system that includes enhanced capacity and service for persons with physical and developmental disabilities, allowing persons with severe disabilities to be able to consider employment with their basic needs being met in a setting of their choice.
- Strong partnerships within and across state human service and advocacy programs.
- Provision of a variety of forums through which persons with disabilities and advocates have been able to make their interests and concerns known, and participate in the development and implementation of key programs, including the EPD program (Oregon's Medicaid Buy-In Program).
- The basic Medicaid and employment infrastructure that has been developed over the past several years, which includes benefits planning, mentoring and outreach services for people with disabilities, and the partnerships that exist among the systems.

D. SYSTEM CHALLENGES

The Medicaid Infrastructure Grant proposal also identified a number of challenges, including:

- Current systems are unable to provide adequate, affordable, and appropriate supports for persons with all types of disabilities who want to work.

- There is a lack of support for the development of home-based businesses and micro-enterprises.
- There is inadequate access to bilingual services for persons with disabilities who do not use English as a primary language.
- Current systems are not placing adequate focus on diversity training and cultural competency within state government and local systems, to ensure better service.
- Employer engagement is low in many areas and generally inconsistent.
- A lack of comprehensive planning at the local level often leaves programs operating independently and misses opportunities for collaboration and services integration.
- Transportation and housing, and other support services are not available or readily accessible for people in many parts of Oregon.
- Many consumers who could benefit from services are not aware of these services due to lack of outreach and information.
- The amount of resources available for existing programs is insufficient to serve all who could benefit from services.

III. DEVELOPMENT OF THE PLAN

A. PRE-PLANNING DEVELOPMENTS

Early in 2005, the Office of Vocational Rehabilitation Services (OVRs), the entity within the Department of Human Services (DHS) responsible for administering the Medicaid Infrastructure Grant and Project, decided that the Project's strategic plan would not be developed until Oregon's biennial legislature adopted a budget. This would provide a clearer picture of the state's troubled economy, and inform state administrators of what their budgets would be for the coming two years. With this information, people and programs would be in a better position to make commitments, and a more realistic plan could be developed.

In the interim, OVRs moved forward on other fronts. On April 11, the Project was formally launched with a meeting of 25 representatives of consumer, employer and disability-related programs and organizations. A number of these representatives or their organizations had been involved in developing and submitting the proposal for the Medicaid infrastructure grant. The group examined barriers to competitive employment of persons with disabilities, and identified possible members for a "high-level leadership council," the advisory body that would be responsible for providing the Project with guidance and support over the course of its existence.

During this same period, OVRs began recruiting for the Project's four staff positions (a Project Manager, Policy Analyst, Research Analyst and Administrative Specialist). In May, the Research Analyst and Administrative Specialist positions were filled, but recruitment for the Project Manager continued. In addition, the decision was made to postpone filling the Policy Analyst position until staffing needs were better understood.

The Legislature struggled to reach agreement about a budget. It finally did so just before adjourning on August 5.

B. DEVELOPMENT OF THE STRATEGIC PLAN

1. Planning to Plan

The development of the strategic plan began in July 2005 with the hiring of the Project Manager. Although the manager could not assume his responsibilities on a regular basis until September, a Strategic Planning Design Team was assembled, and the planning team and manager began to meet on a weekly basis. The Strategic Planning Design Team included:

- The Policy and Program Manager of OVRs (who also had been designated Project Director).
- The Coordinator of Adult Mental Health Services for the Oregon Office of Mental Health & Addiction Services.
- A Developmental Disabilities Employment Specialist from the Seniors and People with Disabilities (SPD) cluster.
- The Coordinator of SPD's Employed Persons with Disabilities program (Oregon's Medicaid Buy-In Program).

2. Planning Process

Within a month, the Strategic Planning Design Team and Project Manager developed a process for producing the strategic plan. That process consisted of the following elements:

- Identifying and assessing:
 - Employment issues, challenges and gaps that need to be addressed in order to make competitive employment a reality for persons with disabilities in Oregon.
 - Strategic opportunities that might be exploited or built on in order to address employment concerns and problems.
- Gathering and analyzing additional information obtained through:
 - Structured interviews of acknowledged leaders and experts on disability and employment-related services and supports.
 - Production of “concept papers” or “issue briefs” on key issues related to the employment of persons with disabilities in Oregon.
 - Community forums that would be held throughout the state in order to hear from persons with disabilities, employers and governmental officials at regional and local levels.
- Assembling and utilizing a Leadership Council, initially responsible for providing the Project and its staff with input, guidance and recommendations about the strategic plan, and subsequently advising and assisting the Project in implementing the plan over the ensuing three years.

3. Planning Process Timelines

As part of the planning process, the Strategic Planning Design Team identified a set of timelines for carrying out planning tasks and completing the plan:

August 22-October 14

- Interview key individuals
- Assess “strategic” opportunities and challenges

September 21

- Convene Leadership Council – review contemplated process for developing Strategic Plan and initiate planning effort with Council

September 27-October 13

- Hold Community Forums throughout the state

October 19

- Hold Leadership Council meeting – continue planning work

October 24-November 10

- Hold follow-up discussions with key decision makers, community leaders and regional and national contacts
- Develop draft Strategic Plan

November 16

- Hold Leadership Council meeting – review and collect recommendations and input about draft Plan

November 14-29

- Disseminate draft Plan for review and comment
- Refine draft Strategic Plan and develop “logic models”

November 30

- Submit draft Strategic Plan and logic models to the Centers for Medicare and Medicaid Services (CMS)

December 14

- Hold Leadership Council meeting – follow-up on any concerns made by CMS and make any other needed revisions
- Revise and finalize Plan and develop work plan and budget

December 31

- Submit final Plan, work plan and plan budget to CMS

4. Leadership Council

In late August 2005, OVRS selected and appointed the Project’s Leadership Council. The council’s members are broadly representative of the groups and constituencies required of grantees, and comports with the membership proposed by DHS in its MIG grant proposal. Initially the council was comprised of 22 members, but it has since been increased to the following 25 individuals (see Figure 1 below). It is anticipated that additional appointments will be made to the Leadership Council in order to strengthen representation of persons with disabilities, employers and governmental agencies, and enhance the knowledge and expertise necessary to carry out its responsibilities.

Since it began meeting in September, the Leadership Council, with the assistance of the Project Manager, staff, and facilitators, has worked to:

- Review and approve the planning process.
- Identify employment opportunities and challenges.
- Articulate the Project’s purpose, mission, and objectives.
- Develop a recommended set of action values and guiding principles.
- Review, analyze and prioritize information gathered through the planning process (see below).
- Review successive drafts of planning documents in order to make recommendations about substantive issues, strategic and process considerations, and priorities.

In addition to the work done at Leadership Council meetings, council members have worked on elements of the plan between meetings; and a number of council members have participated in other parts of the planning process, including as key informants and by attending community forums. The Leadership Council has brought a remarkable level of enthusiasm, energy, insight and knowledge to the Project.

COMPETITIVE EMPLOYMENT PROJECT LEADERSHIP COUNCIL -- FIGURE 1	
Lucy Baker Oregon Business Leadership Network	Clover Mow Worksystems, Inc.
Tracy Callaghan Social Security Administration	Cynthia Owens Oregon Council on Developmental Disabilities
Lita Colligan Governor's Workforce Policy Advisor	Steve Paysinger Brain Injury Treatment Center, Salem Rehabilitation
Representative Gary Hansen Oregon House of Representatives	Janice Richards Oregon Parent Training & Information Center
Craig Keyston Employment Department	David Romprey Oregon Consumers/Survivors Coalition
April Lackey Department of Community College Services & Workforce Development	Tamara Sale Mid-Valley Behavioral Care Network
Scott Lay People with Disabilities Advisory Committee	John Shilts Workers' Compensation Division
Raleigh Lewis Office of Minority, Women & Emerging Small Businesses	Frank Synoground Commission for the Blind
Francisco Lopez Integrated Services Network	Stephaine Parrish Taylor Office of Vocational Rehabilitation Services
Martin Loring Oregon Department of Transportation	Tina Treasure State Independent Living Council
Bill Lynch Oregon Council on Developmental Disabilities	Mike Volpe People with Disabilities Advisory Committee
Mike Maley Seniors and People with Disabilities	Doug Zeh Oregon Advocacy Center
Mike Moore Office of Mental Health and Addiction Services	

5. Information Gathering and Analysis

The specific elements and results of the Project's strategic planning processes are summarized below. Taken as whole, this information provides:

- A scan of Oregon's disability and employment-related systems and environment, including identification of:
 - System strengths and infrastructure elements that need to be preserved and sustained.
 - Gaps, barriers and problems that limit persons with disabilities in Oregon from gaining and maintaining real and meaningful employment.
 - Opportunities for making or amplifying needed changes.

- Ideas and recommendations for addressing gaps, barriers and problems, and building on opportunities for change.

6. Key Informant Interviews

Utilizing a standardized format (see Appendix), 22 leaders and experts on disability and employment-related services and supports were interviewed or surveyed as key informants, including:

- Administrators or Deputy Administrators of the:
 - Oregon Commission for the Blind
 - Office of Mental Health & Addiction Services
 - Office of Minority, Women and Emerging Small Businesses
 - Seniors and Persons with Disabilities cluster
 - Office of Home and Community Services
 - Office of Federal Resources and Financial Eligibility
 - Office of Vocational Rehabilitation Services
 - Workers' Compensation Division
- Directors of the:
 - Oregon Advocacy Center
 - Oregon Council on Developmental Disabilities
 - Oregon Parent Information and Training Center
 - Oregon Independent Living Council
 - Oregon Technical Assistance Corporation
- Key staffers with the:
 - Oregon Employment Department
 - Oregon Department of Transportation
 - Social Security Administration

Key informants were asked a number of questions, including:

From your perspective, what do we need/want to sustain, build or convert here in Oregon in order to help persons with disabilities that are working to keep working, and make it possible for those who are not working to obtain real and meaningful work?

- a. What needs to be sustained?
- b. What needs to be built or developed? (This may also include leveraging of resources.)
- c. What needs to be modified or converted?

Informant responses to this and other questions were organized into broad categories – “issue areas” or “domains” – and are summarized below:

Employee Supports & Work Incentives

- Review and explore arrangements for expanding the availability of benefits planning.

- Expand the availability of supported employment and related supports and services to persons with psychiatric disabilities, and persons with traumatic brain injuries.
- Expand the availability of peer mentoring and advocacy, and incorporate person-centered methodologies.
- Refine the Employed Persons with Disabilities Program (Oregon’s Medicaid buy-in program).
- Address cultural diversity and competency.
- Ensure that the workforce is fully accessible and responsive to persons with disabilities.
- Foster partnerships and collaborations across the human service and employment continuum within the state and regionally.
- Address economic inequities and disparities in various human service programs that serve as disincentives to work.

Employer Supports & Work Incentives

- Develop and implement an educational and marketing campaign addressing employer reservations about hiring persons with disabilities, including fears, concerns and needs.
- Identify and/or develop information and resources needed by employers in order to hire and retain persons with disabilities, including:
 - “Best practice” accommodations (from both the employer and employee perspectives), assistive technology, and financial and tax incentives
 - A dedicated source of assistance for employers to assist them in making reasonable accommodations and addressing other issues related to employing persons with disabilities

Transportation

- Expand the availability and accessibility of transportation (needed by persons with disabilities in order to obtain and maintain employment)

Youth & Family Supports

- Increase the availability of transition through:
 - Training of families, volunteers or case managers
 - Contracting out transition functions (rather than continuing to rely on schools)
 - Changing the attitudes of teachers and schools (that persons with disabilities are unemployable)

Housing

- Expand availability of affordable housing

7. Community Forums

A series of nine community forums were held between October 3 and 21. The meetings were organized by five of Oregon’s Centers for Independent Living and Project staff. Forums took place in Bend, Eugene, Gresham, Medford, Newport, Ontario, Pendleton, Portland and Salem.

Attendance at most of the meetings was 20 to 30 individuals. Persons with disabilities, self-advocates and family members participated in nearly all of the forums. There also was a strong presence of provider and state agency staff, primarily those who provide services to people with

physical and psychiatric disabilities. Personal agents from the brokerages supporting persons with developmental disabilities, and advocates and provider agencies who represent or serve persons with developmental disabilities also attended meetings. In addition, Centers for Independent Living staff attended and participated in most of the forums.

At each forum, participants were informed about the Competitive Employment Project. In turn, participants were asked a series of questions about what is being done or needs to be done in order to make competitive employment a reality for persons with disabilities in relation to the following employment-related “issue areas” or “domains” – Employee Supports and Work Incentives, Employer Supports and Incentives, Transportation, Housing, and Youth and Family Supports. The questions focused on what services and supports need to be sustained; what services and supports need to be refined, modified or changed; what services or supports are absent or missing; and what the Project might want to consider in terms of priorities and opportunities. All of the concepts and proposals that emerged from the forums were recorded on flip charts and in meeting notes. Through the resulting input, the following planning and investment opportunities emerged:

- **Best Practice Research and Data Collection**

Forum participants identified areas of interest and proposed that best practice research be done to explore these areas. Community education and marketing strategies, Medicaid waiver changes, rural transportation models, culturally specific employment programs, employment services for individuals with psychiatric disabilities and development of peer mentor programs were among the recurrent themes that emerged. Some of the data collection proposals were related to the best practices research and others were supportive of community education and marketing efforts.

- **Pilot and Demonstration Projects**

The need to establish local best practices and seed future systems change through the development of pilot projects was identified as a priority in all issue areas. Specific pilot priorities included development of services for people with psychiatric disabilities, improved transportation services in rural areas, development of micro-enterprise/self-employment models, and culturally competent services delivery and outreach models.

- **Training and Technical Assistance Priorities**

Training priorities included strong recommendations for cross disabilities systems training, improved benefits planning training, peer mentor training, and self-advocacy training. Technical assistance priorities included recommendations for local grant writing assistance, support for cross disabilities systems planning efforts, support for development of community education marketing materials and strategies and development of strategies to increase the number of employers providing employment opportunities to people with disabilities.

- **Resource Mapping and Development of Resource Guides**

The need for employment resource mapping and development of functional resource guides at the local level was identified as a critical need in all of the content areas. Providing support to track systems changes and keep resource guides current was viewed

as essential. Consolidation of fragmented, and at times contradictory, resources was also identified as a priority. Participants also suggested developing an assistive technology resource guide.

- **Improved Administrative Processes**

Participants identified a number of areas in which administrative rules, regulations, eligibility and paperwork requirements were barriers to services or program development. It was not always clear if the barriers resulted from regulatory requirements, at either the state or federal level, or from state or program level administrative rule or policy. Participants recommended that these areas be evaluated, a determination made where changes can be made, and that changes be initiated.

- **Statute Change, Waiver Revisions and Policy Initiatives**

Participants at all forums identified the need for major changes in eligibility and benefits criteria, Medicaid Waiver revisions, housing regulations and transportation rules. Forum participants requested that these recommendations be evaluated and a determination made as to the viability of pursuing these recommendations through the Competitive Employment Project.

- **Cross Disabilities Systems Integration and Collaboration Planning**

All forums indicated an understanding of and support for ongoing integration and cross disabilities system planning efforts. There was specific interest in increased collaboration among systems involved and increased responsibility for “transition” services and supports.

8. Concept Papers and Issue Briefs

Early in the planning process, the Project made arrangements with a number of experts and knowledgeable individuals to develop “concept papers” on key issues related to employment of persons with disabilities. The papers were reviewed and utilized by the Leadership Council and Project staff in developing the Blueprint. The topics covered by the concept papers are identified below (where a paper’s title differs, the title is identified in parenthesis):

- Supported Employment of Persons with Developmental Disabilities
- Transportation (“Transportation Coordination”)
- Youth and Family Supports (“Youth Transition”)
- Employer Supports to the Employment of Persons with Disabilities
- The Business Case for Employers to Hire and Retain Persons with Disabilities (“Business Case for Inclusion of People with Disabilities in the Competitive Workplace and Consumer Base”)
- The Business Case for Persons with Disabilities to Seek and Maintain Employment (“Business Case for Employment of Persons with Disabilities”)

In addition to obtaining these concept papers, the Project has sought and, in several instances, been provided with a number of shorter papers or fact sheets – “issue briefs” on the following issues:

- Possible conversion of mental health day treatment programs to mental health supported employment
- Small business considerations
- Proposed SSA Ticket-to-Work rule changes and related opportunities for systems change

As the planning process progressed, it was determined that more comprehensive information was needed on the following issues:

- Benefits planning best practices, models and options
- Utilization of Social Security’s Ticket-to-Work Program
- Supported employment of persons with psychiatric disabilities
- Supported employment of persons with acquired traumatic brain injuries

The concept papers on benefits planning, Ticket-to-Work and supported employment of persons with psychiatric disabilities were completed recently; the paper on supported employment of persons with acquired traumatic brain injuries will be completed later. A number of the recommendations from these additional papers have been incorporated in the Blueprint but other issues and recommendations will be addressed when Project workgroups meet to refine the related Blueprint *issue areas* and the corresponding strategies and activities (see Section V below).

In addition to providing needed planning information, the concept papers will serve as touchstones for the Project as the Blueprint gets implemented, and strategies and activities are reviewed and evaluated.

Copies of the concept papers and issue briefs can be found in the Appendix.

9. Resource Mapping

In order to more fully understand Oregon’s system of employment services and supports and identify related gaps and barriers, the Project is mapping these resources. The results of this work will be utilized in further evaluating systemic strengths and weaknesses and in evaluating the Project’s progress. The Project will carry out additional resource mapping as needed to address specific objectives.

10. Development of Priorities and Completion of the Strategic Plan

Through successive meetings and a variety of processes, the Leadership Council, Project staff and consultants have worked to refine the Blueprint and develop both a comprehensive and focused approach to the various issues that need to be addressed in order to make competitive employment a reality for Oregonians with disabilities. On one hand, Medicaid infrastructure grantees, including Oregon, are being asked to develop comprehensive plans; on the other, states have limited resources with which to implement plans.

Through the initial phases of the planning process, the Project catalogued, synthesized and analyzed the employment concerns and issues raised and identified through Key Informant interviews, the Community Forums, the Concept Papers and Issue Briefs, and Leadership Council meetings. In addition, the Project staff and that of other state disability programs sought to incorporate their knowledge and understanding of matters. In turn, all of this information was presented to and reviewed and refined by the Leadership Council.

Over four subsequent Leadership Council meetings, members were been asked to identify and prioritize those strategies and activities that they would like the Project to carry out over the next three years. The Council considered issues in small, cross-disability and cross-function groups, and as a whole. The Council was asked to prioritize these issues utilizing a number of criteria and factors, including:

- The Project's mission and goals
- The Project's action values and principles
- The extent to which contemplated strategies and activities:
 - Are doable?
 - Are the best strategy for the issue or issues involved?
 - Can be done within existing resources or through the leveraging of other resources?
 - Can or should be addressed through education, training or technical assistance, or the development of recommended changes to policy/rules/legislation?

At the end of November, a draft version of the Blueprint was submitted to the Centers for Medicare and Medicaid (CMS). Project staff reviewed the draft with a CMS evaluation team in mid-December. The CMS evaluation team provided the Project (and other state Medicaid Infrastructure Grantees) with a list of recommended changes in late December and extended the deadline for submission of final strategic plans until February 15. Project staff subsequently made a number of changes and additions to the Blueprint.

IV. IMPLEMENTATION OF THE PLAN

This section of the Blueprint addresses processes and tasks related to implementation of this plan.

A. PROJECT LEADERSHIP AND MANAGEMENT

The responsibility for leading, managing and implementing the Project will be carried out by and through the following entities, groups and processes:

- **The Community**

While it is impractical for all of the individuals, communities, groups, organizations and agencies that have an interest in the Project to play a direct role in leading it, the concerns and perspectives voiced by many individuals and groups through the Project's planning process had a considerable effect on the content of the Blueprint. The Project values this input and recognizes the importance of the community *owning* of the plan. Without such direction and buy-in, the Project is unlikely to succeed.

The Project will continue to look to "the community" for leadership and direction. This will be done by convening additional Community Forums; maintaining a broad-based and representative Leadership Council; appointing knowledgeable non-Council members to Council and Project committees and work groups; and, keeping stakeholders informed about the Project's activities and outcomes through the continuing publication of the Project's newsletter, direct outreach to stakeholder groups, and Project participation in the stakeholder meetings and activities.

- **Leadership Council**

The Council advised and assisted the Project in developing the Blueprint. With the completion of the plan, the Leadership Council, will be asked to advise and assist the Project in implementing, promoting and evaluating the Project and refining the Blueprint through additional planning and strategizing.

The role of the Leadership Council should not be understated. The Council is the formal mechanism through which the varied communities, groups and interests at the center of the Project's mission are represented and reflected. Council members are expected to bring with them:

- The views and concerns of those they represent.
- Their knowledge and expertise.
- A respect and appreciation for persons with disabilities and employers, and for labor and work.
- A commitment to the Project's mission and activities and to support the Project with and through their organization, group or community.
- A willingness to:
 - Work collaboratively with other organizations, groups and individuals.

- Take-on difficult issues.
 - Think creatively and develop new and different solutions.
 - Educate policy makers on needed changes and legislation.
- **Project Director and Staff**
The Project Director has overall responsibility for leading the Project. This includes implementing the Blueprint and managing its day-to-day operations. In addition, the Director coordinates and supports the Leadership Council, represents the Project publicly, and interacts with the other agencies and programs, organizations and groups involved with or affected by the Project. The Director reports to the Administrator of the Office of Vocational Rehabilitation Services (OVRs).

The Project's staff – which consists of a policy analyst, a research analyst and an administrative specialist – are responsible for providing the analytical, research, substantive, and support functions needed to carry-out the Project's strategies and activities. Staff will continue to support Leadership Council and work with the Project's partners in implementing various elements of the Blueprint, as outlined in the Project's Work Plan.

- **Office of Vocational Rehabilitation Services**
OVRs is the entity within the Department of Human Services (DHS) responsible for administering the Medicaid Infrastructure Grant. OVRs is responsible for overseeing and housing the Project. OVRs, as the state's vocational rehabilitation system, is also a partner and primary stakeholder in the Project.

OVRs' Administrator is a member of the Project's Leadership Council. In addition, the Administrator represents the Project and its interests in a variety of forums, including at the departmental level.

- **Department of Human Services**
The Project's partners within DHS include Seniors and Persons with Disabilities Services cluster and the Office of Mental Health and Addiction Services.

- **Other Partners and Supporters**
In addition to its DHS partners, the following agencies are partners or supporters of the Project and are represented on Leadership Council: the Employment Department, the Department of Community Colleges and Workforce Services, the Department of Transportation, and the Workers' Compensation Division.

A number of other government and nongovernmental agencies and organizations and stakeholder groups are affiliated with the Project as partners or supporters, including those listed below. Many are represented on the Project's Leadership Council; others are participating in the Project in other capacities. Some of these agencies, organizations and groups will work with or assist the Project in implementing specific strategies or activities, as identified in the Project's work plan.

B. SUSTAINING CHANGE

Over the long-term, the Project's success will be measured by the degree to which its strategies are implemented, its outcomes realized, and real, meaningful and lasting change is achieved. In order to facilitate its success, the Project has identified a number of intermediate and long-term strategies for sustaining competitive and inclusive employment of persons with disabilities. These strategies include:

- **Maintaining a strong, representative and engaged Leadership Council.**
The Council's members understand that as the Council moves from being a planning to implementation body, they will become responsible for supporting, promoting and facilitating the Project's goals, objectives and outcomes. Council members, as leaders and stakeholders, will play a pivotal role in promoting the Project's objectives, outcomes and goals. In order to ensure that all of the Project's constituencies are represented, Leadership Council membership will be increased and diversified in order to include those groups not presently represented or under-represented.
- **Utilizing work groups and committees to refine or develop and implement strategies for addressing specific issues and problems.**
Time-limited and ongoing work groups and committees will be established and utilized in order to carry out additional planning, coordination or oversight of specific activities implementation, and address other substantive and process issues. Where it is possible and practical, work groups will function as committees of the Leadership Council and will include Leadership Council members, non-Council members (who can bring additional insight, expertise or institutional support to the task-at-hand), and Project staff. Work group and committee recommendations and input will be forwarded to the Project Director and the Leadership Council for review, refinement and implementation.
- **Solidifying change through development and implementation of policy, rules and practices, and statutory change.**
Development and implementation of new policy, rules and practices is part of a number of the Project's strategies (see Section V below). In promoting and implementing new policies and practices, the Project may utilize the Leadership Council or individual Council members to promote or facilitate change.

In the event statutory or budgetary changes are needed in order for the Project to achieve one or more of its objectives, the Project will consider taking these matters to the Oregon Legislature. In this event, a legislative and budget package will be developed in 2007 and 2008 for submission to the 2009 Biennial Legislature. (Oregon's Legislature meets every other year. Custom dictates that state agencies prepare and submit contemplated legislative and budgetary proposals to the Governor's office at least one year in advance of the next legislative session).

In the event the Project does not exist in 2009, the Project will make the necessary arrangements with the Department of Human Services and the Office of Vocational Rehabilitation Services to carry its recommended legislative and budgetary proposals to

the legislature. Any and all Project legislative and budgetary proposals will be subject to prior review and approval by the Governor's office, DHS and OVRs.

- **Communicating information about the Project's activities, successes and challenges.** The Project will promote and build on its successes by sharing the results of its activities and outcomes, and heighten awareness of and sensitivity to the challenges and difficulties people with disabilities face in obtaining and maintaining competitive employment, by implementing the communications plan described below.

C. COMMUNICATIONS PLAN

At the onset of its strategic planning process, the Project initiated a plan for communicating with stakeholders and other concerned parties in order to make them aware of the Project, the planning process and Project activities, and invite their input and participation in developing the Blueprint. To date, the Project's communications efforts have entailed publication of a periodic newsletter; outreach to key stakeholders and groups in order to introduce and generate interest in the Project and provide updates about our progress; and solicitation of input and information needed to develop the Blueprint, through interviews of Key Informants and convening of Community Forums.

While the content of the Project's communication efforts will change as we shift from planning to implementation mode, we will utilize many of the same processes and forums. The Project will continue to:

- Produce and distribute its periodic newsletter in order to update people about the Project developments and upcoming activities. The Project will also explore the feasibility of establishing a web site dedicated to the Project and its activities.
- Directly gather information through additional interviews of Key Informants and additional Community Forums. This information will be utilized to complete planning activities still in progress, and carry out additional planning.
- Directly engage, inform and update its partners, stakeholders and other concerned parties by making formal and informal presentations, and by attending and participating in the functions and activities of other groups.

The Project will also implement targeted and specific communication activities as part of one or more of its strategies, including the employer educational and marketing campaigns described below (see Section V.A.).

Finally, the Project will work with the DHS Public Affairs staff and the Project's partners in the workforce system to communicate through other vehicles, including news releases, the newsletters and publications of other groups, and the DHS Director's weekly message.

D. INCREASED COLLABORATION

The Project recognizes the value and importance of collaboration and building consensus in initiating and sustaining systems change, and in developing and operating comprehensive,

coordinated and effective systems of services and supports. The Project will continue to work collaboratively and in coordination with its partners in order to foster and support strong working relationships at all levels of the Project, by continuing rely on its diverse and representative Leadership Council for direction and guidance; by assembling and utilizing cross-systems work groups to further develop and operationalize Project strategies and activities; and, by promoting the delivery of comprehensive and integrated client-directed and centered services and supports to individuals with disabilities. Increased collaboration between consumers, employers, service providers and governmental agencies increases the likelihood that available resources will be fully and effectively utilized, and that individuals will not be denied services due to a lack of awareness or understanding about their availability. Increased collaboration should also improve the sustainability of Project-instituted or promoted changes because the groups and individuals responsible for initiating change will have been involved in identifying and developing refined and new practices, policies, programs and systems.

E. LEVERAGING OF ADDITIONAL RESOURCES

Where and when possible, the Project will increase the resources available to carry out its activities. To this end, the Project has leveraged and will continue to seek to leverage funding, staff resources, in-kind and programmatic support, and other forms of assistance from its partners and supporters.

F. PERSON-CENTERED PLANNING

A strong and recurring theme at Community Forums and Leadership Council meetings was that person-centered planning is being underutilized in planning and supporting the employment of persons with disabilities. People also maintained that there is sufficient expertise within the state's developmental disabilities service system to provide person-centered training and expertise to other parts of the disability services and support continuum.

Person-centered planning is an established and recognized process for developing integrated and comprehensive consumer-directed services and supports. Initially used to prepare and predict successful services and supports for persons moving from institutional care settings to community living, person-centered planning is now used in a multitude of disability service settings, including supported employment planning and implementation.

Person-centered planning involves three primary and interrelated activities:

- Working with an individual and his or her families, friends and professional supporters to identify the individual's goals and aspirations.
- Identifying the paid and unpaid services and supports the individual needs and may access in order to pursue his or her goals and aspirations.
- Developing a comprehensive plan for obtaining and utilizing the needed natural and paid resources and assistance.

Person-centered planning has been utilized in Oregon for a number of years. Its use is an important element in the *Staley* settlement agreement. Under *Staley*, all adults with

developmental disabilities, who are living in their own home or a family home as an alternative to an institutional setting, are to be provided with person-centered planning, an individual budget, and the help of a *personal agent*. (The personal agent is responsible for assisting the adult in developing and implementing the person-centered plan). In addition, person-centered planning has been made a part of the all state Medicaid Waivers for developmentally disabled, physically disabled, or aged citizens living in community settings as an alternative to a nursing home or intermediate care facility for persons with mental retardation.

In recent years, the Seniors and Persons with Disabilities Services cluster and the Office of Vocational Rehabilitation Services have promoted the joint use of person-centered policies and practices for common customers. This is a significant change from traditional paper and pencil assessment processes and person-centered planning has not yet become the accepted practice for many counselors, educators, and case managers.

The Project's focus on person-centered planning is intended to promote consumer choice and self-determination as a means to achieve positive and enduring employment outcomes. This will be achieved by supporting and promoting the use of person-centered planning, and developing and refining those tools and resources needed for effective person-centered planning.

G. OUTCOME TRACKING SYSTEM AND INDICATORS

As outlined in Oregon's Medicaid Infrastructure Grant proposal, the Project's outcome tracking system and outcome indicators will be based on systems and indicators presently utilized or under development by the State of Oregon. The project is currently assessing two options for tracking the results of activities. It will either utilize the *Performance Reporting Information System* (PRISM) maintained by the Oregon Employment Department, or it will compile and maintain a database of information submitted by key partners, including the Office of Vocational Rehabilitation Services, the Office of Mental Health and Addiction Services, the Seniors and Persons with Disabilities Services cluster, and the Employment Department.

The Project had planned to use the U.S. Department of Labor's *ETA Management Information and Longitudinal Evaluation* (EMILE) system for outcome tracking. But shortly after we submitted the Project's draft strategic plan, we were informed that implementation of EMILE has been postponed indefinitely. Consequently, EMILE will not be used. Instead, the Project's outcome tracking system will be aligned with the U.S. Department of Labor "common measures" in order to ensure continuity and sustainability in the event EMILE is implemented in the future.

a. The common measures that will be utilized as outcome indicators for Project issue areas and objectives related to adults are:

- The date an individual begins employment.
- The duration of an individual's employment or employment retention.
- An individual's earnings increase over a designated period of time (tentatively set at 6 months).

b. The common measures that will be utilized for outcomes related to youth (in relation to transition and youth) include:

- Placement in employment or education upon leaving high school
- Attainment of a degree or certificate
- Retention of employment or education one year after high school

In addition, the Project will utilize a number of additional identifiers because the common measures are not adequate or appropriate measures of all the anticipated activities. The additional indicators will include some or all of the following:

- Employment rate
- Average earnings
- Hours worked
- Job satisfaction
- Premiums and expenditures of the Employed Persons with Disabilities Program
- SSI and SSDI status
- Benefits
- Self-declared health indicators
- Hospitalization

These indicators will be collected from:

- The Office of Medical Assistance Program's data system
- The Employed People with Disabilities premium collection tracking system
- Oregon's Medicaid Management Information System
- The Seniors and Persons with Disabilities Services cluster's Developmentally Disabled Employment Outcomes System
- The Employment Department's unemployment insurance system
- Individual surveys of program participants

Enrollees in the Employed Persons with Disabilities Program (Oregon's Medicaid Buy-In Program) will continue to be the primary cohort. In addition, there will be a specific focus on groups underserved in the area of competitive employment, including those with serious and persistent mental illness, persons with acquired traumatic brain injuries, and persons with significant or severe developmental disabilities, as well as persons with disabilities who are ethnic or cultural minorities.

H. LOGIC MODELS

The required *logic models* have been developed and are included in the Appendix. Logic models are brief, linear depictions of the resources, activities, and outcomes of the Project; and are a required element of this plan.

I. FUTURE PLANNING

The Project's planning activities will not end with formal completion of this document and submission of it to the Centers for Medicare and Medicaid Services. We will continue to plan throughout the course of the Project in order to:

- Complete the planning needed for specific strategies and activities.
- Adjust and revise the Project's strategies and activities – as we learn what works and what does not, and respond to new, changing and unforeseen circumstances and developments.
- Sustain changes made or prompted by the Project.

In addition, should the Project have or obtain additional funding or other resources, the Project will revisit issues and concerns that were identified in the course of developing the Blueprint but which the Project is not addressing because of funding and staffing limitations.

Continuing and future planning will be carried out the Project's staff, the Leadership Council and the Project's issue specific work groups. This dynamic process will involve planning, implementing, reviewing, engaging in further planning in order to make additionally needed or necessary refinements and adjustments, implementing further, and so on, until a strategy or activity is completed, or is implemented to the extent possible. As noted above, sustainability planning will be a part of the Project's continuing planning processes.

Finally, it should be noted that although the Blueprint is comprehensive, it is by no means complete. It is neither feasible nor practical for the Project to address many of the challenges and barriers that persons with disabilities face in obtaining and maintaining competitive and inclusive employment, given Project's limited resources, and the complexity and the scope of the underlying issues and problems.

V. PRIORITY ISSUE AREAS, OBJECTIVES AND STRATEGIES

This section identifies and describes each of the employment-related *issue areas* that the Project will address. The information provided is organized as outlined below. Note that corresponding elements of the Logic Models are listed in parenthesis (the Logic Models can be found in the Appendix).

- **Issue Area** – this heading identifies the issue area and sub-issue area (if applicable).
- **Goals** (Overall System Outcomes) – this heading restates the Project’s four overall goals and, by use of checkmarks, indicates which goal or goals the Project will seek to fulfill through its efforts on the stated issue area.
- **Outcome Indicators** (System and Individual Outcomes) – this heading contains the outcome indicators or performance measure that the Project intends to track or measure its progress in achieving the stated goal or goals.
- **Objectives** – this heading describes the Project’s objective in addressing the stated issue area.
- **Issue Summary** – this heading contains information pertinent to the stated issue area, including an explanation of the area or background or other contextual information.
- **Data Sources** – this heading identifies the primary sources of information the Project utilized to identify, analyze and prioritize the stated issue area and objective.
- **Strategies and Activities** (Outputs and Activities) – this heading outlines the strategies that the Project will utilize and the activities it anticipates carrying out in addressing the stated issue area and objective.

ISSUE AREA A

Employee Supports & Work Incentives – Supported Employment

GOALS

- √ Empower people with all types of disabilities to obtain meaningful employment
Educate and engage employers to develop and market the “business case” for employing people with disabilities
- √ Enhance the availability and effectiveness of employment supports for persons with disabilities
- √ Enhance Oregon’s workforce system and expand its availability for persons with disabilities

OUTCOME INDICATORS

- Increase the number of persons employed and the duration of employment each year with supported employment
- Increase wages and documented job satisfaction for persons in supported employment
- Increase the number of individuals and organizations trained by the MIG project
- Increase the number of community agencies within supported employment capacity

OBJECTIVE

Expand supported employment for persons with disabilities, with an emphasis on groups historically underserved, including persons with severe psychiatric disabilities, acquired traumatic brain injuries, and severe developmental disabilities.

ISSUE SUMMARY

The concept and practice of what constitutes supported employment has changed over time. Today it is generally accepted that supported employment involves competitive work in an integrated work setting for persons with severe disabilities for whom competitive employment has not traditionally occurred; and for persons who, because of their disability, need intensive ongoing support services to be successful in the workplace. Services and supports may include job development or assistance in getting a job, intensive job training, transportation and mobility assistance, adaptive aids and devices, job modification, employer and co-worker training and technical assistance, and personal assistance services.

In reviewing the need for employment and supported employment of persons with disabilities, in general it was noted that there is a need for:

- Increased community capacity of job developers, coaches, and other job development resources.
- Increased use of available resources for limited and longer-term employment services and supports.

- Removal of policy and procedural barriers and disincentives that limit employment opportunities.
- Greater awareness and appreciation of the “business case” for work.

While persons with different types of disabilities have common needs and experience similar problems in seeking and obtaining work, the status of and needs for supported employment services and supports can and does vary by disability group.

- **Persons with Psychiatric Disabilities**

Throughout the Project’s planning process strong and broad support was voiced for expanding the availability of supported employment services and supports for persons with severe and persistent psychiatric disabilities. Knowledgeable mental health professionals, persons with psychiatric disabilities and others asserted that many persons with severe and persistent psychiatric disabilities desire competitive employment, and that evidence-based supported employment is the most effective way to help them achieve this objective.

Evidence-based mental health supported employment emphasizes competitive jobs that are based on a person’s preferences for type and amount of work, integrated work settings, job-seeking when an unemployed person expresses interest, minimal pre-vocational preparation and assessment, and follow-along supports from mental health and vocational specialists to maintain the job or transition to another one.

Oregon Medicaid data indicates that 10,288 persons with serious and persistent mental illness were in services in 2004. Employment Department data about these same individuals suggests that only 1,842 or 18 percent were employed in some capacity during the same year. This figure is comparable to the estimated 15 percent nationwide employment rate for persons with serious and persistent mental illness.

Oregon’s county-operated mental health system provides no supported employment programs and very limited employment-related supports and services to persons with significant psychiatric disabilities. Evidence-based model programs exist in two counties and only about 400 to 500 Oregonians with severe and persistent psychiatric disabilities have access to such programs.

- **Persons with Developmental Disabilities**

Many stakeholders, including family members, advocates for persons with developmental disabilities and others, voiced the desire to see Oregon regain the ground it has lost in providing supported employment to persons with developmental disabilities.

Oregon was a national leader in supported employment of persons with developmental disabilities in the period between 1985 and 1995 but this is no longer the case. Day programs and sheltered workshop placements increased in the final years before the closure of Fairview Training Center in 2000. Through Oregon’s recent recession, many individuals who lost supported employment jobs returned to more segregated settings. In addition, the movement to more self-directed services resulted in some individuals

choosing to use their limited funds for purposes other than employment. In the period from 2003 to the present, the Office of Vocational Rehabilitation Services and the Seniors and Persons with Disabilities Services cluster (SPD) have initiated collaborative policy development and staff training to provide supported employment to persons served through SPD's "brokerages."

- **Persons with Acquired Brain Injuries and Persons with other Physical Disabilities**
Strong interest was expressed for making supported employment services, supports and incentives available to persons with acquired brain injuries and persons with other physical disabilities. The applicable home and community-based Medicaid waiver does not presently allow for the use of funds for long-term employment supports for either of these groups.

DATA SOURCES

- "Concept Paper on Supported Employment for People with Psychiatric Disabilities for Oregon Medicaid Infrastructure Grant (MIG)/Oregon Competitive Employment Project," prepared by Joe Marrone, Institute for Community Inclusion, University of Massachusetts Boston.
- Issue brief on "Capacity Building Factors in Converting Adult Day Treatment to Supported Employment," prepared by the Oregon Office of Mental Health & Addiction Services
- Data from Department of Human Services, Employment Department and other state sources
- "Defining Evidence-Based Supported Employment," presentation notes from Crystal R. Blyer, SAMHSA Center for Mental Health Services
- "Supported Employment for Persons with Developmental Disabilities," prepared by the Oregon Council on Developmental Disabilities and Janet Steveley, Workable Solutions.
- Draft concept paper on the "Business Case for Employment of Persons with Disabilities," Tina Treasure, Oregon Independent Living Council, and Scott Lay, Advocate and Employment Consultant
- Key Informant Interviews
- Community Forums
- Leadership Council

IMPLEMENTATION STRATEGIES AND ACTIVITIES

Expand the availability of supported employment services and supports to persons with disabilities, with an emphasis on groups historically underserved, by developing and implementing needed policy, program and funding mechanisms.

1. **Promote development of evidence-based supported employment services and supports to persons with serious and persistent mental illness throughout Oregon by supporting development and delivery of services and supports in up to five counties.** Provide targeted counties with needed support, resources and technical assistance. Initiate efforts in one to two counties in first year; two counties in second year; and, two counties in third year.

- a. Providing grants to counties for needed technical assistance, implementation of systems change and development of needed policy and programming.
 - b. Providing, through the resources of the Office of Vocational Rehabilitation Services (OVRs), a staff position dedicated to assisting and supporting the counties.
2. **Increase the availability of supported employment services and supports to persons with developmental disabilities through expansion of existing supported employment services and supports, and development and implementation of new initiatives.** Final decisions about activities will be made after additional recommendations and information are obtained from the Project's Developmental Disabilities Supported Employment (DDSE) Workgroup and a Project-sponsored "Forum" on strategies and activities used by other states to increase supported employment services and supports during periods of limited revenue. Priority consideration will be given to:
- a. Providing training and development to 12 SPD-OVRs interagency supported employment teams.
 - b. Supporting development and operation of a training academy for job coaches in order to increase the availability of local vocational assistance and resources.
 - c. Providing cross training on supported employment "best practices" and issues to SPD-OVRs partners.
3. **Increase the availability of supported employment of persons with acquired traumatic brain injuries.** This strategy will be refined and the activities for carrying it out will be identified after further research and development. Implementation will follow. Priority consideration will be given to funding one or more replicable demonstration projects or initiatives.

ISSUE AREA B

Employee Supports and Work Incentives – Benefits Planning

GOALS

- √ Empower people with all types of disabilities to obtain meaningful employment
Educate and engage employers to develop and market the “business case” for employing people with disabilities
Enhance the availability and effectiveness of employment supports for persons with disabilities
- √ Enhance Oregon’s workforce system and expand its availability for persons with disabilities

OUTCOME INDICATORS

- Increased number of benefits planners
- Increased availability of benefits information
- Increased utilization of benefits information and employment supports

OBJECTIVE

Develop the benefits planning services and supports necessary for persons with disabilities to obtain and utilize those public benefits and work incentives needed to achieve their desired employment outcomes.

ISSUE SUMMARY

An integrated, comprehensive, effective and accessible system of benefits planning services is needed in order to assist persons with disabilities pursue and achieve their desired employment outcomes by obtaining and utilizing accurate, current and relevant information about public benefits and work incentives.

- Many people with disabilities depend on Medicaid, Medicare, SSI, SSDI and Workers’ benefits to meet essential needs. They live at or close to poverty. Without benefits, they are likely to experience serious and highly undesirable consequences, including homelessness or hospitalization. As a result, persons with disabilities often hesitate to engage in activities, including employment, because they may lose health care or income benefits.
- Public benefit programs are exceptionally complex. Rules and procedures concerning eligibility and the use of benefits are often difficult to understand and subject to continuous revision. These circumstances can and do result in miscommunication between benefit recipients, the staff responsible for administering benefit programs, and the professionals who serve and support persons with disabilities; and the subsequent loss or denial of needed benefits and services. Over time, this has heightened the concerns

that persons with disabilities and their supporters have about taking risks with their benefits.

- In order to make it possible for persons with disabilities to work, public benefit programs, particularly SSI and SSDI, have developed a variety of programs or work incentives to alleviate problems and barriers to work. But incentive programs are also complex and this complexity can add to the confusion and misunderstanding of benefit programs. As a result, fewer people are using work incentives than is possible.

In response to these issues, benefits planning services have evolved during the past two decades. Through benefits planning, persons with disabilities can obtain the information and planning assistance they need to access and best utilize the benefits and work incentives in pursuing, obtaining and maintaining employment and other desired outcomes, while minimizing the loss or diminution of their benefits.

Benefits planning involves a range of services and service providers. At its most basic level, benefits planning may involve informing a potentially eligible individual or the individual's family about the availability of benefits, evaluating the individual's need for more comprehensive benefits planning, and referring the individual to a benefits program and a professional benefits planner. Professional benefits planning involves advising individuals and their supporters about the specific benefit and work incentive options available to the individual and the potential impacts of employment on those benefits. Benefits planners also counsel and support individuals about choices necessary to achieve their goals.

The number of individuals and organizations presently providing benefits planning services in Oregon is not known. But benefits planning professionals and stakeholders agreed that the availability of benefits planning services, including basic information, screening and referral services, and professional benefits planning or counseling services, falls far short of the need for these services. In addition, it was noted that the individuals and organizations that are providing benefits planning are not working in coordination with one another, that they possess varying levels of training and experience, and that they provide varying levels of services.

Benefits planning professionals and stakeholders strongly recommended the Project facilitate development of a more comprehensive, integrated and accessible benefits planning services. It was widely agreed that benefits planning is a necessary and key factor in achieving competitive and inclusive employment of persons with disabilities.

DATA SOURCES:

- "Benefits Planning in Oregon: A Vision for the Future," concept paper prepared by the Oregon Advocacy Center, December 2005
- "Supported Employment for Persons with Developmental Disabilities," concept paper prepared by the Oregon Council on Developmental Disabilities and Janet Steveley, Workable Solutions, November 2005

- Draft concept paper on the “Business Case for Employment of Persons with Disabilities,” Tina Treasure, Oregon Independent Living Council, and Scott Lay, Advocate and Employment Consultant
- Issue brief on Benefits Planning, Molly Holsapple, Seniors and People with Disabilities cluster
- Preliminary information on benefits planning options, Oregon Advocacy Center
- Key Informant Interviews
- Community Forums
- Leadership Council

IMPLEMENTATION STRATEGIES AND ACTIVITIES

1. **Promote development of a comprehensive, effective and sustainable benefits planning system.** The Project will make final decisions about which activities it will implement after completing its analysis of the following issues and questions, and the other information required to specify the benefits planning system needed by Oregonians with disabilities in order to seek, obtain and maintain employment.
 - a. How, when and by whom should basic information about benefits planning be made available to persons with disabilities and their supporters; and how and when should individuals be screened and referred for more intensive benefits assistance, including that of a professional benefits planner.
 - b. How education and training may be provided to individuals and programs responsible for providing persons with disabilities with basic information about benefits, and screening and referring them for more intensive benefits assistance.
 - c. The need for and availability of professional benefit planners; and, how additional professional benefits planning services may be developed and provided, including the pros and cons and feasibility of fee-for-service benefits planners.
 - d. The cost and benefits of the WORKBENEFITS planning tool as a screening, educational or planning tool; and whether the Project should underwrite its completion.

ISSUE AREA C

Employee Supports and Work Incentives -- Employed Persons with Disabilities Program, SSA Ticket-to-Work and PASS Programs, Workers' Compensation Return-to-Work Programs, and Other Work Incentives

GOALS

- √ Empower people with all types of disabilities to obtain meaningful employment
Educate and engage employers to develop and market the “business case” for employing people with disabilities
- √ Enhance the availability and effectiveness of employment supports for persons with disabilities
- √ Enhance Oregon’s workforce system and expand its availability for persons with disabilities

OUTCOME INDICATORS

- Increased availability of funds to cover medical and employment expenses
- Increased number of persons with disabilities working and retaining health care
- Increased number of persons able to pay premiums, co-pays, and other medical expenses
- Increased utilization of the Employed Persons with Disabilities program, SSA’s Ticket-to-Work and PASS programs, and Workers’ Compensation Return-to Work programs
- Increased availability of work incentives

OBJECTIVE

Increase employment of persons with significant or severe disabilities by reducing disincentives to work, and assisting them in obtaining, maintaining and advancing in employment by obtaining useful and needed work incentives.

ISSUE SUMMARY

In recent years, a number of changes have been made to public benefit and entitlements in order to eliminate programmatic disincentives to employment. In addition, a number of work incentives have been developed. These changes and developments have made it possible for a number of persons with disabilities to obtain and retain employment without jeopardizing benefits they continue to need. Unfortunately, the opportunities made possible by these developments are unavailable to many persons with disabilities, and without such opportunities, it is unlikely that these individuals will obtain work or continue to work.

- **Employed Persons with Disabilities Program**

State Medicaid Buy-In Programs, including Oregon’s Employed Persons with Disabilities (EPD) Program, have become a central element in the effort to make competitive employment possible for persons with disabilities who have costly medical needs. These

programs allow employed individuals with disabilities to receive Medicaid benefits while continuing to be employed. In the absence of such arrangements, most Buy-In enrollees could not afford to work because they do not have the income or insurance needed to pay for their health care expenses, and would have to quit working in order to obtain the Medicaid benefits that will cover the cost of their health care.

Oregon developed its Medicaid Buy-In program in 1999 after the Centers for Medicare and Medicaid (CMS) authorized the development of such programs. It was one of first states in the country to do so. Today, CMS is actively encouraging states to develop Buy-In programs and having such a program was a pre-requisite to obtaining a comprehensive Medicaid Infrastructure Grant. The structure of Buy-in programs and number of participants varies from one program to the next.

Enrollment in the EPD Program peaked several years ago at about 750 individuals. Today approximately 600 recipients are enrolled in the program. It appears that this decline is one consequence of the recession the state experienced several years ago and the resulting decline in jobs in Oregon.

Given the opportunity and benefit of the EPD Program, many Key Informants, Community Forum participants and Leadership Council members would like to see the EPD Program refined, strengthened, and when feasible, expanded. In addition, stakeholders recommended that the policies and practices of other state Buy-in programs be reviewed in order to learn about best and innovative policies and practices.

- **SSA Ticket-to-Work Program**

In 1999, the Social Security Administration (SSA) established the Ticket-to-Work program. Under this program, recipients are issued “tickets” that they may use to obtain vocational rehabilitation, employment and other services, and for a period of time may work without jeopardizing their SSI or SSDI benefits. Unfortunately, the Ticket-to-Work program has been significantly underutilized throughout the country, including Oregon. While there are over 110,000 Ticket holders in the state, most Ticket-to-Work Employment Networks (the public and private organizations designated by SSA to assist recipients in utilizing their Tickets) report that only a few recipients have active Tickets, and do not recommend that other organizations become employment networks.

SSA is presently considering making a number of changes to the Ticket program to make it easier for individual recipients to use their Tickets and for agencies involved with rehabilitation services.

A number of employment professionals who participated in developing the Blueprint recommended careful review of the Ticket program as it currently exists. It is their view that underutilization of the Ticket is partly the result of a lack of understanding of the current rules.

- **SSA PASS Program**

The Plan for Achieving Self-Support (PASS) program allows individuals with Supplemental Security Income (SSI) to save earned income to pay for employment expenses, such as continued education or to buy business equipment. Using a PASS

allows a person with a disability to save earned income without the income or savings counting against SSI asset limits.

- **Workers' Compensation Employer-at-Injury and Preferred Worker Programs**
In the late 1980s and early 1990s, Oregon's workers' compensation system restructured its vocational assistance programs and established two return-to-work programs. The Preferred Worker and Employer-at-Injury Programs provide a number of incentives to employers who hire or rehire workers who are injured on the job, including those sustaining permanent, disabling injuries. The use of these programs grew significantly for a number of years but employer participation subsequently declined. Additional changes were made to the programs by the 2005 Biennial Legislature in order to stimulate employer use of the programs.
- **Other Incentives and Disincentives**
Stakeholders also recommended the Project examine:
 - The benefit and feasibility of establishing Individual Development Accounts (IDAs) and other incentives currently unavailable in Oregon. IDAs are special bank accounts through which SSI and SSDI recipients may save for their education; the purchase of a home, assistive technology or other supports; or to start a business.
 - How to mitigate SSI and SSDI benefit offsets. Under certain circumstances, recipients engaging in work on a trial basis may have their benefits terminated abruptly. The results can be catastrophic for the individual and undermine whatever progress he or she has made in becoming employable. In addition, the presence of the offsets is a disincentive for those recipients who are considering trial work.

DATA SOURCES

- Issue briefs on possible modifications to EPD Program and development and use of Individual Development Accounts, prepared and submitted to the Project for consideration by Scott Lay, Advocate and Employment Consultant
- Oregon Medicaid Infrastructure Grant Evaluation Report: prepared and submitted to the previous MIG grant cycle by the Oregon Health Policy Institute, September 2004
- Ticket-to-Work [Program] in Oregon, concept paper, prepared by the Oregon Advocacy Center, December 2005
- Issue brief on Ticket-to-Work in Oregon, Molly Holsapple, Seniors and Persons with Disabilities cluster
- Federal Register, September 30, 2005, Volume 70, Number 189; Amendments to the Ticket-to-Work and Self-Sufficiency Program.
- Key Informant Interviews
- Leadership Council
- Community Forums

IMPLEMENTATION STRATEGIES AND ACTIVITIES

- 1. Develop and promote policies and practices that increase the usefulness, effectiveness and availability of work incentives and work incentive programs, and that lessen or eliminate disincentives to work.**
 - a. Analyze existing work incentive programs – including the EPD Program, SSA’s Ticket-to-Work and PASS programs, and Workers’ Compensation Return-to-Work Programs – and identify how these programs may be made more useful, effective and available; and develop and promote related policy and practical changes.
 - b. Identify and evaluate new, innovative and “best” work incentives – such as Individual Development Accounts and other incentives made possible through new Medicaid waivers in other states – and promote related policy and practical changes.
 - c. Identify and evaluate disincentives to work – including Medicaid offsets – and determine how their effects may be minimized, and recommend related changes.

ISSUE AREA D

Employee Supports and Work Incentives – Peer Mentoring and Advocacy

GOALS

- √ Empower people with all types of disabilities to obtain meaningful employment
- √ Educate and engage employers to develop and market the “business case” for employing people with disabilities
- √ Enhance the availability and effectiveness of employment supports for persons with disabilities
- √ Enhance Oregon’s workforce system and expand its availability for persons with disabilities

OUTCOME INDICATORS

- Increase in the number of sites using peer mentors
- Increase in job placements and duration of employment

OBJECTIVE

Promote the use of peer-mentors as a support to persons with disabilities in seeking, maintaining and advancing in employment, and a support to employers.

ISSUE SUMMARY

A number of external supports and incentives exist for employers to strengthen the diversity of their workforce in the areas of recruitment and skills training. Fewer strategies and supports are available to assist people with disabilities and employers with incorporating people into company cultures and ways.

A number of advocacy organizations provide support to potential and currently employed persons with disabilities through “peer mentors.” Utilizing peer mentors may be a significant way to support people with disabilities in alleviating concerns or fears about the workplace, and developing an understanding and knowledge of workplace expectations.

Peer mentors may also be useful in assisting potential and current employers in addressing the concerns or fears they may have about hiring or retaining persons with disabilities, and in developing an understanding and knowledge useful in hiring, retaining, and promoting persons with disabilities.

DATA SOURCES

- Key Informant Interviews
- Community Forums
- Leadership Council

IMPLEMENTATION STRATEGIES AND ACTIVITIES

- 1. Promote the use of peer mentors as a useful employment support for persons with disabilities and employers.**
 - a. Develop and disseminate concept paper on peer mentoring as an employer support and its benefits.
 - b. Promote peer mentoring through the Project's public information activities and employer education and marketing campaign.
 - c. Incorporate peer mentoring practices in other strategies and activities, including those concerning supported employment and transition.
 - d. Promote and support policies and practices with public and private employers that facilitate the use of peer mentors.
 - e. Fund one or more replicable employment peer mentor initiative.

ISSUE AREA E

Employee & Employer Supports and Work Incentives – Culturally Competent Employment Supports and Services

GOALS

- √ Empower people with all types of disabilities to obtain meaningful employment
- √ Educate and engage employers to develop and market the “business case” for employing people with disabilities
- √ Enhance the availability and effectiveness of employment supports for persons with disabilities
- √ Enhance Oregon’s workforce system and expand its availability for persons with disabilities

OUTCOME INDICATORS

- Increased representation of persons of color and ethnicity in planning activities surrounding employment of persons with disabilities.
- Increase in the number of employers of color and ethnicity providing competitive employment to persons with disabilities
- Increase in cultural and ethnic minorities with disabilities in competitive employment

OBJECTIVE

Make culturally appropriate and competent employment supports and services available to persons with disabilities from Oregon’s communities of color and ethnically diverse communities.

ISSUE SUMMARY

There is a critical need to expand the availability of bilingual, culturally and ethnically appropriate services (including outreach) in both urban and rural Oregon. Culturally appropriate services for communities of color and ethnic communities are nearly non-existent. Bilingual outreach and assessment services are also very limited. While the Project may not be able to directly address the need for greater program capacity, consideration should be given to supporting pilot projects or service delivery that make services and supports more accessible and that can be expanded and replicated. This effort should also include development of outreach strategies to promote competitive employment with employers of color.

DATA SOURCES

- Data about underserved populations in Oregon, provided by the Oregon Advocacy Center
- Oregon Business Leadership Network
- Key Informant Interviews
- Community Forums

- Leadership Council

IMPLEMENTATION STRATEGIES AND ACTIVITIES

- 1. Increase the accessibility and availability of culturally appropriate and competent employment services and supports to Oregonians with disabilities who are ethnic or cultural minorities.**
 - a. In collaboration with organizations and groups representing Oregon's communities of color and ethnically diverse communities, persons with disabilities, and other concerned parties, identify and analyze the strengths, weaknesses, and gaps in Oregon's system of employment services in serving and supporting Oregonians with disabilities who are ethnic or cultural minorities.
 - b. Develop and promote policies and practices that increase access to and the availability of needed, appropriate and competent services.
 - c. Fund one or more replicable initiative to increase accessibility to and availability of needed culturally appropriate and competent employment services and supports
 - d. Partner with others in allied efforts, including DHS' Diversity Initiative.

ISSUE AREA F

Youth and Family Supports – Transition

GOALS

- √ Empower people with all types of disabilities to obtain meaningful employment
Educate and engage employers to develop and market the “business case” for employing people with disabilities
Enhance the availability and effectiveness of employment supports for persons with disabilities
- √ Enhance Oregon’s workforce system and expand its availability for persons with disabilities

OUTCOME INDICATORS

- Increase in the number of volunteers trained in employment issues involved in transition planning
- Increase in the number of students who initiate transition planning in middle school
- Increase in the number of young adults placed in competitive employment

OBJECTIVE

Support youth and adults with disabilities in successfully transitioning to the adult competitive employment system.

ISSUE SUMMARY

There is general consensus among stakeholders and experts that effective transition planning and timely and appropriate delivery of needed educational and vocational services and supports is the exception rather than the rule. The absence of planning and needed services and supports creates significant barriers to youth with disabilities who are attempting to make the transition from school to employment and self-sufficiency. Contributing factors include:

- Limited resources for transition planning
- Late initiation of the transition process
- Lack of collaboration between school special education programs and adult employment programs
- Limited availability of information, technical assistance and training for:
 - Youth, families and professionals involved in transition planning
 - Youth and families as they attempt to navigate those systems involved with transition (including state and local education, rehabilitation, disability and employment systems), and secure needed services and supports

Stakeholders and knowledgeable professionals also asserted that:

- There is a lack of understanding of person-centered planning tools and self-determination principles and processes within school settings and among vocational rehabilitation and employment providers; and that additional training of staff in these areas would increase the potential for youth to successfully transition.
- Adults with disabilities who have not been employed, or their employment has been limited to non-competitive or non-inclusive environments, have many of the same needs and face many of the same challenges in “transitioning” to competitive and inclusive employment.

DATA SOURCES

- “Strategic Planning Concept Paper: Youth Transition,” Janice S. Richards, Executive Director, The Oregon Parent Training and Information Center
- Key Informant Interviews
- Leadership Council
- Community Forums

IMPLEMENTATION STRATEGIES AND ACTIVITIES

Increase the awareness, understanding and knowledge that youth and adults-in-transition, families, teachers and disability professionals have of transition processes and transition planning; and, ensure that youth and adults-in-transition can effectively navigate Oregon’s educational, vocational, workforce development and public and private employment systems to seek, obtain and maintain competitive and inclusive employment.

1. Support development of a transition plan training program utilizing a train-the-trainers approach, to train parent volunteers and self-advocates to work with students, parents and agencies in developing effective transition plans.
2. Support reinstitution of an annual statewide transition conference for teachers, parents, students, case managers, vocational counselors, employers, and others.
3. Support development of a transition/employment program to assist youth and adults-in-transition and family members in developing person-centered employment plans and obtaining the knowledge, understanding, and skills needed to navigate educational, vocational and workforce systems; and teach youth and adults-in-transition to utilize the services and supports they need to carry out their plans and obtain employment. The program will take an integrated, holistic approach that will involve person-centered planning, job development, systems understanding, benefits planning, and advocacy.

ISSUE AREA G

Employer Supports and Incentives – Education and Technical Assistance

GOALS

- √ Empower people with all types of disabilities to obtain meaningful employment
- √ Educate and engage employers to develop and market the “business case” for employing people with disabilities
- √ Enhance the availability and effectiveness of employment supports for persons with disabilities
- √ Enhance Oregon’s workforce system and expand its availability for persons with disabilities

OUTCOME INDICATORS

- An increase in the number of employers providing employment opportunities to persons with disabilities, including increased utilization of return-to-work programs.
- An increase in the number of persons with disabilities in competitive employment.
- The availability and use of education and marketing materials that promotes employment of persons with disabilities.
- Identifiable and active community partnerships involving employment providers and business associations.

OBJECTIVE

Develop and implement a comprehensive education and marketing strategy to support and promote employment of persons with disabilities with public and private employers, based on the business needs of employers and business case for competitive and inclusive employment of persons with disabilities.

ISSUE SUMMARY

- Large numbers of persons with disabilities remain unemployed or underemployed because employers often:
 - Do not understand that most persons with disabilities, including persons with significant or severe disabilities, are employable and capable of advancement. While many employers, like the other members of public, have become more aware of disability issues than they were in the past, they are uninformed or misinformed about the capacities and abilities of persons with disabilities.
 - Are unaware of the services, supports and incentives available to assist them employ persons with disabilities. The development of many employment supports – including work accommodations, assistive technologies and work incentives and subsidies for employers – are a relatively new occurrence, and many employers are not familiar with these developments or do not understand how to access them. In some instances,

employers know about the incentives but are dubious about the benefits of governmental programs or do not want to be burdened with “red tape.”

- Are unaware of how employing persons with disabilities may benefit them and their organizations or businesses. Few employers understand or appreciate the potential benefit of hiring persons with disabilities. For many employers, the daily demands of running a business or operating a program are taxing, and the prospect of employing a person or persons with a disability may be seen as an additional burden.
- The Oregon Business Leadership Network (OBLN) is an organization composed of representatives from local businesses and government agencies. OBLN provides workshops, trainings, tools and resources to make it easier for employers to support current employees with disabilities as well as those who become diagnosed with a disability during their working years. The OBLN focuses on leadership by example and is planning to develop local leadership networks throughout Oregon.
- Oregon business needs the ability and work ethic of all its citizens, including the 400,000 Oregonians with disabilities, to successfully compete for talent in a shrinking labor pool as boomers retire. According to the US Chamber of Commerce, industry reports consistently rate workers with disabilities above average in performance, attendance, and safety. Using Accommodation as a competitive strategy helps business attract and retain dedicated and skilled workers.

DATA SOURCES

- “Oregon MIG White Paper on Employer Supports to the Employment of People with Disabilities,” concept paper prepared by Lucy Baker, Oregon Business Leadership Network and Sharon Baggett
- “Oregon Business Leadership Conference: Business Case for Inclusion of People with Disabilities in the Competitive Workplace and Consumer Base,” prepared by OBLN for OBLN and in partnership with the Project
- Key Informant Interviews
- Community Forums
- Leadership Council

IMPLEMENTATION STRATEGIES AND ACTIVITIES

1. **Expand and utilize partnerships with Oregon Business Leadership Network, Employment Department, Governor’s Workforce Policy Cabinet, Department of Community College and Workforce Services, and others to:**
 - a. Refine the “business case” for employing persons with disabilities, including persons with significant or severe disabilities.
 - b. Inform employers and the business community about the Project and its mission, and engage it in a dialogue about employing persons with disabilities by presenting the business case for employment of persons with disabilities; and seeking to learn and

understand what employers want and need in order to hire, retain and advance the employment of persons with disabilities.

- c. Develop local business leadership networks and employer partners.
- d. Implement Project's educational and marketing campaign (see below) and sustain the campaign's accomplishments.

2. **Develop and implement a comprehensive educational and marketing campaign to promote employment of persons with disabilities by public and private employers.** In developing and implementing the campaign:

- a. Explore previous and other educational and marketing efforts and where successful strategies, activities and materials can be identified, utilize or incorporate these in the campaign.
- b. Determine what employers, from their perspective, need and want in order to hire, retain and advance persons with disabilities.
- c. Support, build-on and promote the concept of public employers as "model" employers of persons with disabilities.
- d. Identify and utilize "business champions" to model and promote employment of persons with disabilities and related "best practices" with employers.
- e. Present the business case for employing persons with disabilities.

ISSUE AREA H

Transportation

GOALS

- √ Empower people with all types of disabilities to obtain meaningful employment
Educate and engage employers to develop and market the “business case” for employing people with disabilities
- √ Enhance the availability and effectiveness of employment supports for persons with disabilities
- √ Enhance Oregon’s workforce system and expand its availability for persons with disabilities

OUTCOME INDICATORS

- Successful implementation of one or more projects to improve employment transportation for persons with disabilities
- Successful creation of five community transportation coordination plans with provisions regarding employment transportation for persons with disabilities.

OBJECTIVE

Expand transportation capacity to support competitive employment for people with disabilities with a priority on areas in which transportation services and supports are limited or non-existent.

ISSUE SUMMARY

Available, accessible transportation is essential to employment, self-sufficiency, and community participation. Transportation for people with disabilities, however, is limited in many parts of the state and largely non-existent in rural areas.

- The majority of Oregon’s population lives in urban areas, along the Interstate 5 corridor that runs north-south, or the Interstate 84 corridor that runs east-west. However, most of the state’s geography exists outside these “urban corridors,” and for the 25 percent of the state’s population who live in these rural or semi-rural areas, transportation is a major impediment to employment and other opportunities for inclusion in Oregon’s “greater community.”
- In those communities where public transportation is available, it is often unavailable to persons whose jobs require them to work a schedule that falls outside of the usual business day.
- The Oregon Department of Transportation (ODOT) is currently involved in community coordination planning initiatives to improve public transportation availability within local communities.

- ODOT identified several initiatives and funding sources that the project could utilize to improve employment transportation for persons with disabilities. Some of these include: Job Access Reverse Commute, United We Ride, Rural Operating Grants, the New Freedom Program, and Transportation Brokerages.
- The Department of Human Services and Office of Medical Assistance Programs are currently in the final stages of implementing a statewide network of Medicaid transportation brokerages, also known as “call centers,” with ODOT’s assistance. Eligible Medicaid recipients can call these brokerages to request non-emergency medical transportation.
- Stakeholders have identified increased collaboration between agencies and increased service integration as important strategies for improving transportation availability.

DATA SOURCES

- Concept Paper on “Transportation Coordination”, Martin Loring, Department of Transportation
- Key Informant Interviews
- Leadership Council
- Community Forums

IMPLEMENTATION STRATEGIES AND ACTIVITIES

In coordination and collaboration with Oregon Department of Transportation (ODOT), DHS Transportation Coordinator and the Oregon United We Ride Working Group, assist and support ODOT and local communities in implementing and sustaining one or more initiatives to increase the availability of transportation services and supports to persons with disabilities, with an emphasis on efforts that increase the availability of transportation services and support in areas of Oregon outside the I-5 and I-84 corridors and may be replicated in other communities.

1. Participate and assist non-profits, for profits, human services, state agencies and the Federal Transit Administration in local communities to create Community Coordination Plans for improving public transportation. The project will emphasize employment related transportation for persons with disabilities in these meetings.
2. Assemble a Competitive Employment Transportation workgroup, or coordinate with an existing transportation workgroup to:
 - a. Evaluate strategic opportunities to leverage funds for transportation necessary for persons with disabilities to obtain and maintain employment, based upon the initiatives identified by ODOT.
 - b. Identify potential projects based on geographic features, existing transportation supports, and potential impact on services.
 - c. Recommend transportation projects, with priority consideration given to:

- i. Enhancing the capacity of the regional transportation call centers to include transportation for employment
 - ii. Establishing a joint position with ODOT and the Project to coordinate employment related transportation efforts with local governments, DHS, and ODOT
 - d. Increasing collaboration and communication between stakeholders.
3. Implement one or more projects to improve employment transportation for persons with disabilities, based on the above recommendations.

APPENDIX

Note: **The contents of this Appendix – the Logic Models, the Work Plan, the Budget, Meeting Agendas and Minutes, and Concept Papers and Issue papers – are contained below.**

This is a list of documents sent with the Strategic Plan Draft in November that were not sent at this time. Including these documents would make the PDF document too large for system to send it successfully.

Sept. 21, 2005, Leadership Council meeting

Cover Letter
Employment Matrix

Background Reports:

- Defining Evidence Based Employment
 - A PowerPoint presentation
- Oregon Medical Infrastructure Grant: Evaluation Report
 - Oregon Health Policy Institute Report
- Vermont Benefits Counseling Brochure
- What Predicts Program Outcomes
 - A Johnson & Johnson Corporate Contribution project by Deborah Becker M.Ed. CRL and others

Oct. 5, 2005 Mailing to Leadership Council

Memo to Leadership Council
Survey
Leadership Council list with contact information

Notebook Material for Leadership Council (this list does not include items that were included in what was sent this time such as the Concept/Issue Papers),

- Community Forum Agenda
- Community Forum Schedule
- Forum Schedule Flyer
- Key Goals Rating Matrix
- List of Interested Parties
- List of Leadership Council
- List of MIG2 Staff
- List of Strategic Planning Staff
- Summary of Key Informant Surveys & Comm, Forum Results
- Key Informant Discussion Matrix
- Key Informant Interviewees

Key Informant Tool
MIG Key Informant Discussion – Original Protocol

Nov. 7, 2005 Mailing to Leadership Council

Action Grouping
Ideas for Guiding Values
OR High Level Resource Map
Strategic Plan Matrix

Nov. 11, 2005 Mailing to Leadership Council

Environmental Scan
Memo
Proposed Actions
Values & Principles

Nov. 16, 2005 Leadership Council Meeting

Domains Vote
Mission Statement and Objective
Planning Process
Strategic Plan Outline
Values and Principles with Edits
Value and Principles with 11/16 Edits
Vote Results

These documents were not sent also as they are earlier versions of what has just been sent to you.

Blueprint for Change 12-13 copy
Planning-Budget Spreadsheets
Value and Principles with 11/16 Edits

Agendas and minutes from all of the Leadership Council meetings have been included in the current report.

WORKPLAN

A. EMPLOYEE SUPPORTS AND WORK INCENTIVES – SUPPORTED EMPLOYMENT (pg 31)

OBJECTIVE, STRATEGIES and ACTIVITIES	ACTIVITY TIMELINE		PARTNERS
	INITIATE	COMPLETE	
Expand the availability of supported employment services and supports to persons with disabilities, with an emphasis on groups historically underserved, by developing and implementing needed policy, program and funding mechanisms			
1. Promote development of evidence-based supported employment to persons with serious and persistent mental illness throughout Oregon by facilitating development and delivery of services and supports in up to five counties. Provide targeted counties with needed support, resources and technical assistance. Initiate efforts in 1-2 counties in first year; 2-3 counties in second year; 2-3 counties in third year. Office of Vocational Rehabilitation Services (OVRs) will provide technical assistance and support with existing or additional staff dedicated to this task. Project and OMHAS will provide grants to counties for additionally needed technical assistance, implementation of systems change and development of needed policy and programming,	1/1/06	12/31/08	PARTNERS OVRs, OMHAS, County Mental Health Systems
TASKS/ TIMELINES			RESPONSIBLE PARTIES
1. Assemble Mental Health Supported Employment (MHSE) Work Group. Task it with assisting OVRs/Project in implementing activities in this area	2/06 - meet as needed	12/08	OVRs
2. Review mental health supported employment concept paper. Identify/analyze critical elements of mental health supported employment systems, and county technical assistance needs	1/06	6/06	OVRs/Work Group
3. Initiate outreach to counties	1/06		OVRs
4. Spec or designate supported employment staff position	2/06	3/06	OVRs
5. Spec supported employment grants for counties and draft request-for-proposals (RFP), inc. requirement for sustainability plan	2/06	3/06	OVRs, OMHAS, Project
6. Recruit and fill or designate staff position	3/06	5/06	OVRs
7. Disseminate RFP for first year grants and award grants	3/06	4/06	OVRs, Project
8. Initiate provision of technical assistance	4/06		OVRs
9. Initiate mini-grant activities	4/06		County grantees
10. Monitor implementation of grantee activities, review outcomes and recommend needed adjustment/changes	6/06	12/08	OVRs/Work Group, Leadership Council
11. Grantee/s to submit quarterly and annual progress reports	7/06	12/08	County grantees
12. Develop, disseminate, award RFP; timelines for yr. 3; yr. 4 grants	10/06; 10/07	12/06; 12/07	OVRs, Project
13. Complete implementation of sustainability plans	1/08	12/08	County grantees

<p>2. Increase the availability of supported employment services and supports to persons with developmental disabilities through expansion of existing supported employment services and supports and development and implementation of new initiatives. Final decisions about activities will be made after additional recommendations and information are obtained from the Project's Developmental Disabilities Supported Employment (DDSE) Workgroup and a Project-sponsored "Forum" on strategies and activities used by other states to increase supported employment services and supports during periods of limited revenue. Priority consideration will be given:</p> <ul style="list-style-type: none"> a. Providing training and development to 12 SPD-OVRS interagency supported employment teams b. Supporting development and operation of a training academy for job coaches, in order to increase the availability of local vocational assistance and resources c. Providing cross training on supported employment "best practices" and issues to SPD-OVRS partners. 			<p>PARTNERS SPD, OVRS, OCDD</p>
TASKS/ TIMELINES			RESPONSIBLE PARTIES
1. Contract Forum	12/05	3/06	Project
2. Plan Forum	12/05	2/06	Contractor (OTAC)
3. Hold Forum	2/06	2/06	Contractor
4. Produce report on results of Forum	3/06	3/06	Contractor
5. Assemble DDSE Workgroup. Task it with advising and assisting the Project in implementing its strategy and activities in this area.	2/06 - meet monthly/as needed	11/08	Project
6. Review results of planning process to date, including DDSE concept paper, priority DDSE activities and results of Forum and recommend activities Project should carry out	3/06	4/06	Workgroup, Leadership Council
7. Select activities to be implemented	4/06	4/06	OVRS, SPD, Pro.
8. Plan implementation of activities	4/06	5/06	Work Group
9. Initiate activities	6/06	12/08	To Be Determined
10. Monitor implementation of strategy and activities, review outcomes, and recommend needed adjustments or changes	7/06	12/08	Work Group, Lead. Council
11. Make adjustments or changes	7/06	12/08	OVRS, SPD, Project
12. Complete implementation of sustainability plan	1/08	12/08	To be determined

3. Increase the availability of supported employment of persons with acquired traumatic brain injuries. This strategy will be refined and the activities for carrying it out will be identified after further research and development. Implementation will follow. Priority consideration will be given to funding one or more replicable demonstration projects.			PARTNERS
TASKS/ TIMELINES			RESPONSIBLE PARTIES
1. Establish an Acquired Traumatic Brain Injury Supported Employment Workgroup. Task it with advising and assisting the Project in increasing the availability of supported employment services to persons with traumatic brain injuries. Meet monthly or as needed.	7/06	12/08	Project
2. Identify/Interview key informants	7/06	9/06	Project
3. Produce concept paper	7/06	9/06	To be determined
4. Evaluate results of key informant interviews and concept paper and recommend activities in this area.	9/06	9/06	Work Group, Leadership Council
5. Select activities to be implemented	9/06	10/06	OVRs Administrator Project Director
6. Plan implementation of activities, include sustainability	10/06	12/06	Work Group
7. Initiate activities	1/07	12/08	To be determined
8. Monitor implementation of strategy and activities, review outcomes, and recommend needed adjustments or changes	2/07	12/08	Work Group, Leadership Council
9. Make adjustments or changes	1/08	12/08	OVRs, SPD, Project
10. Complete implementation of sustainability plan	1/08	12/08	To be determined

B. EMPLOYEE SUPPORTS AND WORK INCENTIVES – BENEFITS PLANNING (pg 35)

OBJECTIVE, STRATEGIES and ACTIVITIES	ACTIVITY TIMELINE		PARTNERS OAC, SILC, SSA, OVRs, OMHAS, SPD
	INITIATE	COMPLETE	
Develop the benefits planning services and supports necessary for persons with disabilities to obtain and utilize those public benefits and work incentives needed to achieve their desired employment outcomes			
1. Promote development of a comprehensive, effective and sustainable benefits planning system. The Project will make final decisions about which activities it will implement after completing its analysis of the following issues and questions, and the other information required to spec the benefits planning system needed by Oregonians with disabilities to seek, obtain and maintain employment. a. How, when and by whom should basic information about benefits planning be made available to persons with disabilities and their supporters; and, how and when should individuals be screened and referred for more intensive benefits assistance, including that of a professional benefits planner b. How should education and training be provided to individuals and programs responsible for providing persons with disabilities with basic information about benefits, and screening and referring them for more intensive benefits assistance c. The need for and availability of professional benefit planners; and, how additional professional benefits planning services may be developed and provided, including the pros and cons and feasibility of fee-for-service benefits	12/05	1/06	
TASKS/ TIMELINE			RESPONSIBLE PARTIES
1. Produce concept paper on benefits planning	12/05	12/05	Contractor (OAC)
2. Establish a Benefits Planning Work Group. Task it with advising and assisting the Project in developing a comprehensive benefits planning system	3/06 - meet monthly/as needed	12/08	Project

3. Complete analysis of benefits planning issues, including those identified in concept paper and above, spec the essential elements and services for a comprehensive, effective and sustainable benefits planning assistance system, and recommend what the Project should do to develop that system	4/06	4/06	Work Group
4. Select activities to be implemented	4/06	4/06	OVRs Administrator, Project Director
5. Plan activities, including sustainability	4/06	5/06	Work Group
6. Implement activities	6/06	12/08	To be determined
7. Monitor implementation of strategy and activities, review outcomes, and recommend needed adjustments or changes	7/06	12/08	Work Group, Leadership Council
8. Make needed adjustments or changes	1/07	12/08	OVRs Administrator', Project Director
9. Complete implementation of sustainability plan	6/08	12/08	To be determined

C. EMPLOYEE SUPPORTS AND WORK INCENTIVES – WORK INCENTIVES (pg 38)

OBJECTIVE, STRATEGIES and ACTIVITIES	ACTIVITY TIMELINE		PARTNERS SPD, SSA, WCD, OAC, OVRs, OMHAS
	INITIATE	COMPLETE	
Increase employment of persons with significant or severe disabilities and by reducing disincentives to work, and assisting them in obtaining, maintaining and advancing in employment by obtaining useful and needed work incentives.			
1. Develop and promote policies and practices that increase the usefulness, effectiveness and availability of work incentives and work incentive programs, and that lessen or eliminate disincentives to work. a. Analyze existing work incentive programs --including EPD Program, SSA's Ticket-to-Work and PASS programs and Workers' Compensation Return-to-Work Programs -- and identify how these programs may be made more useful, effective and available; and develop and promote recommended policies and practices b. Identify and evaluate new, innovative and "best" work incentives -- such as Individual Development Accounts and other incentives made possible through new Medicaid waivers in other states -- and develop and promote related policies and practices c. Identify and evaluate work disincentives to work -- including Medicaid offsets -- and determine how their effects may be minimized and recommend and promote related changes.			
TASKS/ TIMELINES			RESPONSIBLE PARTIES
1. Establishing a Work Incentives Work Group or other vehicle, a process and a timetable for initial and continuing review of: a. EPD Program b. SSA Ticket-to-Work Program c. SSA PASS program d. Workers' Compensation RTW Programs e. Other Work Incentives f. Work Disincentives	4/06	12/08	Project (in consultation/ coordination with SPD, SSA, WCD, OAC, etc.)
2. Initiate review and analysis process	1/07		Workgroup or other process
3. Develop and promote recommended policies and practices	4/06	12/08	Workgroup or other, Leadership Council
4. Implement new or revised policies and practices	9/06	12/08	SPD, SSA, WCD, OAC, etc.
5. Monitor implementation of polices adopted and practices implemented, review related outcomes, and make additional recommendations	1/07	12/08	Workgroup, Leadership Council
6. Implement additional policies and practices	1/08	12/08	SPD, SSA, WCD, OAC

7. Monitor incentive developments across the country and conduct needed research. Provide workgroups with information about “best” and innovative incentives and additional needed information and support.	4/06	12/08	Project
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D. EMPLOYEE SUPPORTS AND WORK INCENTIVES – PEER MENTORING AND ADVOCACY (pg 42)

OBJECTIVE, STRATEGY and ACTIVITIES	ACTIVITY TIMELINE		PARTNERS SILC and Consumer Groups
	INITIATE	COMPLETE	
Promote the use of peer-mentors as a support to persons with disabilities in seeking, maintaining and advancing in employment, and a support to employers.			
1. Promote the use of peer mentors as a useful employment support for persons with disabilities and employers. a. Develop and disseminate concept paper on peer mentoring as an employer support and its benefits b. Promote peer mentoring through the Project's public information activities and employer education and marketing campaign c. Incorporate peer mentoring practices in other strategies and activities, including those concerning supported employment and transition d. Promote and support policies and practices with public and private employers that facilitate the use of peer mentors e. Fund one or more replicable employment peer mentor initiative			
TASKS/ TIMELINE			RESPONSIBLE PARTIES
1. Establish a Peer Mentoring Workgroup and task it advising and assisting the Project in carrying out peer mentoring activities	4/07 - meet monthly/as needed	12/08	Project
2. Develop concept paper on peer mentoring as an employer support.	4/07	6/07	Project or Contractor
3. Develop and promote model employment peer mentoring policies and practices	7/07	12/08	Work Group, Leadership Council
4. Incorporate promotion of employment peer mentoring into Project communication activities – distill concept paper into educational/marketing tool, Project newsletter, OBLN, employer education and marketing campaign, etc	9/07	12/08	Project
5. Fund one or more replicable peer mentor demonstration projects. Plan and initiate project , including its sustainability.	10/07	12/08	Contractor

E. EMPLOYEE and EMPLOYER SUPPORTS AND WORK INCENTIVES – CULTURALLY COMPETENT SUPPORTS AND SERVICES (pg 44)

OBJECTIVE, STRATEGIES and ACTIVITIES			PARTNERS
	INITIATE	COMPLETE	
Increase accessibility to and the availability of culturally appropriate and competent employment supports and services persons with disabilities from Oregon's communities of color and ethnically diverse communities			
1. Increase the accessibility and availability of culturally appropriate and competent employment services and supports to Oregonians with disabilities who are ethnic or culturally minorities. a. In collaboration with organizations and groups representing Oregon's communities of color and ethnically diverse communities, persons with disabilities, and others other concerned parties, identify and analyze the strengths, weaknesses, and gaps in Oregon's system of employment services in serving and supporting Oregonians with disabilities who are ethnic or cultural minorities. b. Develop and promote policies and practices that increase access to and the availability of needed, appropriate and competent services. c. Fund one or more replicable initiative that increases accessibility to and availability of needed culturally appropriate and competent employment services and supports d. Partner with others in allied efforts, including DHS' Diversity Initiative.			
TASKS/ TIMELINES			RESPONSIBLE PARTIES
1. Establish Cultural Competency Workgroup. Task it with assisting the Project in identifying and addressing the challenges and issues persons with disabilities who are ethnic or cultural minorities face in accessing and obtaining needed and culturally competent and appropriate employment services and supports. Membership will include representatives of Oregon's communities of color and ethnically diverse communities, including persons with disabilities and their supporters. Meet monthly or as needed	3/06 -- meet monthly/as needed		OVRs Administrator, Project Director
2. Utilizing one or more of the following processes identify and assess the strengths, weaknesses and gaps in Oregon's system of employment services for persons with disabilities who are ethnic or cultural minorities, and how the system's strengths can be sustained, weaknesses remedied and gaps filled. a. Interview key informants b. Hold community forums or focus groups c. Review available literature d. Produce concept paper	3/06	6/06	Project, Contractor and/or Workgroup
3. Develop recommendations about how to increase access and availability of needed and culturally appropriate and competent employment services	6/06	7/06	Work Group, Leadership Council

a. Identify and prioritize policies and practices that need to be reviewed, developed or revised, and implemented			
b. Identify and recommend possible initiatives or demonstration projects			
4. Select policies and practices to be addressed; and initiatives/projects to be carried out	7/06	8/06	OVRs Administrator, Project Director
5. Plan initiatives/demonstration projects and sustainability	7/06	9/06	Project, Work Group
6. Initiate review, development and promotion of targeted policies and practices	10/06	12/08	Work Group and others to be determined
7. Implement initiatives/demonstration projects	10/06	12/08	To be determined
8. Monitor implementation of strategy and activities, review outcomes, and recommend needed adjustments or changes	11/06	12/08	Work Group, Leadership Council
9. Make adjustments or changes	12/06	12/08	Project
10. Complete implementation of sustainability plan	1/08	12/08	To be determined

F. YOUTH AND FAMILY SUPPORTS – TRANSITION (pg 46)

OBJECTIVE, STRATEGIES and ACTIVITIES	ACTIVITY TIMELINE		PARTNERS OrPTI, OCDD, OVRS, SPD, OMHAS, Dept. of Ed., State Advisory Transition Council, Dept. of CCWS
	INITIATE	COMPLETE	
Support youth and adults with disabilities in successfully transitioning to the adult competitive employment system.			
1. Increase the awareness, understanding and knowledge that youth and adults-in-transition, families, teachers and disability professionals have of transition processes and transition planning. Ensure that youth and adults-in-transition can effectively navigate Oregon's educational, vocational, workforce development and public and private employment systems to obtain and maintain competitive and inclusive employment.			
a. Support development of a transition plan training program, utilizing a train-the-trainers approach, to train parent volunteers and self-advocates to work with students, parents and agencies in developing effective transition plans.	8/1/2006	12/31/2008	
b. Support reinstitution of an annual statewide transition conference for teachers, parents, students, case managers, vocational counselors, employers, etc.	3/1/2006	12/31/2008	
c. Support development of a transition/employment program to assist youth and adults-in-transition and family members in developing person-centered employment plans and obtaining the knowledge, understanding, and skills needed to navigate educational, vocational and workforce systems; and teach youth and adults-in-transition to utilize the services and supports they need to carry out their plans and obtain employment. The program will take an integrated, holistic approach that will involve person-centered planning, job development, systems understanding, benefits planning, and advocacy.	4/1/2006	9/31/2008	
TASKS/ TIMELINE			RESPONSIBLE PARTIES
1. Establish a Transition Work Group to advise and assist the Project with the following activities.	1/06 - meet monthly/as needed	12/08	Project
2. Develop and award grants for 06 activities:	2/06	3/06	Project
a. Transition Plan Training Program			
b. Transition to Employment Training Project			
c. Transition Conference			
3. Initiate 06 activities, including sustainability planning	4/06	4/06	Grantees
a. Transition Plan Training Program			
b. Transition to Employment Program			
c. Transition Conference	2/06	2/06	
4. Monitor activities and review outcomes	5/06	11/06	Project

5. Develop and award grants for 07 activities:	11/06	12/06	Project
6. Initiate 07 activities:	1/07	12/07	Grantees
a. Transition Plan Training Program			
b. Transition to Employment Program			
c. Transition Conference			
8. Monitor activities and review outcomes	2/07	12/07	Project, Work Group
9. Develop and award grants for 08 activities:	11/07	12/07	
a. Transition Planning Training Program			
b. Transition to Employment Training Project			
c. Transition Conference			
10. Monitor activities and outcomes	2/07	12/07	Project, Work Group
11. Initiate 08 activities:	1/07	12/07	Grantees
a. Transition Plan Training Program			
b. Transition to Employment Program			
c. Transition Conference			
11. Complete implementation of sustainability plans		12/08	Grantees

G. EMPLOYER SUPPORTS – EDUCATION AND TECHNICAL ASSISTANCE (pg 48)

OBJECTIVE, STRATEGIES and ACTIVITIES	ACTIVITY TIMELINE		PARTNERS OVRs, OBLN, local Business Leadership Networks, Governor's Workforce Policy Cabinet, Employment Dept., Dept. of CCWS, Office of Minority, Women and Emerging Small Businesses
	INITIATE	COMPLETE	
Develop and implement a comprehensive education and marketing strategy to support promote employment of persons with disabilities, based on the business needs of employers and the business case for competitive and inclusive employment of persons with disabilities.			
1. In partnership with Oregon Business Leadership Network, Governor's Workforce Policy Cabinet, Employment Department, Department of Community College and Workforce Services, and others: a. Refine the "business case" for employing persons with disabilities, including persons with significant or severe disabilities b. Inform employers and the business community about the Project and its mission, and engage it in a dialogue about employing persons with disabilities by presenting the business case for employment of persons with disabilities; and seeking to learn and understand what employers want and need in order to hire, retain and advance the employment of persons with disabilities c. Develop local business leadership networks and employer partners d. Implement Project's educational and marketing campaign (see below) and sustain the campaign's accomplishments	2/06	12/08	
2. Develop and implement a comprehensive educational and marketing campaign to promote employment of persons with disabilities by public and private employers. In developing and implementing the campaign: a. Make the business case for employing persons with disabilities b. Explore previous and other educational and marketing efforts and where successful strategies, activities and materials can be identified, utilize or incorporate these in the campaign c. Determine what employers, from their perspective, need and want in order to hire, retain and advance persons with disabilities d. Identify and utilize "business champions" to model and promote employment of persons with disabilities and related "best practices" with employers e. Support, build-on and promote the concept of public employers as "model" employers of persons with disabilities	10/1/2006	12/31/2008	

TASKS/ TIMELINES			RESPONSIBLE PARTIES
1. Establish an Employer Supports Work Group. Task it with advising and assisting the Project in informing, educating and engaging employers in employing persons with disabilities. Include diversity of employers: public/private, large/small, urban/rural, differing business sectors	3/06 - meet monthly/as needed	12/08	Project Director
2. Bring Work Group members new to Project up to speed	4/06	12/06	Project
3. In partnership with OBLN and the Employment Department, introduce the Project to business community through outreach to the business leaders and organizations.	4/06	12/08	Project
4. Expand Leadership Council membership to include additional employer representatives	7/06	12/07	OVRs Administrator, Project Director
5. Initiate search for campaign partners and additional resources for carrying out campaign	7/06	12/06	
6. Compile and analyze information about:			
a. Other educational and marketing campaigns, including educational materials and tools, marketing approaches, etc	3/06	12/06	Project, Workgroup
b. What employers need and want to employ persons with disabilities; and how to effectively market employment of persons with disabilities, including persons with significant or severe disabilities. As needed:	6/06	9/06	Project, Workgroup
1. Refine knowledge of employers' wants and needs through key informant interviews, surveys, focus groups, etc.			Project or Contractor
2. Inventory the availability and usefulness of technical assistance, incentives and other resources available to employers to assist and support them in employing persons with disabilities; and, identify "unmet needs"			Project or Contractor
7. Develop plan, specifications and parameters for campaign. Explore options for developing/implementing campaign, including contracting with a public relations firm or other third party. Select responsible party.	4/06	9/06	Project Director, Work Group, Leadership Council
8. Develop campaign	10/06	12/06	Project, Contractor or other Third Party
9. Initiate campaign	1/07	6/08	Project, Contractor or other Third Party
10. Evaluate campaign outcomes -- results and effectiveness	7/08	9/08	Leadership Council
11. Develop and implement activities to sustain desired outcomes	10/08	12/08	Workgroup, Leadership Council

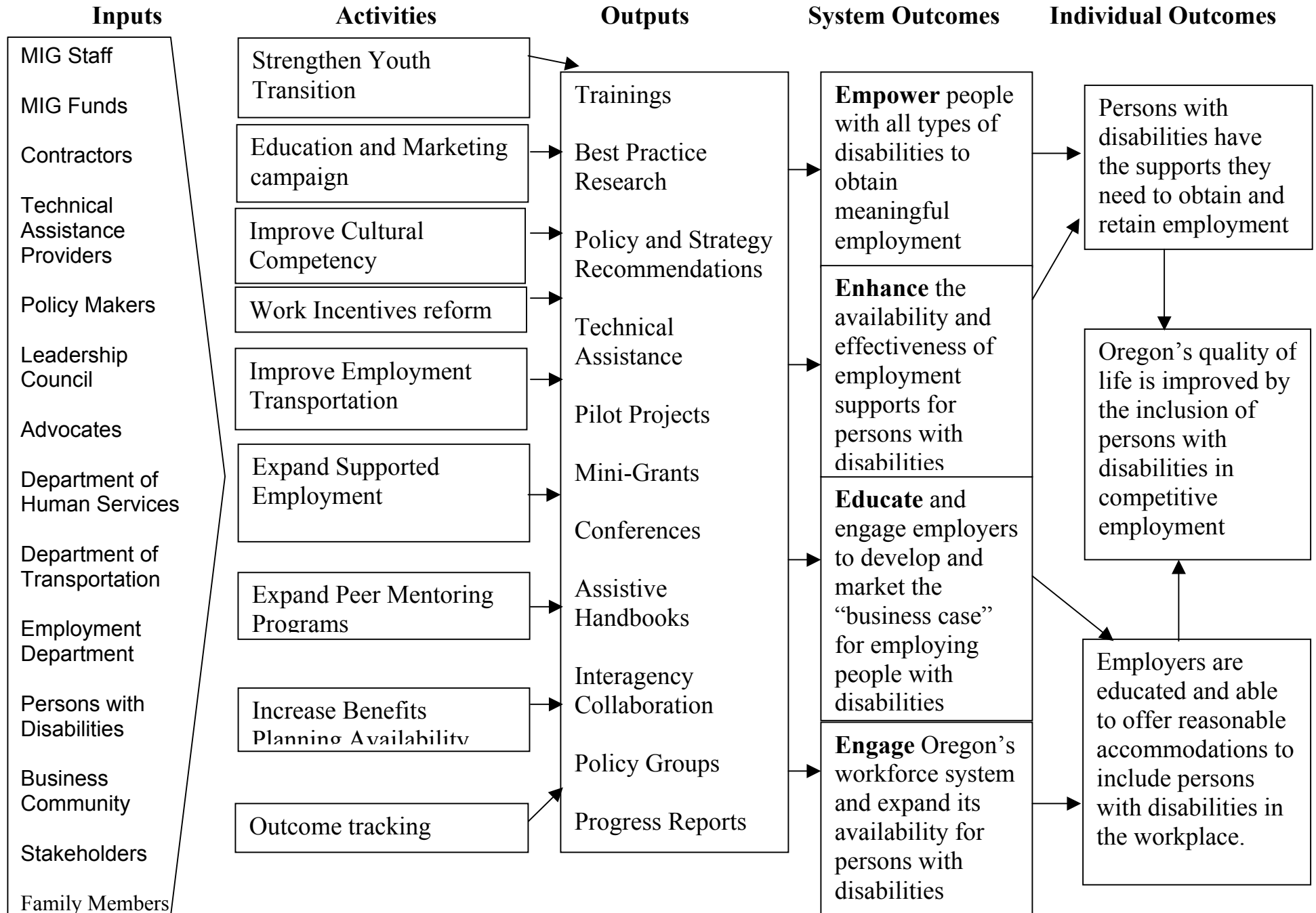
H. TRANSPORTATION (pg 51)

OBJECTIVE, STRATEGIES and ACTIVITIES	ACTIVITY TIMELINE		RESPONSIBLE PARTIES
	INITIATE	COMPLETE	
Expand transportation capacity to promote competitive employment for people with disabilities with a priority on areas in Oregon in which transportation services and supports are limited or non-existent.			
1. In coordination and collaboration with Oregon Department of Transportation (ODOT), and the Oregon United We Ride Working Group, the Project will assist and support ODOT and local communities in implementing and sustaining one or more initiatives to increase the availability of transportation services and supports to persons with disabilities, with an emphasis on efforts that increase the availability of transportation services and support in areas of Oregon outside of the I-5 and I-84 corridors and may be replicated in other communities.	2/06	12/08	
Tasks/Timeline			
1. Participate and assist ODOT and local communities in the creation of Community Coordination Plans for improving public transportation.	2/06	6/06	
2. Assemble the Transportation workgroup; meet monthly or as needed. The workgroup will:	3/06	12/08	
a. Evaluate strategic opportunities to leverage funds for transportation	3/06	5/06	
b. Identify potential projects based on geographic features, existing transportation supports, potential impact on services, and local Community Coordination Plans.	3/06	6/06	
c. Recommend transportation projects	7/06	7/06	
3. Select transportation activities to be carried out	7/06	7/06	
4. Plan selected transportation projects	8/06	10/06	
5. Enact one or more projects to improve employment transportation for persons with disabilities, based on the above recommendations.	11/06	12/08	

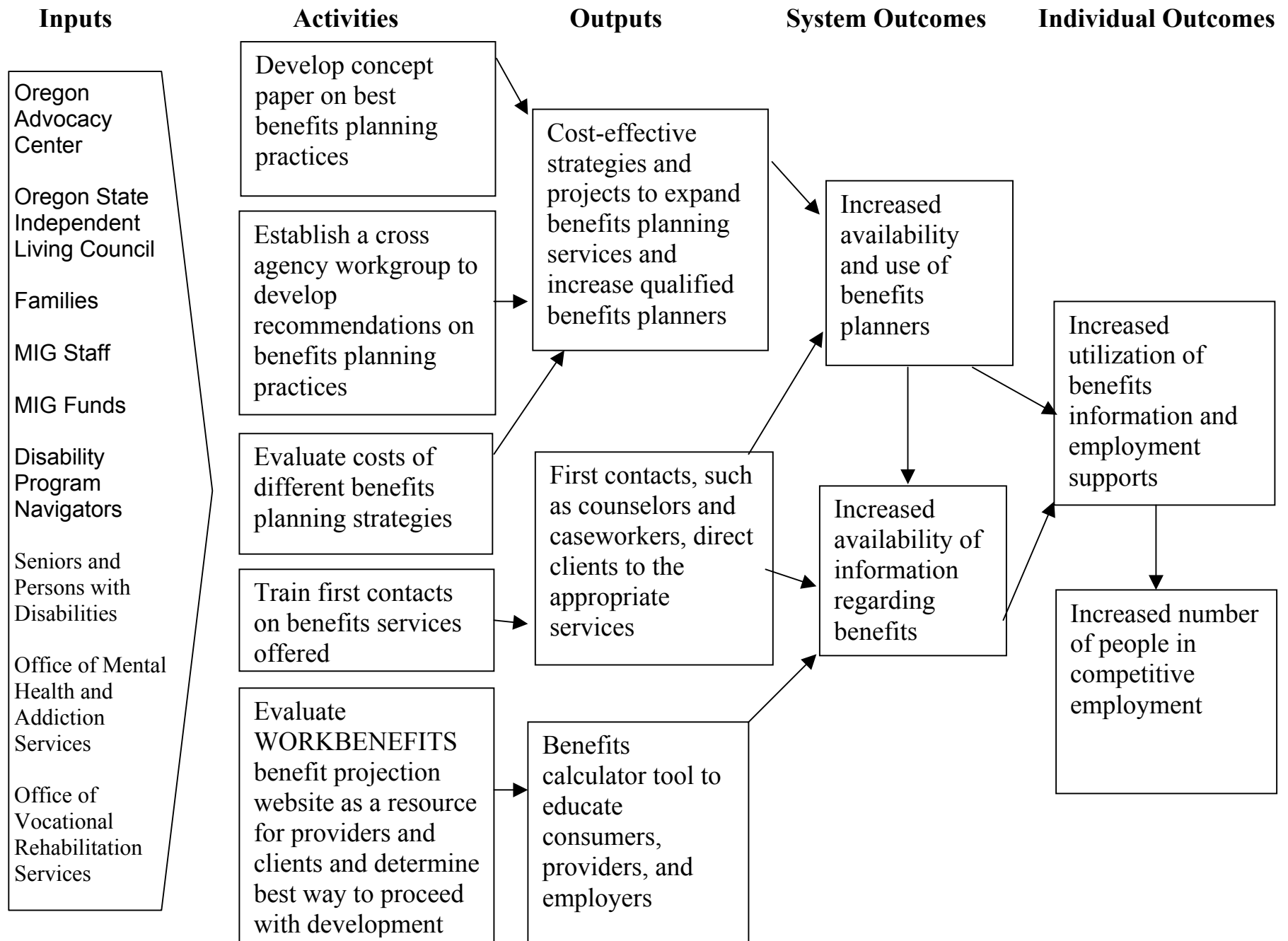
**OREGON COMPETITIVE EMPLOYMENT PROJECT
2006 BUDGET**

Project Personnel and Fringe Benefits	\$251,270		
Travel	\$12,700		
Equipment	0		
Supplies	\$6,000		
Contractual – contracts/grants for activities, services, materials related to the following “strategic plan” issue areas and purchasing technical assistance	\$216,000		
Issue Areas		\$191,000	
A. Employee Supports and Work Incentives – Supported Employment			
1. Increase supported employment of persons with significant psychiatric disabilities.			\$25,000
2. Increase supported employment of persons with developmental disabilities.			\$30,000
3. Increase supported employment of persons with acquired traumatic brain injuries.			\$5,000
B. Employee Supports and Work Incentives – Benefits Planning			\$28,000
C. Employee Supports and Work Incentives – Work Incentives			\$10,000
D. Employee Supports and Work Incentives – Peer Mentoring			
E. Employee Supports and Work Incentives – Culturally Competent Supports and Services			\$20,000
F. Youth and Family Supports – Transition			\$13,000
G. Employer Supports – Education and Technical Assistance			\$40,000
H. Transportation			\$20,000
Technical Assistance	\$25,000		
Facilities/Construction	0		
Other	\$7,654		
1. Leadership Council		\$2,654	
2. Data Collection		\$5,000	
Direct Costs	\$493,624		
Indirect Costs (9% of direct costs)	\$44,426		
TOTAL	\$538,050		

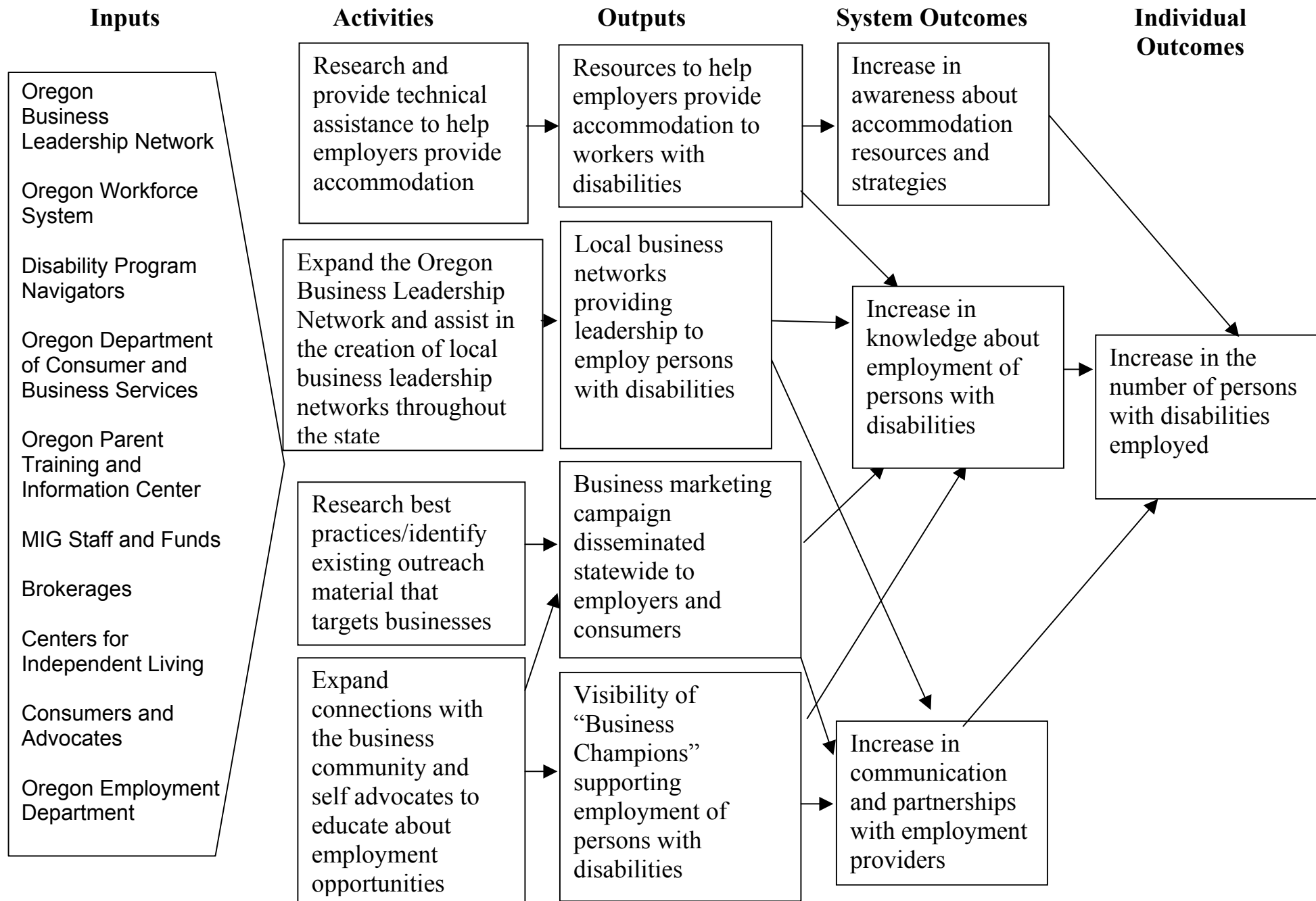
Overall MIG Project



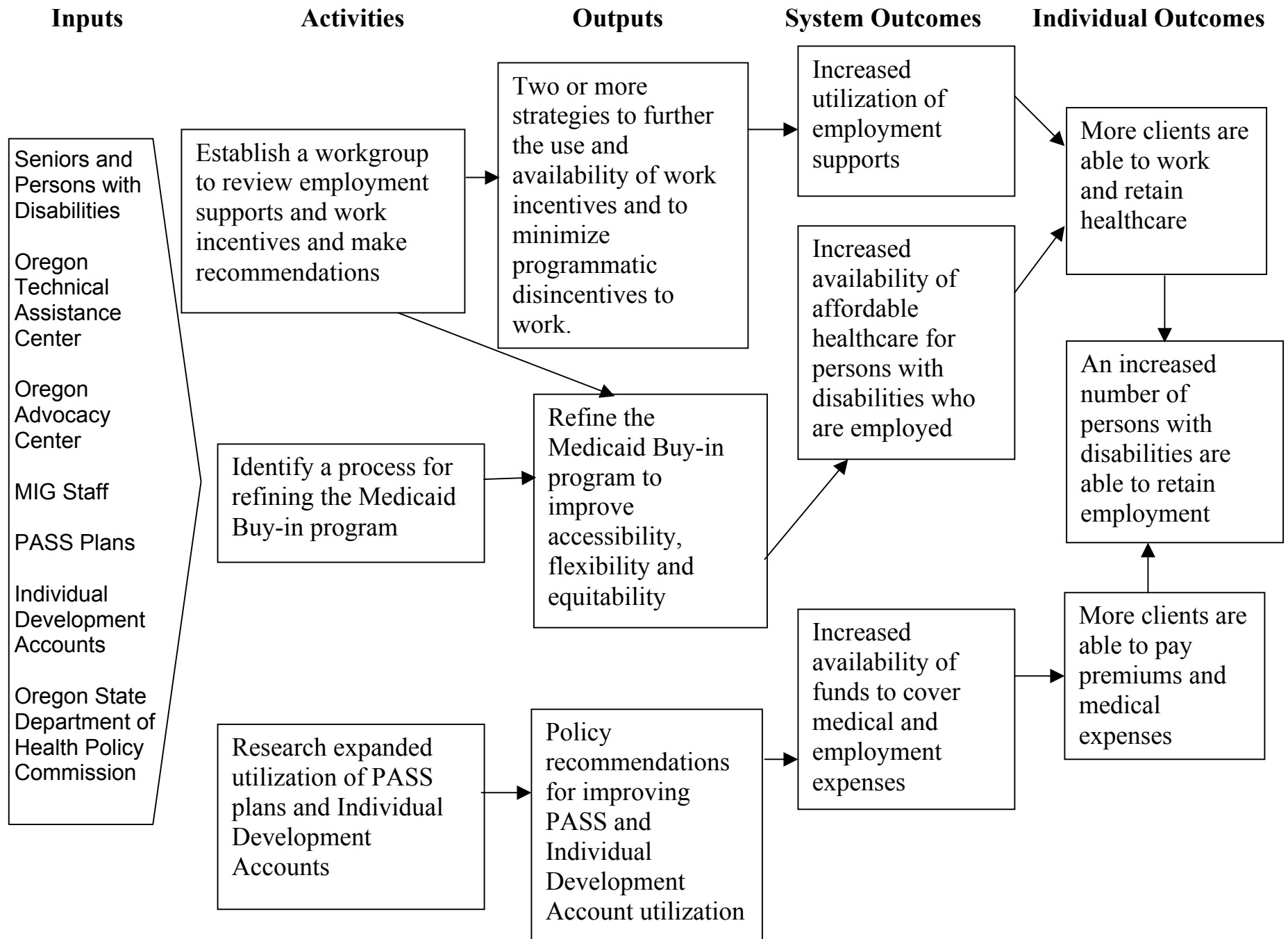
Issue area: **Benefits Planning**



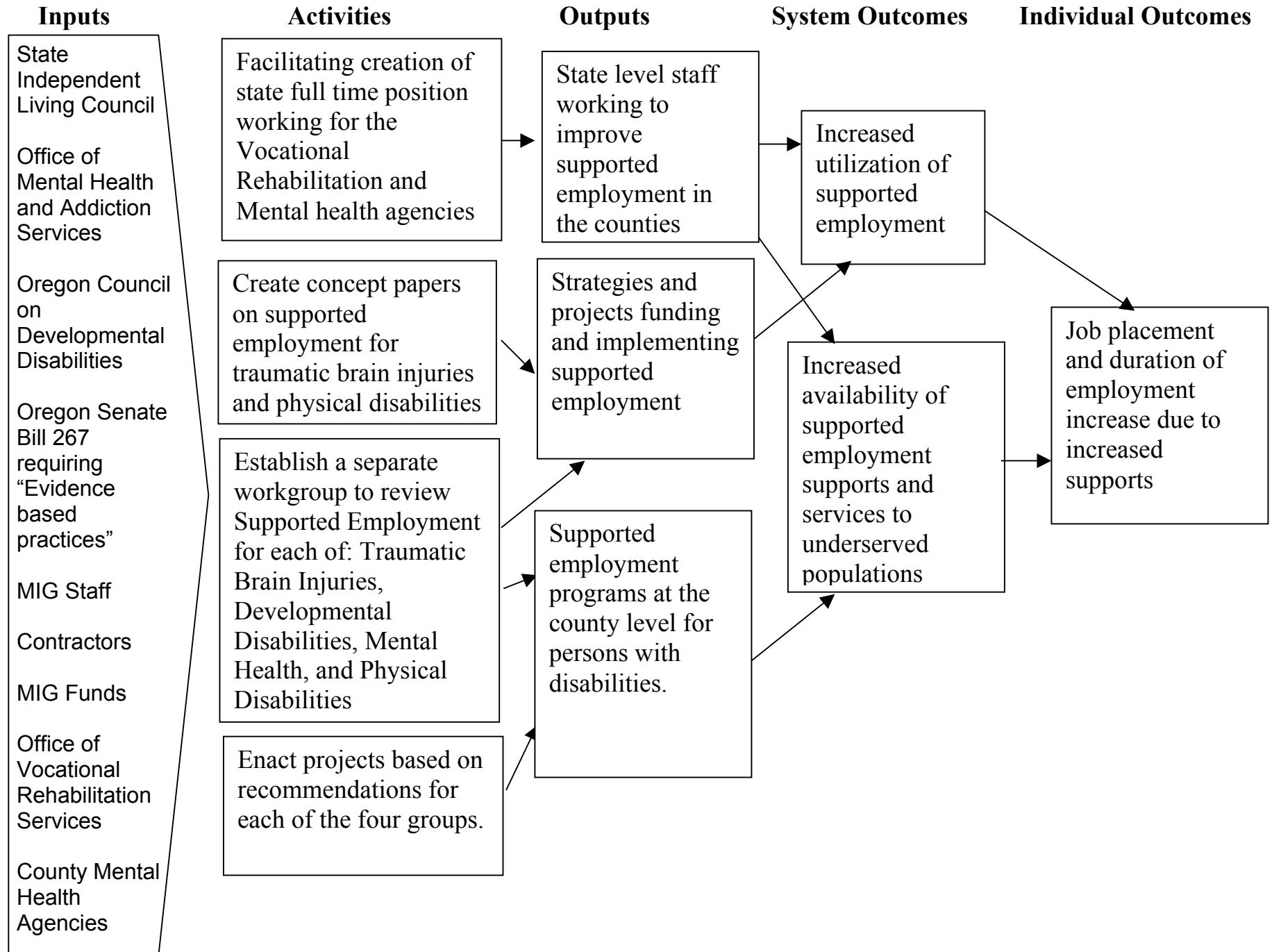
Issue area: **“Employer Education and Technical Assistance”**



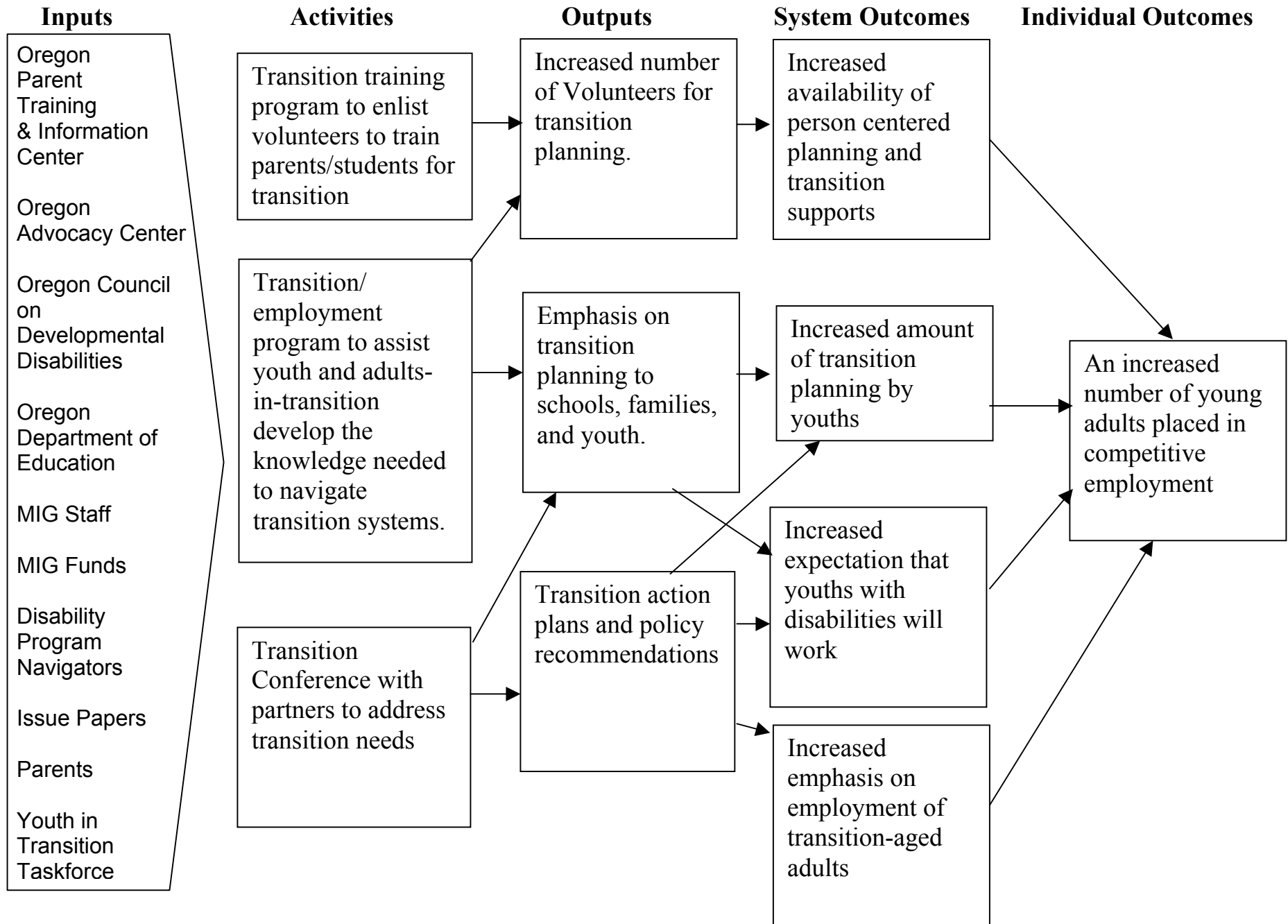
Issue areas: **Work Incentives**



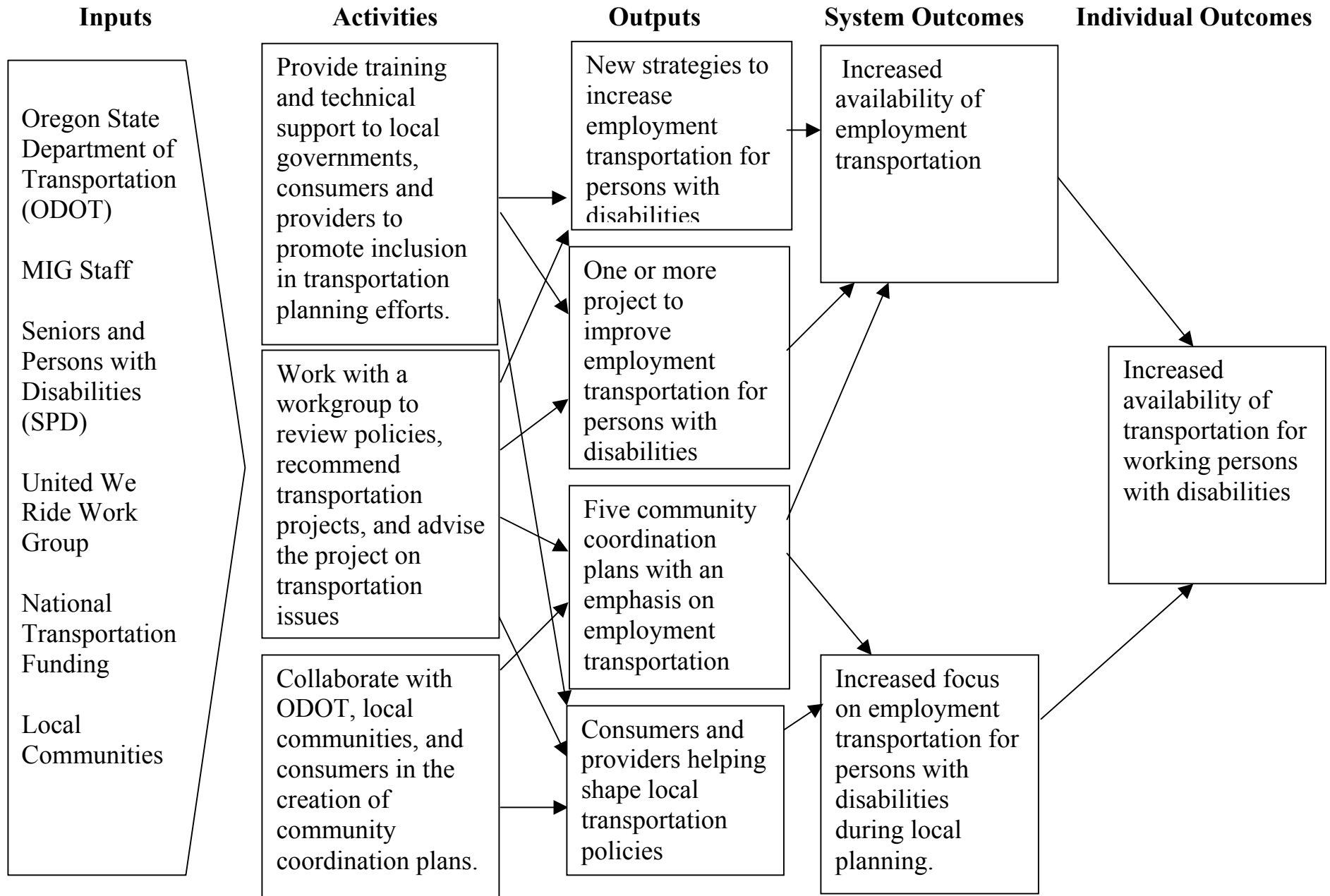
Issue areas: “Supported Employment”



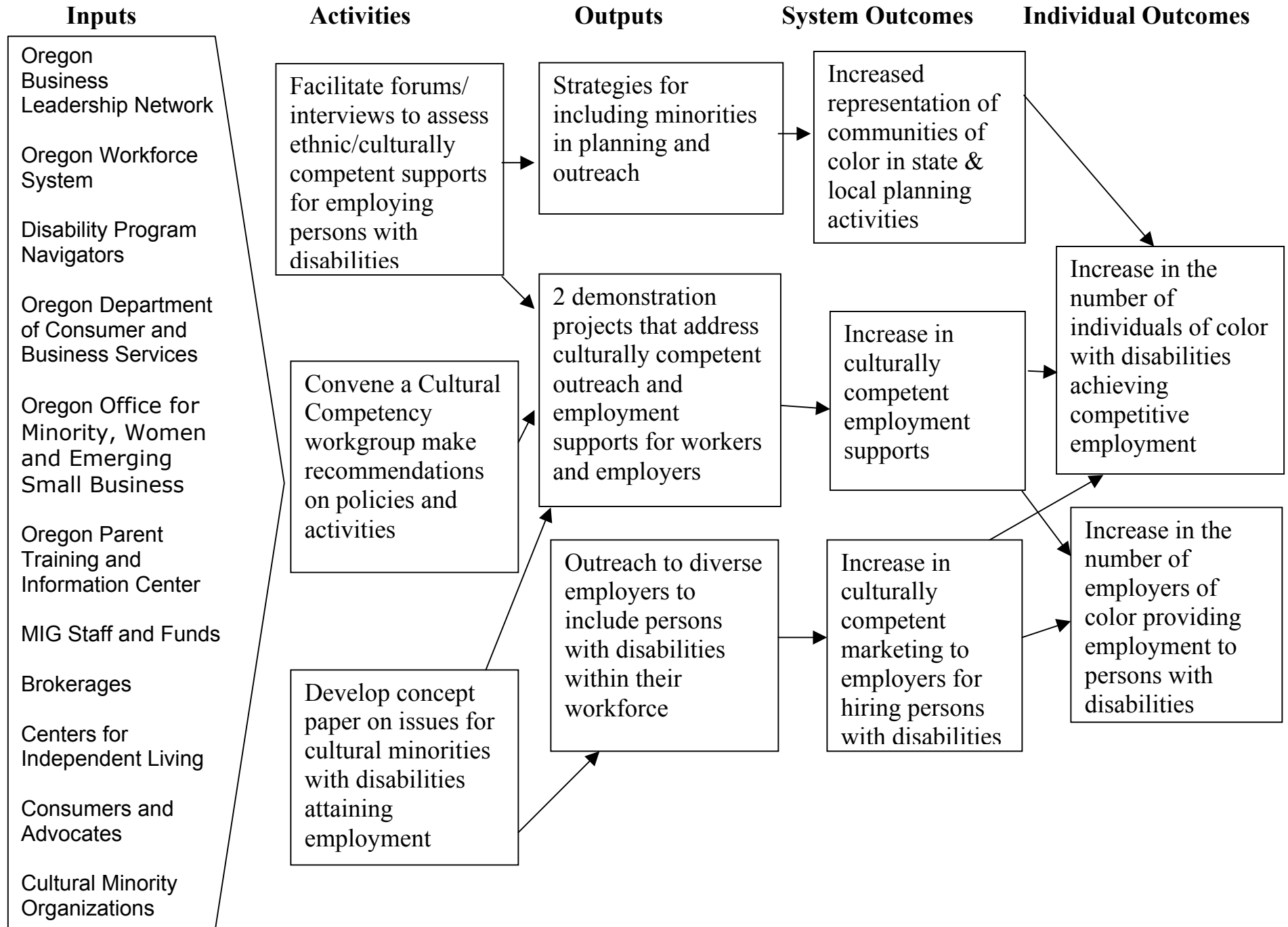
Issue area: **Youth Transition**



Issue area: **Transportation**



Issue Area: **Culturally Competent Supports and Services**



VIGNETTES

These vignettes are set in the future, after the completion of this Medicaid Infrastructure Grant. They represent three hypothetical persons with varying disabilities who are able to obtain the supports and services they need to obtain meaningful employment. Instances where the results of grant funded and sponsored occur are bolded.

Matt

Matt is a single man working in construction. At the age of 30 he experiences a traffic accident that leaves him with a severe physical disability. Matt has a family who advocates and supports him. Matt spends two months in the hospital and nine more months at a rehabilitation center, at end of which he is ready to return to his home community. Matt's questions about his future at that time include:

- How will I be able to care for myself?
- How can I meet my financial needs given I do not have any savings?
- Will I be able to work and support myself since I am no longer capable of engaging in heavy labor?

Within the first month after his accident, the hospital social worker helped Matt contact his local Seniors and Persons with Disabilities' Disability Services Office. An eligibility worker provided Matt with basic information about Social Security, the Oregon Health Plan, and the assessment process for in-home and other services available through the Oregon Aged and Physical Disabilities waiver. Because Matt has a work history and has paid into Social Security, he is determined to be eligible for \$900 a month in SSDI. Matt is also eligible for Medicaid.

A caseworker at the Disability Services Office completed a needs assessment and identified Matt's need for assistance with activities of daily living available through the Aged and Physical Disabilities Waiver. Through this review, it was determined that Matt needs 225 hours a month of assistance with dressing, meal preparation and mobility. Under an In Home Services Plan that is developed for Matt, it is determined that he needs 225 hours of support. 175 hours of this will be proved by paid in-home service providers and an additional 50 hours of "natural supports" will be provided by his family. Matt's services will cost \$1,625. Matt will be required to contribute \$295; the rest will be covered by Medicaid.

During the final months of his stay at the rehabilitation center, **Matt and a team of his supporters, including members of his immediate family, rehabilitation staff, his case manager, his vocational rehabilitation counselor and Matt's former employer, develop a person centered plan to for his new life, work goals and needed services and supports.** The plan spells out the services, supports and resources Matt and his team believes he will need over the next 24 months. Matt and his team continue to adjust and refine his plan through the remainder of his stay at the rehabilitation center.

Through the planning process it is determined that Matt's employer is eager for him to return to work and is willing to consider changing Matt's job duties or developing a combination of different tasks and responsibilities suitable to the Matt and the employer's needs. Over a four-month period, Matt's vocational rehabilitation counselor enlists the services of a Job Developer to work with Matt to try out various job duties, and to work with Matt's employer in identifying the company's needs. **Matt's employer is referred to the Oregon Business Leadership Network, which provides them with resources and technical assistance to provide accommodation for Matt's employment.** At the end of four months, Matt begins working full-time as an office aide on construction projects, and will earn \$1500 per month. Through this job carving process, Matt established an employment plan and set of goals. The former includes arrangements for on-the-job supports, including two months of fulltime job coaching, 2 hours a week of ongoing job coaching maintenance support.

In developing his In Home Services Plan, **Matt's caseworker briefs him about work incentives, determines that Matt would probably benefit from professional benefits counseling and refers him to a professional Benefits Planner.** The planner determines that he has some Social Security Work Incentives that will allow him to keep his benefit check for 12 months, then after that he will stay in "eligibility status" for three years even though he earns enough that his cash check stops. Matt and his support team agree that it is a good financial decision for him.

Through the benefits planner, Matt also learns that he is eligible for the **Employed Persons with Disabilities (EPD) Program** (Oregon's Medicaid Buy-In Program). In enrolling in the EPD Program, Matt continues to work full-time and is able to maintain Medicaid benefits, which he must have to purchase the In-Home-Support Services and other necessary medical services and supports he needs. In order to utilize the EPD Program, Matt continues to pay \$295 a month from his SSDI cash check benefits. Later, after Matt demonstrates he is able to continue to work and support himself, and his SSDI benefits are discontinued, Matt remains eligible for Medicaid benefits but because EPD rules do not require him to continue to contribute \$295, he suffers no loss in income. In addition, by participating in the EPD Program, Matt takes advantage the EPD Approved Accounts, and a 401k option through his employer to save for retirement.

Through the benefits counselor, Matt learns about and enrolls in another useful work incentive – an **Individual Development Account (IDA) Program.** Through the IDA Program, Matt is able to save money for employment-related training, services and supports. For every \$1 Matt deposits into his IDA, the IDA Program provides him with a \$2 match. Matt sets aside \$65 a month, which nets a match of \$130, for a total monthly deposit of \$195 into his IDA. Matt plans on participating in the IDA Program for the full five years available to him. Matt's goal is to take courses in business management and become promoted within the company he works for.

Matt lives in a rural community with no mass-transit system and is no longer able to drive. He now needs assistance commuting to and from work. **Through the Medicaid Transportation Brokerage in his community, Matt is able to get non-medical employment transportation five days a week at little cost to himself.**

Snapshot Two Years Later

Matt has begun coursework at a local community college in business management, and continues to work in his current job. He has increased his earnings to \$1700 a month, and only receives 2 hours of job coaching a month. The EPD program covers his personal attendant services and medical needs, and he still does not have a contribution to the program.

John

John, who has a history of psychiatric hospitalization and a patchy work history, wants to work in a competitive job in the community. While he is concerned that working may jeopardize his SSDI, Medicaid and housing benefits, he really wants to break his previous pattern of employment, which has included periods of employment in low wage jobs broken by increased symptoms and eventually job loss. In the past, John hasn't had the support from a community mental health program in supporting him with work.

Working with a community mental health program supported employment specialist and an vocational rehabilitation counselor knowledgeable about dual diagnosis (mental illness and drug/alcohol use), it quickly becomes clear that a contributing factor to John's issues obtaining and retaining a job. John, in collaboration with his mental health case manager and his vocational rehabilitation counselor begin to address these issues and to not allow his substance abuse prevent him from obtaining the mental health and vocational rehabilitation services he needs.

Through collaborative relationships at the local level (which involve use of mental health resources to match federal vocational rehabilitation dollars), John learns that he can enroll in a supported education program or move directly into a supported employment. Through a person-centered planning strategy, John and his supporters assess his strengths and weakness vis-à-vis employment, and identify age-congruent employment opportunities.

With his prior work history and current needs mapped-out, John identifies the supports he needs to obtain an education or obtain and maintain employment. Through a blend of vocational rehabilitation and mental health funding sources, John purchases the needed support services.

John obtains employment with a local employer (**who has become an Ticket-to-Work Employment Network, in connection with the Office of Vocational Rehabilitation Services**). Arrangements are made for John to be provided with ongoing work support through a job coach. The coach's salary is paid in part through funds John's employer receives as an Employer Network. In John's case, the coach works directly with him and his immediate supervisor to provide information to address the stigma and misunderstanding often associated with psychiatric disabilities, and assist the supervisor in effectively managing and supporting John. John's employer has found that the coaching his management team has received since becoming an Employer Network has made his managers more effective supervisors – both with employees who have disabilities and those who do not have disabilities. John's coach also helps John report his income to the local Social Security office.

Through benefits counseling, John is able to understand how his job and work are affecting his benefits, and the options that are available to him.

Snapshot Three Years Later

John, through supported employment, has retained a job for over three years. He periodically checks in with community mental health, but mostly gets his social support from the friends he has acquired through his job. He no longer relies on mental health day treatment for support, but he does see his psychiatrist for medications and making adjustments so that he isn't tired at work. His self-esteem has improved and he has been able to obtain more control over his symptoms of mental illness.

John's monthly budget has improved as well. He can now afford new clothes, go to the movies, and is dating a woman that he met through work. Life has changed for Jon since he went back to work, and he now has challenges with work and relationships.

The Office of Mental Health and Addiction Services now has a data tracking system that, in connection with Office of Vocational Rehabilitation Services' data system, makes it possible to track John's earnings, use of publicly funded benefits, hospital and medication usage. A cost benefit formula has been developed and reports can be routinely generated. This information has been very useful promoting and developing supported employment services across for individuals such as John and across Oregon's mental health system.

Mary

Mary is a 16-year-old student with developmental disabilities. She is presently in school and eligible to receive school services through age 21 to achieve defined vocational and independent living goals. Mary presently receives developmental disability case management services. Upon becoming 18, Mary will be eligible for self-directed services and supports through a local, state-funded support brokerage that will assist her developing a budget and identifying and obtaining the services and supports necessary to live in her community.

Mary's teacher uses an annual individualized education plan (IEP) meeting with Mary to identify and assemble an initial transition team and develop a transition plan. The team includes Mary, her mother, her county developmental disabilities case manager and a counselor consultant from the Office of Vocational Rehabilitation Services (OVRs). **Mary's team helps her develop a person-centered plan focusing on her post-secondary education and employment and living.** Mary wants to work when she leaves school but is unclear about in what field and how it can occur. Mary and her supporters also indicate their shared desire that she be able to live independently upon becoming an adult. Mary and her team need further information about Social Security, health care benefits, and the relationship between these benefits and Mary becoming employed and gaining her independence,

Mary's school program from the time she is 16 to 18 focuses on providing her with unpaid work experience, giving her the chance to clarify her interests and skills, and identifying those supports Mary will need to successfully get and keep employment. A referral to a local **One-Stop Employment Center** (operated by the Employment Department) connects Mary and her supporters to a youth counselor who helps Mary develop a plan that includes a series of work trials and job shadows. **These onsite work experiences have been developed with the support of the Oregon Business Leadership Network and a local office of the state's Department of Community Colleges and Workforce System.** Mary's individualized education plan also includes independent living goals achieved through participation in the school's "Life Skills –Apartment Program".

A series of activities inform Mary and her family about benefits. The school annually sponsors a "Social Security Information Night" for all the families of young adults with disabilities. As a follow-up, Mary's case manager helps her understand the process of applying for SSI and how she may move to self-directed services and supports at age 18. In addition, through her high school's counseling program, **Mary accesses a computerized benefits counseling program that provides her with basic information about entitlements. It also alerts students such as Mary about whether they are likely to need and would benefit from more in-depth and individualized benefits screening and planning.**

Two months prior to Mary's 18th birthday, she applies for SSI. In addition, she is referred to a local Disabilities Services Office (of the state's Seniors and Persons with Disabilities cluster of services) in order to confirm her eligibility for Medicaid. She is subsequently referred to a local Brokerage and a Personal Agent for adult self-directed developmental disability services and supports. (Brokerage and personal agents are funded by one of the state's home and

community-based Medicaid waivers to traditional intermediate care facility for the mentally retarded Medicaid funding).

The Personal Agent helps Mary refine her initial person-centered plan and set priorities for the use of her long-term support budget, in conjunction with other resources, to achieve employment and independent living goals. The Personal Agent replaces the case manager on Mary's school transition team.

In the summer of her 19th year, Mary is offered a paid summer job at one of her job shadow sights. This provides Mary with paid world experiences that help her make informed decisions about her career goals. During this period Mary takes advantage of the Student Earned Income Exclusion Work incentive to assure she is able to maintain essential benefits. Feedback from her employer and from Mary about things to work on provides the foundation for an updated individualized education plan and identify the academic coursework, internships and additional summer employment opportunities that Mary will pursue.

At the age of 19 1/2, Mary and her team refine her person-centered plan and transition plan. **A local Benefits Planner joins Mary's team and completes a comprehensive benefits analysis.** The updated plans map out the specific activities and milestones that Mary, over the ensuing 18 months, will carry out in order to effectively transition from high school; and the vocational rehabilitation, developmental disability and Social Security resources she will need to utilize in pursuing her goals as an adult.

- Mary, along with her mom and Personal Agent, participate in "Self Determination and Your Career", a 3-session class to help individuals guide their paths to the future.
- Mary has decided that she wants to pursue work in the health field. **Mary will need supported employment to maintain competitive employment.** Mary's friendly nature and positive work ethic should facilitate use of paid co-workers as a natural support to help Mary in maintaining her work performance.
- Mary's school placement in her last year of school eligibility moves from the high school to the local community college. The college has developed a program to address the shortage of healthcare workers. This two-year training program is a good match for Mary. It provides one-on-one support for the nine-month classroom program, when high school graduation will occur followed by nine months of on-the-job training at an employment site. The program is also likely to facilitate career advancement Mary's local school district funds initial costs for classes. She will graduate from high school and then complete her on the job training program
- Mary applies for vocational rehabilitation services in order to obtain the time-limited assistance she needs to reach her employment goals. (When a vocational rehabilitation case is opened, the client's Vocational Rehabilitation Counselor and Personal Agent work together to assure that the client is provided with time-limited

and long-term services, support and resources that he or she needs.) **Mary's joint VR Individual Employment Plan and Brokerage Individual Support Plan identify and arrange needed Supported Employment services and supports. This plan is a natural progression and outgrowth of the school person centered transition plan.** The components of this plan includes:

- On a time-limited basis, the Office of Vocational Rehabilitation Services provides Mary with advice about accommodations at her job placement and assistance with extra tutoring she needs after she graduates from high school and enrolls in the courses at the community college.
 - **The Office of Vocational Rehabilitation Services also connects Mary with a Peer Advocate/Mentor, Jane, who happens to have a disability and is successfully employed as a health care professional.** Over time, Jane becomes a member of Mary's planning teams.
 - Provisions for use of a **Social Security Plan to Achieve Self Support (or PASS)** for a period of 30 months to fund a job coach as Mary's work skills improve and her work hours are increased.
 - On-going support for Mary to meet job expectations will be available through "typical" support from her co-workers and access to a paid job coach to problem solve with Mary and her employer. Mary will use wages and some of her Brokerage support budget for these services.
 - The plan will also define decision points for returning to the Office of Vocational Rehabilitation Services and obtaining the vocational services she needs in order to move to next step in her career path.
- Mary's anticipated movement into an apartment of her own after 18 months of employment, depending on the resources her team and she have been able to identify, and her independent living skills.

Snapshot Mary at age 24

Mary has been working at Providence Medical Center as a "Nurses Aid" for 2 years. Some "job carving" has occurred and Mary now focuses on doing three major tasks that she can do well including: preparing trays and feeding patients; providing basic patient care and helping with walking and exercise. Mary works 35 hours a week. Her initial wage was \$7.00 per hour per hour and she has received two raises presently earning \$9.50 per hour. Mary has used a paid job coach for a total of 30 hours this year to help when her job tasks changed and to help her talk to her new supervisor.

Mary and her friend Toni moved into an apartment last year. For fun Mary and her roommate go to the local gym, the movies, and concerts. Mary uses her support service budget to have help with budgeting and shopping.

**BENEFITS PLANNING
IN OREGON:**
A Vision for the Future

Prepared for the State of Oregon Medicaid Infrastructure Grant
December 2005

Submitted By:
Oregon Advocacy Center

Executive Summary

Benefits planning is a counseling approach that supports people with disabilities in achieving employment through the delivery of accurate information about state and federal benefit program work rules and work incentives. It is an essential service for people with disabilities, serving a critical role in countering misinformation that prevents people from working and providing necessary support in using existing Work Incentives. It is needed at all stages of the employment process to assure individuals have adequate information to make informed decisions. Without benefits planning and assistance, the complexities and ongoing revisions in benefit programs constitute a barrier to work.

The number of people currently providing Benefits Planning services in Oregon is not known. Instead, there are disconnected individuals and organizations attempting to meet this need on their own, each with varying levels of training and experience and providing varying levels of services. To assure individuals with disabilities are receiving accurate information, these individuals and organizations should collaborate in developing statewide benefits planning services to make accurate benefits information available to any person with a disability who is pursuing, or considering pursuing, employment.

Three critical partners are needed to address this barrier: Benefits Planners, professionals in disability and employment services, and benefits program staff. Each requires a different level of knowledge, related to their roles in the employment process. Consistent and accurate information from each partner is essential to remove this barrier and ensure successful employment for all people with disabilities.

To remove this barrier, leadership and collaboration is needed to: (a) clarify the roles among partners, (b) develop capacity and sustainability for Benefits Planners, and (c) develop of a system of communication among partners. The Medicaid Infrastructure Grant provides a unique opportunity to pull together key partners to establish a cooperative plan and to support the implementation of activities that will ensure sustainability.

Recommended actions for Medicaid Infrastructure Grant to support development of Benefits Planning services:

1. Phase 1:

- Plan and facilitate a Benefits Planning Retreat
 - Bring together critical partners and national experts
 - Brainstorm and create a statewide plan for Benefits Planning services
 - Incorporate the roles of critical partners into the statewide plan
 - Implement the activities identified in the Benefits Planning Retreat to establish a sustainable system of Benefits Planning in Oregon

Phase 2:

- Plan and facilitate a second Benefits Planning Retreat
 - Bring together local partners and national experts
 - Develop necessary systems and supports to carry out the statewide plan
 - Implement the activities identified in the second Benefits Planning Retreat to maintain a sustainable system of Benefits Planning in Oregon

I. The Need for Benefits Planning Services

Many people who experience disabilities utilize a variety of critical public benefits to meet their essential living needs; without them, many would experience crises such as homelessness or hospitalization. Unfortunately, the complexities and ongoing revisions in these benefit programs create a barrier for those seeking independence, self-sufficiency, and a better quality of life through working. Primarily, the complexities and revisions generate opportunities for significant misinformation among beneficiaries, staff who administer benefit programs, and professionals who serve people with disabilities. After years of inaccurate information and stories of people who have tried working and lost their cash or medical benefits, people who experience disabilities are choosing not to work or they are limiting their work to ensure they keep the critical supports they need to survive.

To encourage more people with disabilities in their pursuit of work, these public benefit programs, particularly SSI and SSDI, have, over time, been revised to include a variety of work programs that encourage employment, called Work Incentives. While the Work Incentives address many of the concerns individuals with disabilities have regarding work—for example by extending health insurance or by providing funding for vocational expenses, the rules for the incentive programs are complex and generate additional confusion. As a result, few people access the valuable opportunities they offer.

The significant rate of unemployment and underutilization of the Social Security Work Incentives can be clearly seen in the following table:

	December 2004
Employment Data	
Number of SSI recipients in Oregon	52,222
Number of SSI recipients in Oregon who work	3,885
% of SSI recipients in Oregon who work	7.4%
% of SSI recipients nationally who work	5.6%
Number of Title II disability beneficiaries (generally SSDI) in Oregon (12/03 data)	67,580
Number of Title II disability beneficiaries (generally SSDI) whose benefits were withheld or terminated due to working (12/03 data)	640
% of Title II disability beneficiaries (generally SSDI) in Oregon whose benefits were withheld or terminated due to working (12/03)	9.4%
% of Title II disability beneficiaries (generally SSDI) nationally whose benefits were withheld or terminated due to working (12/03)	9.1%

SSI Work Incentive Data	Oregon
SSI recipients earning over substantial gainful activity (1619 participants)	945
Blind Work Expenses (BWE)	33
Impairment Related Work Expenses (IRWE)	42
Plan's for Achieving Self Support (PASS)	20
National monthly mean PASS exclusion	\$569

**See attached Tables 2, 9, 14, and 51 for statistics on national employment rates and use of Work Incentives.

A recent National Council on Disability report outlined the issues noted above stating, “There is prevalent fear that work attempts would result in either a determination that the disability has ended or the need to repay benefits (Executive Summary, Beneficiary Perspective and Self Direction, para. 2)”. They concluded:

Congress and SSA have developed a variety of work incentives and special programs designed to encourage beneficiaries to attempt to obtain and sustain employment. Yet SSA’s efforts to eliminate work disincentives have often added to the complexity of the entire program, confusing beneficiaries and making them leery of any action that might unknowingly jeopardize their benefits. (Executive Summary, Introduction to the Problem, para. 1)

The report goes on to clarify the problem, asserting: “The major reasons cited for the extreme underutilization of these work incentives by beneficiaries were (1) few beneficiaries knew that the work incentives existed, and (2) those who were aware of the incentives thought they were complex, difficult to understand, and of limited use when entering low-paying employment (GAO, 1999, cited in National Council on Disability, Executive Summary, Response of Congress and the Social Security Administration to the Problem, para. 2).”

II. Defining Benefits Planning Services

To address these needs, a new service, Benefits Planning, has slowly evolved. Benefits Planning is:

a set of benefits counseling strategies, services and supports that seek to promote work preparation, attachment, and advancement focusing on the enhancement of self-sufficiency and independence of Social Security Administration beneficiaries and recipients with disabilities through informed choice, which may result in decreased reliance on public benefit programs and increased financial well being. (2005 Benefits Planning, p. xvi)

In practice, there are three essential levels of Benefits Planning services (2005 Benefits Planning, p. xix-xxi).

ESSENTIAL SERVICES OF BENEFITS PLANNING:

- **Benefits Outreach:** Information and referral, marketing, systems intervention, and training. This service includes educating people about the availability of Benefits Planning services, referring people to appropriate partners, working with partners to establish collaboration, and providing training opportunities about “benefits basics.” Benefit basics include general information about how key benefits are affected by working and use of Work Incentives, as well as dispelling common myths.
- **Benefits Planning:** Data collection, profiling and analysis, problem solving and advocacy, advisement and counsel, and short-term interventions. This service includes clarifying the person’s current benefits status, identifying impacts of working on benefits, identifying Work Incentives that would support reaching the employment goal, providing summary about impacts and Work Incentives to individuals (written summary referred to as a Benefits Analysis), assisting in implementing Work Incentives, and reporting to appropriate agencies.
- **Benefits Assistance:** Proactive benefits monitoring and follow-up, support planning, benefits management, and long-term intervention. This service includes supporting the person through the transition to work by establishing necessary reporting and tracking systems, following up to assure systems are effective, and addressing issues related to changes in life circumstances, such as marriage or a change in wages

Three critical partners are needed to satisfy the demand for essential levels of Benefits Planning Services: Benefits Planners, professionals in disability and employment services, and benefits program staff. Partners require a different level of knowledge, related to their roles in the employment process. The basic knowledge level and role they all must fulfill include the following.

CRITICAL PARTNERS: ROLE AND ESSENTIAL KNOWLEDGE LEVEL

1. Benefits Planners: Experts who are certified in providing Benefits Planning services must (a) be readily available to help synthesize work-rule information for multiple benefit programs, (b) incorporate multiple Work Incentives into workable options for clients, (c) provide information in written format, and (d) assist in implementing work reporting activities and implementation of Work Incentives. Additionally, they must refer to Benefit Program staff and professionals in disability and employment services as needed.
2. Professionals in disability and employment services: Professionals in social services, both public agencies and private organizations, must be knowledgeable about benefits basics. Additionally, they must refer to Benefits Planners and benefit program staff as needed. Public agencies and private organizations that fall into this category include: Vocational Rehabilitation, Oregon Commission for the Blind, Independent Living Centers, high school transition programs, private rehabilitation providers, One-Stops and Disability Navigators, developmental disability county programs, developmental disability brokerages, mental health county programs, and mental health centers.
3. Benefit Program Staff: Staff who administer state and federal benefit programs must provide accurate information about the work rules and Work Incentives of their specific programs, and refer to Benefits Planners and professionals in disability and employment services as needed. State and federal benefit programs that fall into this category include: Seniors and People with Disabilities, local housing authorities, and Social Security Administration.

For each individual with a disability pursuing employment, the amount, duration, and scope of Benefits Planning services needed will vary. As a result, it is critical that partners clearly understand their roles and responsibilities, as well as the roles of the other partners, to be able to provide the necessary information and referrals. It is only through this development of capacity and sustainability, clarification and ownership of roles, and development of a system of collaboration that benefit-related barriers to employment can be lessened, and people with disabilities can begin to move toward employment without fear.

III. Historical Approaches

Beginning approximately 20 years ago, people began to imagine and develop new ways to assist people with disabilities in obtaining competitive employment. As their efforts began to show success, the fears and concerns that work might negatively affect disability benefits became more apparent. Absent valid and reliable sources of information, these fears and concerns created a barrier to employment.

A small number of individuals developed expertise about the work rules and incentives of various public benefit programs in an attempt to counter the myths and misinformation surrounding work

and disability benefits. So began the role of Benefits Planners. More, these individuals sought changes in federal and state programs to remove the disincentives that still existed in work rules.

Recognition of the value of Benefits Planners began to grow, and states experimented with how best to support the development of Benefits Planning services, not only by building capacity of Benefits Planners, but also by addressing the need for increased knowledge among their critical partners, professionals in disability and employment services and benefit program staff. Many states, including Oregon, utilized grant funding to try to address this need, but few were successful in sustaining what was created.

With continued national and local efforts on increasing employment of persons with disabilities, the need for access to these types of services and supports has become essential. The passage of the Ticket to Work and Work Incentive Improvement Act of 1999 (TWWIIA) propelled the field of Benefits Planning forward. Through this legislation, the Social Security Administration allocated grant funds to every state to establish Benefits Planners through Benefits Planning, Assistance and Outreach Projects (BPAOs). In addition to funding positions, monies were allocated to establish standards, as well as provide training and ongoing technical assistance to help assure quality in the delivery of benefits planning services. Social Security also developed a corps of Work Incentive specialists within local Social Security offices to provide timely and accurate information about SSA's incentives for beneficiaries with disabilities who want to work. Lastly, SSA expanded its list of Work Incentives, including provisions for extended health insurance coverage and expedited reinstatement of benefits if terminated due to work.

IV. Current Examples of Benefits Planning in Other States

Many states have worked to build capacity for Benefits Planning services, and increase the knowledge level of professionals in disability and employment services and benefit program staff. Below is a description of a few efforts to meet the critical responsibilities of benefits planning services for people with disabilities.

Vermont:

Vermont has used a variety of grant funds over the last 10 years to develop its ability to provide Benefits Planning services (P. Baird & M. W. Turner, Consortium for Health Systems Development, personal communication, December 2005). In the mid 1990's, Vermont was awarded a grant from the Robert Wood Johnson Foundation, which it used to fund its first Benefits Planner. In 1999, Vermont utilized the SSA-funded State Partnership Initiative to create a broader Benefits Planning program. Six Benefits Planners, classified as VR employees, were co-located at vocational rehabilitation offices and mental health centers throughout the state and served anyone receiving Social Security Disability Insurance (SSDI) benefits or Supplemental Security Income (SSI). These Benefit Planners provided three main services; benefits screening, advisement, and management. They worked in collaboration with the vocational rehabilitation counselors and mental health caseworkers, providing a written Benefits Analysis, a report summarizing impact of work and work incentives on benefits, for each individual served. The focus of the services was to promote employment through the use of benefits information, rather than simply providing work rule and Work Incentive information. This strategy was addressed in part through the design of the written Benefits Analysis, which included a long-term outlook on the benefits of working as opposed to not working. The duration and amount of Benefits Planning services varied by the individual's need, and the ability to return to services at any time was made a cornerstone of the program. To fulfill the state's objectives, Benefit Planners were not tied to providing services only to people enrolled

in VR, but were available to anyone receiving benefits and pursuing employment that requested help.

As a part of the project, Vermont created a system for data collection and management, in hopes of demonstrating the importance of Benefits Planning and the need for dedicated state funds to maintain the service. The analysis of data at the completion of the grant demonstrated that Benefits Planning services played a key role in (a) increasing earnings, (b) expanding the labor force, (c) decreasing healthcare costs, (d) creating satisfied consumers, (e) increasing efficiency of staff expertise, and (f) increasing collaboration and coordination between partners. For those individuals who received Benefits Planning services, measurable outcomes included (a) 45% higher average annual earnings, (b) a 5% increase in employer-based health coverage, and (c) 10% annual decrease in Medicaid expenditures. As a result of these outcomes, the state of Vermont acknowledged the importance of Benefits Planning services and in 2005 dedicated state funds, as well as leveraging additional grant dollars, to maintain a network of 12 Benefits Planners, 2 lead Benefit Planners, and a director, for a population of 30,902 SSDI and SSI beneficiaries. [This compares to Oregon's statistics of 3 established, funded and certified Benefits Planners, through the BPAO project, to serve 138,566 SSDI and SSI beneficiaries.]

Vermont has an SSA-funded BPAO project, which is contracted to the Independent Living Centers. The 2 Benefits Planners who are providing services through that project collaborate with the VR Benefits Planners, attending monthly meetings to network and maintain proficiency. The BPAO project utilizes the same data system as the VR Benefits Planners, so they can capture statewide impacts and issues. Vermont also has expanded service delivery locations to include One-Stops.

With regard to utilization of Social Security Work Incentives, Vermont has the highest per capita utilization of Plans for Achieving Self Support (PASSs), at 0.07%. Oregon has a 0.01% per capita use of PASS.

Washington:

Washington has approximately 30 certified Benefits Specialists across the state (A. Cooper, Washington Vocational Rehabilitation, personal communication, December 2005). Each Planner is required to complete the training and certification established through SSA's national BPAO project. Ten of the Benefits Planners, totally 7 FTEs, are employees of Vocational Rehabilitation and provide services to VR clients. Another estimated 10 have been hired by county developmental disability programs to provide services to their clients. The development of many of these positions was funded through the state's Medicaid Infrastructure Grant. Nine more are funded through SSA's Benefits Planning, Assistance and Outreach grant to serve anyone receiving Social Security Disability Insurance Benefits (SSDI) or Supplemental Security Income (SSI). One person is currently in training and being funded through the state's Medicaid Infrastructure Grant.

The strength of Washington's system is that various agencies have provided both funding and a commitment from their leadership to remove benefits as a barrier to employment. Some agencies are even taking the services a step further and are *requiring* an evaluation of how an individual's benefits could be used as an asset through tools such as Social Security's Work Incentive Plan for Achieving Self Support (PASS).

Washington's VR program has identified an additional benefit to the structure of their services. By having dedicated VR staff providing the Benefits Planning services, experts are readily available to provide ongoing support and training to VR counselors. As a result, approximately 100 of Washington's 160 VR counselors have obtained an adequate level of knowledge to provide basic

information to clients. To further aid VR counselors, VR Benefits Planners have created tools to identify when to make a referral and how to address myths about benefits and working.

The challenge of Washington's system lies in coordination. While all programs require certification through the SSA's BPAO certification process, each Benefits Planning program has slight variances in services and targets different groups of people. To help address this issue, all Benefits Planners attend a quarterly or semiannual meeting designed to provide opportunities to increase communication and collaboration and address ongoing training needs. A recent challenge that has arisen for some of Washington's capacity-building efforts is that Washington VR is considering cutting positions due to budget constraints. They plan to do a cost-benefit analysis to determine the impact of services on outcomes, but do not have that data available at this time.

Indiana:

Indiana has established a two-tier system of fee-for-service Benefits Planning (P. Baird & M. W. Turner, Consortium for Health Systems Development, personal communication, December 2005). The first tier is a group of providers connected to a Benefits Information Network (BIN). The providers of this network give basic information to individuals about working and benefits and generate a Pre-Benefit Report. The services are funded on a fee-for-service basis through Vocational Rehabilitation. The BIN consists of professionals in disability and employment services that receive training and ongoing support to work with individuals who are referred for BIN services. Specifically, their role is to (a) provide basic benefits information, (b) gather valuable data about the individual's benefits and benefit status, (c) support individuals in making informed choices about their benefits and work, and (d) support beneficiaries over the course of their employment to understand the changes that may occur to their benefits. BIN professionals provide a short summary of the information they collect, called a Pre-Benefits Report. BIN personnel are required to complete training, collaborate with critical partners, and participate in quarterly meetings regarding benefits and employment issues.

Once a Pre-Benefits Report is complete, it is sent to a Benefits Planners, the second tier of services. The Benefits Planner, who also provides services on a fee-for-service basis, has a deeper level of knowledge and expertise about benefit programs. The Benefits Planner is responsible for analyzing the information on the Pre-Benefits Report and generating a written Benefits Analysis to present to the individual and the BIN.

The two-tier referral system, known as Advanced Referral System, was established to help increase capacity by removing the basic Benefits Planning duties from the responsibility of the Benefits Planners and, instead, assign them to professionals who are not required to obtain and maintain such a high level of training and expertise to be proficient. By removing basic tasks from their responsibilities, Benefit Planners can provide more specialized services as well as serve more people.

Utah:

Utah has been utilizing the leadership and resources of their MIG grant to help coordinate existing Benefits Planning services and establish quality standards (K. Daley, Utah Vocational Rehabilitation, personal communication, December 2005). In 2002, the MIG team in Utah sent out surveys to 120 providers and held a one-day "Benefits Planning Retreat" to clarify who was providing Benefits Planning services and the amount of services being provided across the state. The survey found that many individuals and organizations across the state were trying to meet their local needs, and in doing so, services and qualification varied greatly. At the retreat, MIG staff, advocates, consumers, and providers developed a plan to establish standards of services. In 2003, the MIG team worked with the state to provide training for over 25 Benefits Planners to

address quality issues. In 2004, the MIG team reconvened the Benefits Planning Retreat to discuss options to ensure quality. The MIG staff continues to provide training to Benefits Planners and support efforts to increase long-term benefits management services and a statewide database for reporting.

Currently, coordinated through the state VR agency, Utah has established 6 Benefits Specialists positions, staff whose sole job is to provide information about benefits and working: BPAO funded, 1 VR funded, 1 Workforce funded, 1 MIG funded to provide technical assistance to Benefit Planners, and 2 funded through SSA's SSDI 2 for 1 Reduction pilot project. All Benefits Specialists are held to the standards established by the national BPAO project.

Additionally, as noted above, Utah has many Benefits Planners across the state. Benefits Planners are individuals who provide information about benefits and working as one of many job duties they have. There is no required training or certification, although the state provides opportunities for both to those individuals who are interested. To address quality assurance issues, the MIG-funded Benefits Specialist provides technical assistance for Benefits Planners. While a fee-for-service model is set up for Benefits Planners to be paid through VR, most Benefits Planners provide the services at no additional charge for the current services they are providing.

CRITICAL LESSONS FROM OTHER STATES:

The critical lessons identified by these states include:

1. A commitment to meet the need for benefits planning must be made by the leadership of key partner agencies; otherwise efforts are thwarted or dismantled through budget cuts and changes in priorities.
2. Retreats provide an opportunity to assess current services and resources, involve key partners in identifying solutions, and identify effective service delivery models.
3. Build a system for collecting data to help evaluate effectiveness of Benefits Planning services.
4. Build a system to foster collaboration between Benefits Planners, for networking and support.
5. Assure that ongoing training and technical assistance are available for Benefits Planners.
6. Use written Benefits Analyses to support communication among employment teams and to support the individual in making informed decisions about work and utilization of Work Incentives.
7. Provide ongoing Benefits Planning services, rather than a one-time or limited access service.
8. Benefits Planning needs to focus on helping individuals achieve employment goals through use of Work Incentives, rather than just providing work rule and Work Incentive information.
9. Benefits Planners should be located at various partner agencies, to increase accessibility and community development.
10. Professionals in the disability and employment services need tools to recognize when they should refer to a Benefits Planners and how to respond to myths about work and benefits.
11. Standards and procedures need to be established within Vocational Rehabilitation, if a fee-for-service model will be funding Benefits Planning services.

V. Oregon's History of Benefits Planning

Oregon has had three major efforts to expand Benefits Planning services.

Supported Employment Systems Change Grant

Between 1990 and 1995, Oregon Vocational Rehabilitation Services (ORVS) utilized a Supported Employment Systems Change Grant to increase capacity for Benefits Planning services (M. Holsapple, Seniors and People with Disabilities, personal communication, December 2005). The project worked with OVRs to identify and provide training for 12 OVRs clients to become self employed Benefits Planners. Of the 12 who received training, 8 continued in this capacity from 1992 to 1996 with technical assistance. In 1996, most of them went out of business due to the moratorium placed on Social Security's Work Incentive Plan for Achieving Self Support (PASS). When PASS reopened, Benefits Planners were skeptical about restarting business activity and the grant was no longer available to reinitiate capacity building. Funds from this grant also had been used to provide Benefit Basics trainings which included general information about how key benefits are affected by working and a basic explanation of Work Incentives for professionals in disability and employment services who play a critical role in supporting people with disabilities in becoming successfully employed.

Medicaid Infrastructure Grant

Between 2000 and 2005, Oregon's Seniors and People with Disabilities unit utilized the Medicaid Infrastructure Grant (MIG) to fund and provide training for 5 part-time Benefits Specialists positions at Independent Living Centers (T. Treasure, Oregon State Independent Living Council, personal communication, December 2005). Little clarification of the essential skills needed and amount of time necessary to be dedicated to the position to achieve and maintain proficiency was provided through the grant. These issues, however, were addressed by the MIG as the project progressed. Through the MIG grant, training and certification of Benefits Specialists by SSA's national BPAO project was required and paid for, and a system of local technical assistance was established to provide the ongoing support that was identified as a need. As the grant came to end, sustainability for funding services was not established. As a result, many of the trained Benefits Planners stopped providing services, and the system of technical assistance ended. Few Benefits Planners continue to provide services on a fee-for-service basis through Vocational Rehabilitation Services.

In a corollary effort to address the capacity issue, the MIG grant also funded trainings facilitated by national experts. The trainings were made available to all professionals in disability and employment services around the state. While the information was helpful for some, there was no ongoing technical support and no clarification for attendees on what their responsibility was in implementing the new information in relation to their jobs. Many left uncertain of what to do with the new knowledge and where to go for support in applying it.

Lastly, the development of a Benefits Planning website was created with resources through the MIG, www.workbenefits.org, to be an informational tool for Oregonians with disabilities, Benefits Planners, and professionals in disability and employment services. The website is near completion, and the development team is exploring best approaches for marketing and utilization.

Employment Initiative Program

The Employment Initiative (EI) Program was an effort funded jointly by Oregon Vocational Rehabilitation Services (OVRs) and Seniors and People with Disabilities (SPD) between 1997 and 2005 (L. Mitchell, Seniors and People with Disabilities, personal communication, December 2005). The goal of the EI Specialists was to increase the focus on and movement to employment for

customers of SPD and/or OVRs, ideally joint clients. The program started as a pilot program with 10 EI Specialist positions, and because it was so successful, grew to 23 Specialists by the time of its termination due to budget cuts in 2005.

In an effort to increase partnerships, the staff were located in various places such as OVRs offices, One-Stops, and SPD offices. The services they provided were based on: (a) the needs in their specific area, as identified through the Local Area Plan with input from OVRs, SPD, and community partners, and (b) the skills of the specific EI Specialist. For these reasons, services varied among locations. The range of services included facilitating pre-employment workshops; networking with employers and training schools; providing long-term employment retention services; providing clarification on Oregon's Medicaid Buy-In Program, Employed Persons with Disabilities, or EPD, for clients and SPD staff; and providing Benefits Planning services. EI Specialists became the regional "go to" person regarding employment issues for benefit program staff within SPD. The program was threatened with budget cuts nearly every biennium, and in 2005, it was terminated. There is no plan to replace the employment and support services within SPD that were provided by these positions.

CRITICAL LESSONS FROM OREGON'S PAST EXPERIENCES:

1. Clarify roles and expectations for each partner--Benefits Planners, professionals in disability and employment services, and benefits program staff.
2. Build capacity for Benefits Planners across the state and identify service delivery models that assure sustainable funding.
3. Assure adequate training and ongoing technical assistance for all partners to meet the expectations of their role.
4. Establish essential skills for Benefits Planners: employment planning expertise, financial planning skills, problem solving skills, strong communication skills, teaching skills, and the ability to pay attention to multiple technical issues at once.
5. Establish and maintain a system of standards and quality assurance for services being provided by Benefits Planners.
6. Create a forum for Benefits Planners to stay connected to each other for support.
7. Establish experts at regional or local SPD offices to provide technical assistance to all benefit program staff regarding the use of Oregon's Medicaid Buy-In Program, Employed Person's with Disabilities, or EPD, and other Work Incentives.
8. Explore the use of Workbenefits.org website as a tool that could be utilized to assist all critical partners in fulfilling their responsibilities.

VI. Current Oregon Benefits Planning Services

Looking back at the statistics noted in section I. *The Need for Benefits Planning Services*, Oregon has a low use of Work Incentive. The significant rate of unemployment and underutilization of Work Incentives is due in part to the lack knowledgeable professionals to: (a) dispel myths about benefits and working, and (b) provide necessary information and support in understanding the work rules and utilization of Work Incentives of various benefit programs. Increasing access to adequate Benefits Planning services could not only aid in increasing the employment rate, as seen from the data collected in Vermont, but also could aid in accessing additional resources available through Work Incentives such as Social Security's Plan for Achieving Self Support (PASS). For example, given the national mean monthly PASS exclusion is \$569, if the number of PASSes in Oregon were to increase from 20 to 40, an estimated total of \$273,120 could be leveraged

annually to support those individuals in achieving self-sufficiency. The possibilities are there, but a system to develop and sustain those possibilities must be established.

At this point in time, there is limited interagency collaboration and no organized effort established to meet the need for Benefits Planning. Thus, the amount, duration, and scope of outreach, planning and assistance services being provided is not tracked and largely unknown. What does exist is a mixture of efforts by partners who are providing varied levels of training and supports to staff and varied levels of services to individuals with disabilities.

Partners include:

- **Benefits Planners:**
Private rehabilitation providers and Independent Living Center staff contracting with OVRs and/or OCB on a fee-for-service basis (number of planners unknown), BPAO project at Oregon Advocacy Center providing services at no charge to anyone receiving SSDI or SSI (3 planners), and private rehabilitation providers and Independent Living Center staff delivering the services as one of many job duties they have (number of planners unknown).
- **Professionals in Disability and Employment Services:**
Vocational Rehabilitation (approx. 120 counselors), Oregon Commission for the Blind (approx. 15 counselors), Independent Living Center (approx. 9 centers and 100 staff), High School Transition Programs (approx. 200 school districts), private rehabilitation providers (approx. 300 providers), Disability Navigators at One-Stops (approx. 9), Developmental Disability programs (approx. 36 county programs), Developmental Disability Brokerage Personal Agents (approx. 120), and Mental Health providers (approx. 38 programs).
- **Benefit Program Staff:**
Social Security Administration (approx. 17 local offices), Seniors and People with Disabilities (approx. 65 office and 1000 staff), and Housing Authorities (21 programs).

Currently, three basic Benefits Planning services are provided by the partners, as listed in the chart below. Because there are (a) no clear directives for staff within each of these organizations, (b) no established standards for what encompasses each of these services, (c) limited designated funding to meet the needs for services, and (d) no regular access to training and support provided to partners, the quality, amount, duration, and scope of the services are unknown.

Benefits Outreach Services:	Provided by:
Information and Referral, including providing basic information about general work rules, the existence of Work Incentives, and referrals to other service providers as needed	Benefit Planners Professionals in Disability and Employment Services Benefit Program Staff
Marketing, Systems Intervention, and Training	Benefit Planners

Benefits Planning Services:	Provided by:
Data collection, profiling and analysis, problem solving and advocacy, advisement and counsel, and short term intervention services	Benefit Planners

Benefits Assistance Services:	Provided by:
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Proactive benefits monitoring and follow up, support planning, benefits management, and long-term intervention services	Benefits Planners Professionals in Disability and Employment Services
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CRITICAL LESSONS FROM OREGON'S CURRENT EXPERIENCES:

What's working:

1. Standards and certification systems established through SSA's BPAO project.
2. OVRs and OCB are set up to pay on a fee-for-service basis.

What needs to be developed or improved:

1. A statewide plan to identify best service delivery model for all three Benefits Planning services.
2. Standards for each service that will be provided by each partner.
3. Tools and support systems for each partner in fulfilling the expectations of their identified roles and services.
4. A referral system for partners to collaborate efficiently.
5. Quality assurance systems for each partner to assure responsibilities are being fulfilled and services are adequately meeting demand.
6. Adequate capacity to meet the demand for each partner's identified services.
7. Sustainable funding for all Benefits Planning services--outreach, planning and assistance.
8. Increased utilization of Work Incentives.
9. A data system to track amount, duration, and scope of services delivered, as well as outcomes.

VII. Desired Outcome and Proposed Strategic Actions/Options

To reduce the barriers to employment of individuals with disabilities that arise from the complexities, revisions, misinformation, and myths about work and disability benefits, accurate information and adequate support must be provided by all partners. It is only through the clarification and ownership of roles, development of capacity and sustainability, and development of a system of services that these barriers can be diminished, and people with disabilities can begin to move toward employment without fear of losing life-sustaining support. To reach this goal, strong, organized leadership is needed to unite the partners and tackle the following objectives:

Objective 1: Create a Statewide Plan for Benefits Planning Services

- ✓ Identify service delivery models and expected outcomes for Benefits Planning Services, including Benefits Outreach, Benefits Planning, and Benefits Assistance.
- ✓ Assure commitment from the leadership of key partner agencies to their roles in implementing the plan.
- ✓ Identify sustainable funding.
- ✓ Identify adequate capacity to provide services statewide.
- ✓ Identify system of training and technical assistance.
- ✓ Create necessary tools to perform services, for example, use of a single format for a Benefits Analysis and/or outreach materials that can be shared.
- ✓ Create standards, such as essential skills, training requirements, and certification processes, for Benefits Planners.
- ✓ Create a quality assurance system.

- ✓ Create a data collection system.
- ✓ Create a system or entity to develop, coordinate, and maintain a network of Benefits Planners, supporting them in their efforts to maintain standards, monitor quality, develop and share tools, and meet training and technical assistance needs.

Strategic Opportunities:

- The MIG provides resources a means for bringing critical partners together; many already are involved.
- States that already have addressed the needs for Benefits Planning are available and willing to share their experiences.
- BPAO funds have been reauthorized and will open up for a new RFP process in April 2005.
- All Benefits Planners providing services with BPAO funds receive free training and technical assistance.

Policy Implications/Considerations:

- Standards and procedures need to be established within Vocational Rehabilitation and Oregon Commission for the Blind if a fee-for-service model will be funding Benefits Planning services.
- If pursuing a fee-for-service model, consider adding Benefits Planning as a service to Oregon's Home and Community Based Waivers.

Objective 2: Incorporate the Roles of Critical Partners into Statewide Plan

- ✓ Identify specific services needed from each partner.
- ✓ Assure commitment by the leadership of key partner agencies in their role in implementing the plan.
- ✓ Identify a system of training and technical assistance for partners to attain and maintain proficiency, for example, regular availability for basic training on key benefits and establishing regional or local office experts on work-benefit rules to be readily available to provide support.
- ✓ Create necessary tools to perform services, (for example, use of workbenefits.org), development of guidelines for when to refer to a Benefits Planner, and cheat sheets of phrases to dispel myths.
- ✓ Create standards for expected benefits-related services from partners to assist in clarifying roles.
- ✓ Create a referral system (such as who to refer, how to refer, where to refer, when to refer) for partners.

Strategic Opportunities:

- The MIG provides resources and a means for bringing critical partners together; many already are involved.
- Many critical partners are already trying to meet this need.
- Social Security has already started to address the training and technical assistance needs of their staff and may be able to offer ideas for other similar partners in exploring how to meet this need.

Policy Implications/Considerations:

- Critical partners may have to establish internal policies regarding standards and expectations for services for staff to clearly understand their role.

VIII. Proposed Strategic Actions/Options

To meet the objectives outlined in section VII. *Desired Outcome*, we recommend a series of Benefits Planning Retreats. Below are proposed actions the Medicaid Infrastructure Grant can take to pull together key partners and meet the necessary objectives to create a sustainable, quality system of Benefits Planning services.

1. Utilize MIG funds to plan and facilitate an initial Benefits Planning Retreat to:
 - ✓ Identify service delivery models, sustainable funding, and expected outcomes for Benefits Planning Services; benefits outreach, benefits planning, and benefits assistance.
 - ✓ Assure commitment by the leadership of key partner agencies in their role in implementing the Plan for Benefits Planning Services.
 - ✓ Identify strategies to for initial development of Benefits Planning capacity.
 - ✓ Incorporate into the Plan the role of critical partners; professionals in disability and employment services and benefit program staff.
 - ✓ Identify initial and sustainable funding for training and develop of tools needed by critical partners; professionals in disability and employment services and benefit program staff.
 - ✓ Identify adequate capacity for each critical partner to provide needed services statewide.

In planning and facilitating the retreat, incorporate the expertise of national experts and representatives from states willing to share their experiences. Assure the participation of critical partners, existing Benefits Planners, and individuals who are current or future recipients of Benefits Planning services.

2. Utilize MIG funds to implement activities identified in Benefits Planning Retreat Phase 1, as essential for establishing sustainability of Benefits Planning in Oregon.

3. Utilize MIG funds to plan and facilitate a second Benefits Planning Retreat, focused on developing tools needed to implement the statewide Plan:
 - ✓ Identify system of training and technical assistance for Benefits Planners.
 - ✓ Identify and create necessary tools for Benefits Planners to perform services
 - ✓ Create standards such as essential skills, training requirements, and certification processes for Benefits Planners.
 - ✓ Create a quality assurance system for Benefits Planners.
 - ✓ Create a data collection system for Benefits Planning Services.
 - ✓ Create a system or entity to develop, coordinate, and maintain a network of Benefits Planners, supporting them in their efforts to maintain standards, monitor quality, develop and share tools, and meet training and technical assistance needs.
 - ✓ Identify a system of training and technical assistance for partners such as basic training on key benefits and work incentives and establishing regional or local office experts on work-benefit rules.
 - ✓ Create necessary tools for partners to perform services for example, the use of workbenefits.org for accessible information, guidelines for when to refer, a cheat sheet of phrases to dispel myths, etc.
 - ✓ Create standards for expected benefits-related services from critical partners; professionals in employment and disability services and benefit program staff.
 - ✓ Create referral systems for partners, specifying who to refer, how to refer, where to refer, and when to refer.

In planning and facilitating the retreat, incorporate the expertise of national experts and representatives from states who can share their experiences. Assure the participation of critical

partners, existing Benefits Planners, and individuals who are current or future recipients of Benefits Planning services.

4. Utilize MIG funds to implement activities identified in Benefits Planning Retreat Phase 2, as essential for establishing sustainability of Benefits Planning in Oregon.

To overcome the unnecessary barriers to work that are created through inaccurate and inadequate information a network of knowledgeable professionals is needed. The Medicaid Infrastructure Grant provides a unique opportunity to pull together key partners to establish a cooperative plan and to support the implementation of activities that will ensure sustainability in removing this barrier.

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Benefit Planning

Molly Sullivan's Concept:

Goals:

1. Develop and foster a credible network of contracting, fee-for-service Benefit Planners across the state of Oregon over the course of four years.
2. Pay contracting Benefit Planners, on a fee for service basis, for Benefit Planning services.
3. Develop and foster sustainability by supporting contracting Benefit Planners in developing relationships and service delivery systems with Oregon Vocational Rehabilitation Services, Oregon Commission for the Blind, and other possible fee for service agencies/organizations over the course of four years.

Specific Services expected from contractors:

Range of Services:	Description of Services:
Stage 1: Individual is thinking about working but has not identified a work goal.	<ol style="list-style-type: none">1. Provide general information about appropriate benefit work rules/incentives2. Provide referrals to optional vocational services.3. Communicate with individual's support team when appropriate.
Stage 2: Individual is thinking about working and has identified a general work goal.	<ol style="list-style-type: none">1. Provide information about appropriate benefit work rules/incentives based on individual's identified work goal.2. Provide referral to optional vocational services, consistent with work goal.3. Communicate with individual's support team when appropriate.

<p>Stage 3: Individual has started pursuing work, or training.</p>	<ol style="list-style-type: none"> 1. Provide information about appropriate benefit work rules/incentives based on individual's identified goal they are pursuing. 2. Assist individual in resource planning (comparing interaction of various work incentives and other vocational funding). 3. Assist in implementing work incentives. 4. Assist in reporting changes in circumstances to necessary agencies.
<p>Stage 4: Individual has started working.</p>	<ol style="list-style-type: none"> 1. Provide information about appropriate benefit work rules/incentives based on individual's new employment. 2. Assist individual in resource planning (comparing interaction of various work incentives and other vocational funding). 3. Assist in implementing work incentives. 4. Assist in reporting new earned income and use of work incentives to necessary agencies. 5. Provide support and tools for individual and/or support system to continue reporting earned income and work incentives to necessary agencies.

<p>Stage 5: Individual has changes in life circumstances (i.e., change from SSI to SSDI, increase in hours, pay raise, second job)</p>	<ol style="list-style-type: none"> 1. Provide information about appropriate benefit work rules/incentives based on individual's change in circumstance. 2. Assist individual in resource planning (comparing interaction of various work incentives and other vocational funding) based on change in circumstance. 3. Assist in implementing work incentives. 4. Assist in reporting new earned income and use of work incentives due to change in circumstance to necessary agencies. 5. Provide support and tools for individual and/or support system to continue reporting earned income and work incentives to necessary agencies.
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Quality Assurance tools:

Oregon Advocacy Center will provide the contracting Benefit Planners access to a 7 day initial training.

Oregon Advocacy Center will provide quarterly access to training on state-specific benefits (i.e., E.P.D., Worker's Compensation, Unemployment, etc.)

Oregon Advocacy Center will require the contracting Benefit Planners to attend 10 additional hours of training around federal benefit programs during the year (contracting year).

Oregon Advocacy Center will provide a clear set of standards for contracting Benefit Planners to adhere to.

Oregon Advocacy Center will establish a Certification/Competency measurement tool required to be met by contracting Benefit Planners for renewal of annual contract.

Oregon Advocacy Center will provide access to an online national Technical Assistance service.

Oregon Advocacy Center will collect Customer Satisfaction surveys for at least half of the customers the contracting Benefit Planners serve.

Sustainability Plan:

Oregon Advocacy Center will work with the approximately 1-2 new contracting Benefit Planners each year, over the course of four years, located in various parts of the state to develop relationships with local agencies who have the capacity and directive to assist in paying for Benefit Planning services under the guise of their programs. Agencies include Oregon Vocational Rehabilitation and Oregon Commission for the Blind. While not all individuals with disabilities who seek employment will be utilizing these service agencies, they reach a large portion of the population needing Benefits Planning services and already have an infrastructure for meeting the sustainability of this service through their fee for service delivery structure.

Oregon Advocacy Center will work with state agency officials to determine appropriate activities to reach out to local agencies to educate them about the Benefit Planning services and clarify questions or concerns at the local level about paying for the service under the guise of their programs. Oregon Advocacy Center will also work with contracting Benefit Planners to implement the identified activities in each local area, with each local agency.

Each year the new contracting Benefit Planners will be able to bill for the majority of their services to the Oregon Advocacy Center's MIG funds, with the intention that by the end of the first year they will have developed relationships with local agencies, established effective and efficient service delivery systems, established

recognition of the need to pay for the service and will have started contracting for at least half of their billable time to those agencies.

By the end of the fourth year, Oregon Advocacy Center will have strategically identified contracting Benefit Planners to be designated in, or to provide services in, each area of the state. The purpose of this strategy is to foster consistency in service delivery in communities, maximize the potential to develop relationships among fee for service agencies, and increase potential for all community members to develop trust over time with their local Benefit Planner.

Administration provided by OAC:

Oregon Advocacy Center will utilize a Request For Proposal process to identify contracting Benefit Planners each year.

Oregon Advocacy Center will develop a customer referral process for all individuals served by contracting Benefit Planners with MIG funds.

Oregon Advocacy Center will develop an approval process to monitor hours of service provided by contracting Benefit Planners to assure efficient and effective use of funds.

Oregon Advocacy Center will develop an invoicing and reporting process for contracting Benefit Planners to receive payment for services provided with MIG funds.

Oregon Advocacy Center will provide interpreting services for customers served under MIG funds.

Responsibility of Contracting Benefit Planners:

Contracting Benefit Planners will be required to have their own liability insurance.

Contracting Benefit Planners will be required to cover the cost associated with meeting the requirement for 10 hours of training on federal benefit programs.

Contracting Benefit Planners will be required to incur costs for general business operations (transportation expenses, office related expenses, phone service, etc.).

Contracting Benefit Planners will be required to abide by standards established by Oregon Advocacy Center.

Contracting Benefit Planners will be required to meet annual training requirements.

Contracting Benefit Planners will be required to meet Certification/Competency standards established by Oregon Advocacy Center.

Contracting Benefit Planners will be required to submit timely invoices and reports.

Business Case for Employment for Person with Disabilities

**Tina Treasure, Oregon State Independent Living Council
Scott Lay, Advocate and Employment Consultant**

For most people, work is one of those life activities about which they might complain, but fulfills a variety of needs and wants. Work gives one a purpose, needed income and much more. Society expects adults to participate in this normal life activity. If you have a significant disability, work offers these and other benefits but carries with it various issues that are not experienced by persons without disabilities.

Certainly, the most obvious reason why work is important to persons with significant disabilities is more income; more cash to buy necessities and luxuries. However, work activity provides the individual with many more benefits than just increasing his/her disposable income. Some of these additional benefits pertain to finances while others deal with more internal factors. Probably foremost is that work allows them to "be like everyone else." Rather than sitting at home, watching television or playing computer games, employment offers the individual a sense of accomplishment and increases one's self esteem. People with disabilities want to be productive, to give back to their community.

Obviously, living with a disability is more expensive than living without one. In addition to having the same need for everyday necessities like food, shelter, clothing and the usual expenditures for those items and services everyone likes to have, televisions, microwaves and telephones, persons with significant disabilities often have expenses specific to their disability. A quadriplegic might use several types of assistive technologies to make life easier and healthier. From everyday items like electric toothbrushes and remote controls, to unique items like typing splints and wheelchair cushions. There are often a myriad of items and services that are costly. For persons without disabilities, there are necessary activities that, while they might not be pleasurable, are fairly simple and are free to perform. These same activities, like lawn mowing and gutter cleaning, cost the person with a disability since they must often pay someone to do them. Friends and family quickly tire of doing such favors.

When earnings are sufficient to cover the usual and the disability related expenses, the issue of savings is often considered. As with the everyday expenses, persons with disabilities have additional need for savings. Able-bodied individuals often save for items like a new car or their first home. Individuals with disabilities wish to save for these same items, but they also realize that they should save for those high-cost disability related items. A person with a disability will need a replacement vehicle but, in addition to the vehicle, the individual might need very expensive modifications and equipment. It is not uncommon for the modifications, such as wheelchair lift and hand controls to exceed the cost of the vehicle itself. It is imperative that an individual with a disability be able to

save for such equipment when their finances allow it. They should not be penalized by “the system” by trying to provide for their future needs.

It is not unusual for an individual with a significant disability to be uncertain of their abilities and almost fearful of trying new things. Employment offers such an individual with the opportunity to try new activities and learn new skills. Work provides a means to challenge themselves which, in turn, leads to a sense of accomplishment and building their self-esteem. The more small steps they try, the more likely they are to feel comfortable when considering more meaningful actions.

Going to work offers the opportunity for the individual to increase their interpersonal relationships. At work, individuals interact with a wide variety of people. If one remains at home and not at work, there is little such opportunity.

In addition to the person with disability increasing their connection to the community, having individuals with significant disabilities in the workplace reduces the “distance” between the populations. As with all populations that are considered different, whether racial, cultural, sexual etc., the distance between them is greatly reduced by familiarity. The more time people interact with each other, the more likely they will find themselves alike. The more people that have disabilities are employed and interact with others, the less likely will there be awkwardness, stereotyping and prejudice.

When one, with or without a disability, is limited in his/her interactions with others and limited in activities, there may be a tendency for him/her to focus only on themselves, their plight. Employment offers individuals issues outside themselves on which to focus their thoughts and energies. Having only yourself, your disability and, perhaps, survivors of the latest disaster on which to be concerned, the potential for unhealthy self-obsession is high.

In order for an individual with a significant disability to enjoy the benefits of working, his/her services and supports system must be designed accordingly. For many such individuals, Medicaid is a crucial element of this system. For those individuals who rely on personal service providers for everyday assistance, Medicaid is the only insurance that covers such costs. Therefore, the policies of Medicaid must allow for higher incomes and higher savings. These policies also must allow the individual to retain savings beyond the actual employment.

It is quite simple for there be special policies for Medicaid recipients who are employed. Policies and programs can allow additional income and savings as long as the consumer is working. However, the policy also needs to ensure that any savings accrued while working will not make the individual ineligible for Medicaid after employment is no longer an option. Even though the individual is no longer working, the future need for disability related equipment remains. Therefore, retaining those savings is essential. If the

individual can retain his/her savings from work, s/he can pay for his/her own needs; resulting on less reliance on future federal/state assistance.

While work offers considerable benefits, it also can carry substantial risks. Individuals with disabilities can rely on several support systems. Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Veterans benefits, Medicaid, Medicare and more can play a role. Therefore, it is imperative that the individual has access to accurate and complete benefit analysis and planning.

It is important to recognize the benefits of employment for persons with significant disabilities and for society. Families of younger persons with disabilities should not discourage employment. When families instill the belief that work is possible and a worthwhile goal, the young adult will be more likely to develop a good work ethic. Schools and teachers should reject the often held belief that people with significant disabilities cannot work. Communities should ensure that their environment promotes employment and does not allow barriers.

Independence and community inclusion can be thought of as a spectrum. On one end is institutionalization, segregation and poverty. On the other end is independent living, community inclusion and employment. Society, through its services and support systems, should ensure that their policies are encouraging and assisting individuals with significant disabilities to move towards to most beneficial end of the spectrum. Unless individuals have the classic incentives to work—to make good wages, to save for the future, and to enjoy essential spending capacity—they are not full participants in society and undoubtedly not self-determining their own lives. We can not deny that in our culture, personal financial responsibility is the ticket to self-determination.

Working for a person with disability who needs to continue to rely on Medicaid should not be a losing proposition due to the archaic impoverish-driven model. Incentives need to be just that~incentives, taking into consideration the high cost of disability related goods and services necessary for most people who experience a significant disability, not impacting non-disabled individuals.

To achieve full community inclusion and have the capability to increase and/or maintain one's level of independence, it is imperative that an individual with a significant disability have the ability to work. The services and support system should recognize the wide range of benefits for not only the individual, but also for society.

Some people live to work while others work to live. People with disabilities should have that opportunity too.

Office of Mental Health and Addiction Services
Capacity Building Factors in Converting Adult Day Treatment to
Supported Employment (Draft)
Office of Mental Health and Addiction Services

Charge:

To convert day treatment in Oregon toward evidence based supported employment

Rationale:

Day treatment, which is prevalent in Oregon, has been proven to be an ineffective practice that socializes consumers into disability.

The President's New Freedom Commission on Mental Health emphasized that work serves as a vehicle for people with mental illness to move forward in the process of recovery. Work in regular community settings helps to reduce disability, boredom, fear, social isolation, discrimination, and stigma. Employment alongside others who do not have disabilities is the most concrete way that people with severe mental illness can become truly integrated into their communities.

The great majority of people with severe mental illness desire competitive employment, and evidence-based supported employment is currently the most effective way to help them achieve their goal. Evidence-based supported employment emphasizes the following: competitive jobs that are based on a person's preferences for type and amount of work, integrated work settings, job-seeking when the unemployed person expresses interest, minimal pre-vocational preparation and assessment, and follow-along supports from mental health and vocational specialists to maintain the job or transition to another one. Supported employment has been endorsed by the

President's New Freedom Commission on Mental Health (2003), the Surgeon General (1999), the National Alliance for the Mentally Ill (2001), the National Institute of Mental Health (1999), the Substance Abuse and Mental Health Services Association (www.mentalhealthservices.com), and many other federal organizations, state agencies, advocacy groups, and private foundations.

Brainstorming Actions for Oregon

- Evaluate funding and service data of day treatment. How much funding are we spending on day treatment, which counties are doing it, etc. What financial incentives exist promoting day treatment?
- Evaluate funding service data and outcomes on supported employment. What roles have the MHO's played in funding day treatment and supported employment.
- Begin a phase out plan for day treatment (2-3 years). Amend adult rule to reflect that phase out.
- In regards to a complete changeover from day treatment to SE, collaborate with VR on funding statewide implementation.
- Develop a training/consultation plans (about 10k per year per county) using the EBP SE toolkits, and a consensus process with involvement from MHO's, CMHP, families and consumers. Utilize Bob Drake and Debbie Becker, from Dartmouth Psychiatric Research Center to consult with OMHAS and OVRS for this transition.
- Award sites with certificates of recognition for transitioning meeting fidelity with supported employment.

- OMHAS regulate it with oversight of an OMHAS FTE SE coordinator. We have the commitment from Johnson and Johnson and the Dartmouth PRC to continue TA yearly for states implementing SE and eliminating day treatment.

Local Implementation Strategies:

- CMHPs would identify key stakeholders and critical factors to address an SE conversion process with three major goals: 1) to help consumers and families access and understand supported employment 2) to help providers of mental health services develop the skills necessary to deliver this EBP and 3) to help the local administrations (CMHP and OVRs) set up mechanisms to support and maintain this effective service.

**Proposal to Enhance Oregon's Medicaid Buy-In
Consumers Should Retain Employment Related Assets
By Scott Lay, Persons with Disabilities Advisory Council**

Issue: Resource exclusion for EPD Approved Accounts

Discussion: Under the Employed Persons with Disabilities (EPD) program, the consumer has the opportunity to have higher resources than does the consumer of other Medicaid programs. The resource limit for the EPD program is \$5,000 while the limit for other Medicaid programs is \$2,000. In addition to this higher resource limit, the EPD consumer is able to utilize *Approved Accounts*. Using these accounts, the individual may save for future purchases that will increase the individual's employment and independence potential. An Administrative Rule states that money deposited into Approved Accounts must be from earnings, this rule removes the possibility of the consumer "sheltering" assets not related to employment. Any monies in these accounts are disregarded as resources when eligibility is determined. Under the EPD program, retirement accounts are considered *Approved Accounts* and, therefore, also excluded as resources.

The higher resource limit and the Approved Accounts provisions have proven very beneficial for consumers of the EPD program. Difficulty arises, however, when the individual is no longer employed. Since employment is one of the key criteria, eligibility for this program should not continue. The individual would need to transfer to another program that offers Medicaid or live without such insurance. The eligibility requirements of Medicaid programs other than EPD have a maximum resource limit of \$2,000 (\$3,000 for a couple). If the individual has over \$2,000 in resources (savings accounts, checking accounts, property, etc.), including any/all Approved Account(s), s/he would not be eligible for any of the other programs that include Medicaid.

Presently, Oregon allows, through Administrative Rule 461-135-0725, the individual to remain on the EPD program, for no more than twelve months, when employment ends if the individual has resources in excess of the limit of the program for which s/he would otherwise be eligible.

Administrative Rule 461-135-0725

2. If an OSIP-EPD or OSIPM-EPD client becomes unemployed and meets all financial and nonfinancial eligibility requirements for the other OSIP or OSIPM sub-programs except for resources, the client can retain eligibility for OSIP-EPD or OSIPM-EPD for 12 months in order to spend down to the OSIP or OSIPM resource limit. The 12-month period begins the first of the month following the loss of employment.

There are significant problems with this methodology. An EPD consumer, who becomes unemployed for whatever reason, must reduce his/her resources to below \$2,000 within 12 months or lose Medicaid eligibility. This includes cashing out any/all retirement plans, even if the consumer loses significant employer matches or incurs tax penalties. Accounts used to save for disability related items or services, which were approved by the state, also must be liquidated. The Administrative Rule makes no distinction between funds in Approved Accounts, designated

to save for specific disability related items or services, and funds not so designated. All money that was set aside for retirement and future purposes must be spent in order to maintain Medicaid eligibility. This is not in line with the intent of the EPD program.

The purpose of the EPD program is to promote the employment of persons with disabilities. It is difficult to understand how the present rules promote employment. Actually, the opposite is true. Many people with disabilities experience gaps in their employment. They are able to work without great difficulty for long periods and, then, they have a relapse, illness or surgery that causes them to stop working. Often, the recovery period last several months or even years. If the consumer plans to re-enter the workforce after recovery, the present rules can be very detrimental. If the individual has an Approved Account to save for a disability related item that is necessary for employment and, even though the state has recognized this necessity, the consumer must liquidate this account within twelve months in order to maintain Medicaid eligibility. After the recovery, the consumer now has no means to acquire the necessary item and, therefore, may be much less likely to return to work.

In order to be eligible for the EPD program, the individual must have an impairment that meets the definition of disability used by the Social Security Administration. To meet this definition, the impairment must be significant. For many individuals, their disability causes them to use Personal Assistance Services. For most, these services will be necessary for the rest of their lives. Since it is the only insurance that covers PAS, continuing Medicaid coverage is absolutely crucial. If forced to choose between retaining an Approved Account and continuing Medicaid, the only rational choice is Medicaid. If the state wants to promote employment and independence, it should not force the consumer to make this choice. If the person, by liquidating Approved Accounts, maintains the exact Medicaid coverage, the state does not save money. In all probability, the state will lose money since the liquidated assets would no longer be available to Estate Administration.

Individuals with disabilities should be able to benefit from retirement accounts that they funded through employment. They should not have to spend those resources and perhaps face financial penalties to maintain critical Medicaid eligibility. Monies in Approved Accounts are being saved for the purchase of necessary items or services, perhaps a modified van or other items necessary for independence. The individual should not have to spend these savings to continue Medicaid. Forcing individuals to divest themselves of retirement accounts and spend savings earmarked for disability related purchases is in direct conflict with the purposes and philosophies that lead to the development of the EPD program. A method needs to be developed to allow the individual to maintain these funds and still be eligible for Medicaid.

Proposal:

Any funds in Approved Accounts recognized under the EPD program are disregarded for eligibility purposes. This policy is in the Medicaid State Plan and is possible under Section 1902(r)(2) of the Social Security Act. Using the authority of this same section, Oregon could amend its plan to disregard the funds in these accounts for the life of the individual. Any funds in accounts that were authorized while the individual was a consumer of the EPD program would be exempt from any resource limit for any program under the Medicaid State Plan. This resource exemption would only apply to Medicaid programs; no other programs would be affected.

Additionally, if the individual purchases an item with funds from an approved account, that item would also be exempt from the resource limit. This would allow the individual to purchase the disability related item without it being counted as an asset and potentially being found ineligible. Certainly, any purchases must conform to the stated intent of the Approved Account or the account and the item purchased would no longer be disregarded. This methodology to exclude specific resources has been used successfully by other states in their Medicaid Buy-In programs.

Three other issues need to be understood while considering such an exemption. 1) All such accounts will be subject to Estate Recovery. Any resources owned by the consumer will be available for recovery upon the person's death. If the consumer were forced to divest, previous resources would not be available for recovery. 2) DHS allows, and Case Managers often promote, the use of Trusts that allow for the retention of income and assets. These Trusts are expensive to establish and, most often, require the assistance of an attorney. They usually require another individual to act as Trustee, which greatly reduces the independence of the consumer. (3) Since deposits into Approved Accounts must be from earnings, review for eligibility would be simple. If the amount in the account goes up while the individual is not working, the individual would be violating the rule and the appropriate steps could be taken. The proposed resource exemption would allow the EPD consumers to make their own financial decisions and to save money. It would also offer the state a much better chance for Estate Recovery.

Using this methodology, the individual could use the monies in such Approved Accounts for the purpose(s) for which they were intended. The individual could enjoy the benefits of the retirement accounts, as does any other employee who contributes to such accounts or whose employer contributes. The state could have ability to recover expenditures. The individual could plan for future employment. The individual enjoys more of the benefits of work. All of which support the purpose of the Employed Persons with Disabilities program.

The following pages are the altered section of the Medicaid State Plan that could be submitted as an amendment to CMS for approval. Item #1 is presently in Oregon's State Medicaid Plan. Item #2 is the proposed addition to the plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Oregon

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

☐ Section 1902(f) State ☒ Non-Section 1902(f) State

1. The following resource regulations apply to Working Disabled individuals as defined in Section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act:

- (a) Up to \$10,000 of available resources shall be disregarded.
- (b) A resource disregard shall be given to a Working Disabled individual who holds monies in any *Approved Accounts*.

The resource disregard shall equal the total of all monies held in such accounts

These accounts will be held separate from non-exempt resources.

Approved Accounts shall be used to save for any expense that will be determined by the state to enhance an individual's independence and/or increase employment opportunities. Also included as an Approved Account shall be any account commonly used for future retirement and/or medical needs, including but not limited to IRAs, KEOGHs and Medical Savings Accounts (MSAs).

Approval for such accounts shall be obtained by the individual prior to the utilization of such disregard.

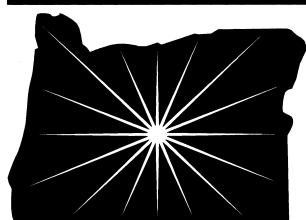
2. **The following resource regulations apply to Approved Accounts that were established by a Working Disabled individual as defined in Section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act:**

(a) Any funds held in such accounts, including interest earned on such funds, shall continue to be disregarded for the life of the individual.

(b) Non-liquid assets purchased with funds held in such accounts shall be disregarded for the life of the individual.

(c) To be disregarded, the accounts and the purchases must continue to be consistent with the purpose(s) stated at time of account approval and the funds must continue to be held separate from non-exempt resources.

Supported Employment for Oregonians with Developmental Disabilities: Recommendations for Action



OREGON
COUNCIL ON
DEVELOPMENTAL
DISABILITIES

Prepared for the Oregon Council on
Developmental Disabilities

November 2005

Submitted by:

Janet Steveley, *Workable* **Solutions**

**Supported Employment for Oregonians with Developmental Disabilities:
Recommendations for Action
Executive Summary**

Supported employment, a strategy for assisting persons with severe disabilities to obtain and maintain employment through the provision of on-going support, offers people with developmental disabilities opportunities to work in the community for real wages and to build relationships with non-disabled co-workers. Oregon was once a national leader in supported employment, utilizing federal grants to provide training and support to agencies in conversion efforts. Many people who at one time worked in sheltered settings held community jobs.

Several events have led to a movement back to sheltered employment or facility based day care/socialization (i.e., ATE programs). First, the closure of Fairview Hospital and Training Center required immediate placement options for individuals leaving the institution. Secondly, an economic downturn in Oregon and nationally cost many supported employees to lose their jobs, many who re-entered sheltered employment as funding to assist them in finding new jobs was limited. In addition, the loss of federal funding to support training and technical assistance activities led to a loss of focus on supported employment statewide.

Major changes have occurred in services to Oregonians with developmental disabilities in the past three years. In response to a lawsuit, *Staley vs. Kitzhauber*, services are now available to larger numbers of people with developmental disabilities through nine Support Services Brokerages statewide. Individuals served by the brokerages now have access to needed services and supports that help them become more involved in their communities, creating a renewed interest in, and demand for, supported employment services.

To respond to this demand, the state must reestablish expectations and capacity for supported employment for person with developmental disabilities. Resources available through a variety of public and private agencies need to be joined in an effort to make this happen. The Medicaid Infrastructure Grant can assist the state in rejuvenating support for meaningful employment opportunities for individuals with developmental disabilities, but if there is not a commitment from state agencies to continue these efforts, short-term efforts will not be sustained. The specific recommendations outlined in this paper are designed to develop leadership, an accurate data system, an educated customer base, and build the capacity of local communities to provide quality supported employment services.

Recommended Actions for State Agencies and Organizations Serving Individuals with Developmental Disabilities:

1. Provide leadership in expanding supported employment opportunities and capacity;
2. Increase access to, and knowledge of, benefits planning through training and the establishment of a fee-for-service process for purchasing services;
3. Provide on-going opportunities for customer and family education;
4. Strengthen partnerships with other entities responsible for employment outcomes and services;
5. Build the capacity of providers to deliver supported employment services; and
6. Evaluate employment outcomes.

Supported Employment for Oregonians with Developmental Disabilities: Recommendations for Action

Overview:

Supported employment, a strategy for assisting individuals with disabilities to obtain and maintain employment by providing needed support to insure success, has been a model for employment services since the early 1980's. Implementation of supported employment services within Oregon has fluctuated, from being a national leader in the late 1980's, to a decline in services presently.

While the definition of supported employment has changed over time, it is generally accepted that supported employment involves competitive work in an integrated work setting for persons with the most severe disabilities for whom competitive employment has not traditionally occurred, or for whom, because of their disability, need intensive support services or extended services to perform such work. Time limited supports that might typically be provided include: job development or assistance in getting a job, intensive job training, and adaptive aids and devices. The provision of on-going supports to keep a the job might include training and technical assistance to co-workers and employers to maximize natural supports, employment consultation, transportation and/or mobility assistance, personal assistance services, etc. The key features of supported employment are:

1. Real work. Work that would be performed by someone without a disability.
2. Real wages. Wages commensurate to wages paid to for comparable work performed by someone without a disability.
3. Integrated work environments. Most co-workers are people without disabilities who work in close proximity and regularly interact with employees with disabilities..
4. On-going support. Supported employment assumes that people with developmental disabilities will need support over time, even if that support is provided by a co-worker.

The decline in numbers of individuals who have access to supported employment, a loss of focus and training efforts directed at supported employment, and a renewed interest in supported employment by advocates is the impetus for this paper. In addition, there are currently opportunities to impact the availability and quality of supported employment services through both the award of the Medicaid Infrastructure Grant to Oregon, and the five-year planning process of the Oregon Council on Developmental Disabilities. This paper explores strategic actions that might be taken, desired outcomes, policy implications and strategic opportunities to consider, as well as potential lead and partner agencies.

Background:

In the 1980's through 1990's, support for community employment initiatives was strong. Three federal Systems Change grants were awarded to Oregon, as well as other states, to support the development of supported employment and high school transition services. These projects focused primarily on three approaches: 1) converting sheltered employment programs to supported employment; 2) developing new programs that provided supported employment

services; and 3) focusing on customer choice and control of both funding and the job search process.

Conversion projects have had varied results. Nationally, few Community Rehabilitation Programs (approximately 2%) reported total conversion, or elimination of more traditional employment or alternatives to employment. Most expanded services to include supported employment as one more option in the continuum of services. Often conversion efforts resulted in small business approaches as opposed to individual placements.

The second strategy focused on developing new programs that provided supported employment services only. At one time, Education and Community Supports (formerly the Specialized Training Program) at the University of Oregon was a national leader in the development of training strategies and model programs for supported employment services. Personnel preparation programs trained graduates in supported employment in both special education and rehabilitation programs. Small agencies that focused solely on supported employment, such as McKenzie Personnel Systems and Alternative Work Concepts, began to appear around the state as leaders in the field began to be trained differently.

Projects in Oregon and nationally have also focused on increasing customer and family education, choice and control in the employment process. For example, the Family Opportunity Grant (later called Careers, Communities and Families) provided small stipends and training to families interested in helping their sons and daughters direct their own job and career search. This strategy produced good results for a limited number of individuals, while beginning to build the capacity of community resources.

What did we learn from these past initiatives? A group of people interested in supported employment services in Oregon has been meeting recently to reflect on what has happened and what has been learned and offer the following suggestions:

1. When grants and special funding disappear the mission gets lost. Agencies need to dedicate staff time to focus on supported employment (with or without external funding) and lead roles need to be established.
2. People with disabilities and their families need to understand employment services. A grass roots demand will only emerge from an educated customer base.
3. We need to address safety, concerns about the stability of supports, and social isolation in a meaningful way. Customers and families will not choose supported employment over sheltered options if these concerns are not addressed.

Present Situation in Oregon:

The Oregon Council on Developmental Disabilities and the Developmental Disability Coalition base prevalence estimates on 1% of the total population. In 2005 it is estimated that 34,214 Oregonians have developmental disabilities. These individuals fall into one of three categories: 1) those who receive funding through the Comprehensive Services Waiver; 2) those who receive funding through the Support Services Waiver (Brokerage customers); and 3) those not currently

receiving state funded services or who are on a waiting list for services. What we know about employment outcomes for each of these groups is that:

1. Comprehensive Services Waiver –

- Most people with developmental disabilities do not access supported employment. Eighty percent (80%) of those included in the Employment Outcome System (EOS) data are not employed, attend an Alternative to Employment (ATE) program, or are in sheltered employment.
- Only 6-7% are working in individual jobs.
- People supported in individual community jobs earn far greater wages than those served in sheltered employment or off-site groups settings (enclaves, crews), increasing their ability to access other community activities, contribute meaningfully to their communities, and become less dependent on social services.

2. Support Services Waiver (Brokerage Customers) –

- About 7% of *spending* goes to support people on individual jobs
- 30% - 40% of *spending* is used to maintain people in crew or sheltered employment
- At any given time, approximately 250 customers are accessing Vocational Rehabilitation services statewide, indicating active pursuit of community employment.

3. Those not receiving services or on a wait list – Little is known about the employment status of this group.

A summary of the Employment Outcome System data is available in Appendix A of this paper or the entire report is available at <http://www.oregon.gov/DHS/spd/data/> Note – this data currently reflects only people funded through the Comprehensive Waiver who reported this information (discussed in more detail later).

A Call For Action:

New opportunities in the State of Oregon warrant a new look at supported employment services. The Support Services Brokerages are relatively new and serve many people who, for the first time, have an opportunity to receive supports to help them obtain and maintain a full life. These funds can be used for employment if it is prioritized by the individual (and family). Individuals with developmental disabilities are empowered to make decisions about the types of services they need and the support providers whom they select to work with. It is an opportune time to commit to educating customers and families about the possibilities and benefits of employment, and how they might use existing resources to achieve a life beyond poverty.

The Office of Vocational Rehabilitation, Seniors and Persons with Disabilities, and the Brokerages have worked in close partnership over the past two years to insure timely and efficient access to employment services and resources. Local plans have been established in ten

communities around the state, joint training has occurred, and local working groups have been established in many communities to address capacity needs. An infrastructure has been created to support expanded opportunities for many more people with developmental disabilities in Oregon and can be strengthened with an effort to engage counties, providers and other who are part of the comprehensive waiver services.

Agencies such as the Department of Human Services/Seniors and Persons with Disabilities (SPD), the Office of Vocational Rehabilitation Services (OVRS), the Oregon Department of Education, and the Oregon Council on Developmental Disabilities (OCDD) might all benefit from a closer look at the current state of supported employment services and how agencies can work in partnership to improve employment outcomes. The second Medicaid Infrastructure Grant (MIG) to the State of Oregon provides an opportunity to assist in supported employment revitalization efforts in Oregon over the next three years.

Strategic Actions:

The following actions are designed to increase awareness and demand for supported employment; increase the ability to provide effective and efficient services, and to know when services are making a difference. Each recommendation includes a rationale, specific actions to take, intended outcomes, policy implications or policies to be reviewed, strategic opportunities, and recommendations on who might take primary responsibility. An overview of this information can be found in Appendix C.

The strategic actions list below are supported by research, as outlined in the following article:
Research to practice: High performing states in integrated employment (February 2003).
Institute on Community Inclusion, University of Massachusetts Boston, Volume 9,
Number 1. <http://www.communityinclusion.org/publications/pdf/rp32.pdf>

Specific actions around employer education and training, while acknowledged as an important and needed strategy, are not specifically noted here as they are addressed in the White Paper prepared by the Oregon Business Leadership Network.

1. PROVIDE LEADERSHIP IN EXPANDING SUPPORTED EMPLOYMENT OPPORTUNITY AND CAPACITY STATEWIDE.

Rationale: The state seems to have lost focus on supported employment in the past decade as other priorities were addressed (i.e., closing Fairview; development of Support Services brokerages). Seniors and Persons with Disabilities (SPD) has a split focus, with much of their attention going to issues related to Senior Services. Even within the disability side, much of the agency's efforts focus on residential services. Central staff has seen a steady reduction during recent budget cutting years, which has stretched their personnel resources thin. At one time, SPD (under the former organization within Mental Health) had a full time equivalent at the state level focused on supported employment. This has gradually been reduced over time. Currently, two SPD employees have limited FTE assigned to the array of employment and other day services. No one person focuses on either employment or supported employment.

Action: FTE assigned within state level agencies needs to reflect a renewed commitment to supported employment. Designate appropriate amount of FTE and funding within SPD to accomplish the following:

- Coordinate on-going training opportunities for DHS and brokerage staff;
- Take a lead role in facilitating the development of a state training plan with partner agencies committed to supported employment;
- Develop policies that encourage employment as a desired outcome, while working toward changing policies that serve as disincentives to employment; and
- Maintain and disseminate data on employment outcomes of all individuals with developmental disabilities with long term funding through SPD.

Outcomes: SPD takes a lead role coordinating consistent training activities to educate personal agents, case managers, other staff and customers, in collaboration with partner agencies. Leadership is present to coordinate efforts to maximize effectiveness and efficiency of scarce resources currently available for technical assistance and training across agencies.

Policies to be reviewed:

State of Washington, Division of Developmental Disabilities – DDD Policy Manual, County Services for Working Age Adults, Policy 4.11. A bold policy prioritizing employment support services as the primary use of employment/day program funds for working age adults. Individuals of working age who are not interested in employment are referred to generic services. Working age adults who currently participate in “non-work” programs may continue receiving services until July 1, 2006 as long as they are in the process of considering employment and developing an employment plan. Payments to providers are based on employment outcomes. Exceptions to policy can be requested based on individual needs.

Policy issues that currently require attention: Current Oregon policies that seem to impede employment are listed below. For readers unfamiliar with these policies, a more detailed explanation and recommendation can be found in Appendix B.

- Employment Outcome System Data – A policy that requires that information be collected and reported for people served through both the Comprehensive Services Waiver and the Support Services Waiver (currently is only collected on the Comprehensive Waiver).
- Funding based on employment outcomes – Consider developing a policy that provides higher reimbursement for employment outcomes. The Washington policy (referenced above), while perhaps extreme, has made a bold statement that employment is an expectation for working age adults.
- Rate Structures under the Support Services Waiver – Inconsistencies in rates between time-limited and long-term supports creates a disincentive for providers to offer follow along services.

- Rate Structures under the Comprehensive Waiver - Current practice of paying providers on a blended rate does not take into account individualized needs or real cost of services. Distribution of funding should be based on individual needs and services provided.
- Residential off-set – Change policies on service contribution payments so that people can keep their earned income, at least to the point of being eligible for the Employed Persons with Disabilities (EPD) program;
- Brokerages current inability to use support service dollars to assist with benefit planning.

Strategic Opportunities: Rate restructuring under the Comprehensive Waiver is in initial discussion stages, making it is a good time to carefully explore strategies that would encourage supported employment. The work that has been conducted through the VR/DD partnership over the past two years sets the stage for joint planning, training and evaluation activities. The Oregon Advocacy Center (OAC), the Oregon Council on Developmental Disabilities (OCDD) and Seniors and Persons with Disabilities (SPD) have been working to eliminate the off-set rules and have made some advances in this area. For instance, people who receive SSDI (unearned income) as a Childhood Disability Benefit are no longer required to pay a service contribution.

Primary Responsibility: Seniors and Persons with Disabilities (SPD)

2. INCREASE ACCESS TO, AND KNOWLEDGE OF, BENEFITS PLANNING THROUGH TRAINING AND THE ESTABLISHMENT OF A FEE-FOR-SERVICE PROCESS FOR PURCHASING SERVICES.

Rationale: Benefit Planning is critical to helping people obtain and maintain employment over time. It is often complicated, and not well understood by customers or service providers. This is not an issue specific to people with developmental disabilities, but to all people with disabilities who are interested in working. Past efforts at increasing access to benefits planning have included both the Department of Human Services' Employment Initiative, and efforts through the former MIG which trained benefit planners based in local Independent Living Centers around the state. Unfortunately, when grant funding ended, these positions were terminated. In some cases, trained personnel remained within in those agencies and may, in part, continue to assist customers with benefits planning, though other duties may limit their availability.

Awareness level training is needed for all personnel working directly with customers on employment. Vocational Rehabilitation counselors, brokerage personal agents and county case managers need, minimally, a basic understanding of benefits and how earned income effects benefits. They are the first people in contact with people with disabilities who are expressing interest in employment, and they need this information to counsel and support individuals in early stages of considering employment. This is not to replace the need for certified Benefits Planners.

Trained and certified benefits planners are needed for more in depth counseling on the implications of earnings on benefits. Implementing a fee for service structure for benefits planning would provide incentives for both provider agencies and independent contractors to obtain training and certification. It will allow more people to be trained, and for funding agencies

to contract with people they feel are competent in this area. Standards regarding on-going training will need to be developed to insure that high quality professionals who remain up-to-date will be available.

Actions:

- Provide benefits awareness training statewide to customers, families and agency personnel on the impact of earnings on benefits and use of work incentive programs.
- Assure all DHS staff (case managers, personal agents, VR counselors and others) have a basic understanding of Social Security benefits and implications of earned income on benefits.
- Provide training opportunities to develop a cadre of certified Benefits Planners based geographically across Oregon.
- Develop standards, a fee-for-service structure, and a system for on-going training and support of Benefits Planners.

Outcomes: Customers, families and agency personnel are aware of the impact of earnings on benefits, the work incentives that might be utilized, and the resources available to assist with benefits planning. Customers have access to certified Benefits Planners who have demonstrated competency to perform these services. Benefits Planners stay current on issues through collaboration with state and national projects focused on benefits counseling.

Policies to Review:

Vermont's Work Incentives Initiative – A benefit planning project that has collected extensive data on how benefits counseling has impacted employment, earnings and cost of dependency on benefits. Contact information: Alice Porter (802) 241-4260 or alicep@datd.state.vt.us

Florida Freedom Initiative – A cutting edge demonstration program that allows people with disabilities who work to set aside income in Individual Development Accounts (IDA) to save for housing, additional education, transportation or developing a small business. These accounts can generate up to \$8 for every dollar saved up to a maximum contribution of \$10,000 per year. Participants are also able to protect the first \$280 of earned income from being counted as a resource for Social Security purposes. <http://apd.myflorida.com/ffi/how-works.htm>

Strategic Opportunities: The federal government has invested in making benefits planning a service available to people with disabilities by providing Benefits Planning Assistance and Outreach (BPAO) grants to states. Many states have taken the BPAO and used it as a means to expand Benefits Planning services. In Oregon, the first Medicaid Infrastructure Grant assisted the Oregon Advocacy Center in training benefits planners based in Independent Living Centers statewide. Oregon Advocacy Center staff have technical expertise and connections to the BPAO project and could potentially act in a lead role in developing standards, providing training, and supporting Benefits Planners statewide through networking activities.

Primary Responsibility: Medicaid Infrastructure Grant and the Oregon Advocacy Center

Partners: Office of Vocational Rehabilitation Services (OVRs); Seniors and Persons with Disabilities (SPD); Independent Living Centers; Benefits Planning Assistance and Outreach (BPAO)

3. PROVIDE ON-GOING OPPORTUNITIES FOR CUSTOMER AND FAMILY EDUCATION

Rationale: Customers and family members need information and training to become informed consumers. People seldom choose options that they are unfamiliar with. Training is needed that highlights employment successes, use of person centered planning, roles of support personnel, and development of natural supports in the workplace. This information is particularly need to assist customers and families plan for the transition from school to adult life.

Actions:

- Develop and implement an annual plan to integrate training on supported employment into existing conferences and training opportunities statewide, with an emphasis on sharing successes, resources, and impact on benefits.
- Encourage local planning teams to take a lead in customer and family education., perhaps through awarding small grants to interested local teams.
- Assist organizations that support consumers with disabilities and families to disseminate information regarding supported employment (e.g., Oregon Parent Training and Information; Self Advocates As Leaders).

Outcomes: Customers and families are aware of supported employment as a desired outcome of services. They are aware of, and able to advocate for community resources to gain meaningful employment opportunities. Awareness level training is available in local communities, and often provided by individuals with disabilities and family members who can speak from their own experiences.

Strategic Opportunities: Several family-focused conferences and training events already occur providing opportunities to infuse information on supported employment. For example:

- Oregon Parent Training and Information conference;
- The Arc annual conference;
- Self Advocates As Leaders (SAAL) training events;
- The Conference on Direct Supports; and
- The UCP family conference.

Success stories and a power point presentation on supported employment that were developed by the SPD will soon be available. The Careers, Community and Families project created both a Storybook and Toolkit (comprehensive manual) for families interested in assisting family members to find jobs. These materials can be found on the SPD website:

<http://www.oregon.gov/DHS/dd/adults/employment.shtml>

In addition, training models and materials exist that could be replicated with or without modification. An example is the “Dream Café”, conducted annually in Southern Oregon, to provide high school age students and their families with information on adult services and resources.

Primary Responsibility: Oregon Council on Developmental Disabilities (OCDD), Oregon Parent Training and Information (OR-PTI) and Self Advocates as Leaders (SAAL).

Partners: Seniors and Persons with Disabilities (SPD), Office of Vocational Rehabilitation (OVRs); Department of Education; local supported employment planning teams.

4. CONTINUE TO BUILD AND STRENGTHEN PARTNERSHIPS WITH OTHER ENTITIES RESPONSIBLE FOR EMPLOYMENT OUTCOMES AND SERVICES

Rationale: Supported employment is a service that requires active involvement and collaboration between agencies providing time-limited and long-term support services, individuals with disabilities, their families and support providers, and community employers. Only by working together can we effectively provide needed supports over time to enable individuals to be successful in jobs of their choice.

Actions:

- Continue to develop and expand the partnerships involving OVRs and brokerage staff at both the state and local levels. Expand planning teams to include Community Developmental Disability Programs, customer and family representatives, school personnel, provider organizations and employers.
- Provide training to interagency teams on school to work transition with an emphasis on addressing policy and funding issues to insure a smooth transition to adult life.
- Develop a system for sharing information on successful strategies across local planning teams, such as newsletters, joint training opportunities and/or annual supported employment conference.

Outcomes: Agency personnel work in partnership to assist customers achieve employment goals. Local planning teams exist within each community and participate in joint planning and capacity building activities that address procedural and capacity issues which support effective and efficient services.

Policy Implications: Local teams, especially those focusing on school to work transition, may want to look to the following resource for ideas on how funding and policy issues can be addressed to support timely and effective transition services:

Point of Transition Service Integration Project, San Diego State University. A pilot project in twelve communities that focuses on creating seamless transitions for students through partnerships, changes in practice, policy and funding during the students final year of school. Their motto: “The last day of school should be no different than the day after school”. http://interwork.sdsu.edu/web_programs/potsip.html

Strategic Opportunities: Much work has occurred over the past two years to develop partnerships between the Office of Vocational Services (OVRs) and Seniors and Persons with Disabilities (SPD) to achieve employment for persons with developmental disabilities. A workgroup with state and local staff was established and met over a period of eight months to develop resources and guidelines for supported employment services. Three guides were developed that focus on the basics of supported employment, supported employment staff tools, and a customer's guide to supported employment:

- 1) *Working Together to Reach Employment Goals for Persons with Developmental Disabilities Guide #1 The Basics of VR/DD Supported Employment for Support Service Brokerage and OVRs Staff*
http://www.oregon.gov/DHS/spd/pubs/dd/adults/employment_basics1.pdf
- 2) *Working Together To Reach Employment Goals for Persons with Developmental Disabilities Guide #2 Supported Employment Guidelines & Toolkit for Support Service Brokerages and OVRs Staff*
http://www.oregon.gov/DHS/spd/pubs/dd/adults/employment_tools2.pdf
- 3) *Working Together to Reach Employment Goals: A Customer's Guide To Using Vocational Rehabilitation and Other Resources to Get and Keep a Job in the Community*
http://www.oregon.gov/DHS/spd/pubs/dd/adults/employment_2004.pdf

In 2005 Seniors and Persons with Disabilities (SPD) and the Office of Vocational Rehabilitation Services (OVRs) continued to work together and funded essential training and technical assistance activities. A fourth guide: "Building Supported Employment Capacity Through Local Planning Teams" was developed. This tool is presently being used by several local planning groups to collaboratively address local capacity building issues in supported employment (data collection, planning; recruitment, training and support of providers). The Careers, Communities and Families Project also developed planning tools that likely will be useful to expanding local supported employment opportunities:
<http://oregon.gov/DHS/spd/pubs/dd/adults/employment>

In addition, the Youth Transition Learning Collaborative at the Oregon Health Sciences University, Oregon Center for Children and Youth with Special Health Needs, through a grant from the Bureau of Material and Child Health, has provided training and support to six counties in Oregon (Coos, Curry, Lincoln, Jackson, Hood River, and Union) to establish local level planning teams focused on transition services. For more information:
www.ohsu.edu/outreach/cdrc/oscsn/about/youthtransitionlearningcollaborative

Primary Responsibility: Seniors and Persons with Disabilities (SPD); Office of Vocational Rehabilitation Services (OVRs);

Partners: Oregon Rehabilitation Association (ORA); Local Supported Employment Planning Teams (interagency groups which include OVRs, Brokerage personal agents, school/ESD staff, County DD programs, customer and family representatives)

5. BUILD THE CAPACITY OF PROVIDERS TO DELIVER SUPPORTED EMPLOYMENT SERVICES

Rationale: A key element in the ability to provide supported employment services is the availability of skilled personnel. Branch Managers from the Office of Vocational Rehabilitation Services and Brokerage Executive Directors statewide have reported that their highest need related to providing supported employment services is the lack of quality employment providers (job developers, job coaches, and personnel to assist with self employment ventures). Both agencies recognize the need for developing quality providers but report a lack of time and/or expertise to address this locally. They want assistance from the state level to provide training opportunities that:

- a. are based on a set of defined competencies
- b. are required (similar to the OIS training requirements);
- c. address customer demands for individualized job placements;
- d. are affordable for both provider agencies and independent contractors; and
- e. address the needs of both new providers and existing providers.

Actions:

- Develop standards or basic competencies for employment providers (job developers, job coaches, employment consultants).
- Provide at least an annual training opportunity (an “Academy”) for employment personnel with strands for new and veteran providers. Work with local planning teams to actively recruit and support providers who demonstrate good outcomes (or seem to have good potential) and encourage attendance of personal agents, case managers, and VR counselors to partner with providers and increase their skills in monitoring effective services.
- Assist local planning teams in assessing the effectiveness of providers and assisting them in developing skills that meet customer needs and demand for services.
- Local planning teams share information with customers and families regarding providers’ skills, level of training, and outcomes.

Outcomes: Providers have a base level of skill. Training is available to develop skills of new providers as well as expand the skills of existing providers. Communities have providers who are capable of meeting local demands, and customers choose providers after considering their expertise, training and demonstrated outcomes.

Policy Implications: Consider developing a policy that would require a base level of training to enable employment providers to offer these services, similar to the OIS system for training behavior consultants. Training requirements would need to be flexible (i.e., “attend basic training within the first six months”), as many communities find it difficult to recruit providers and too many demands would make it harder for new providers to get started.

Strategic Opportunities: Many resources might be tapped to assist with provider training. For example, the Office of Vocational Rehabilitation has discussed the possibility of a Job Developer Academy. Mental Health agencies are also currently converting funding for services toward employment outcomes and could potentially join forces in training providers. Western Washington University offers a variety of courses within Oregon as well as other agencies, such as Asai & Associates. The Association for Persons in Supported Employment (APSE) has developed a list of competencies for supported employment personnel that might be used or modified. The College of Direct Supports, Training Resources Network (TRN), Western Washington University, among others, provide on-line courses and other resources that could augment hands-on training. Changes in the Ticket to Work regulations offer more incentive for providers to become Employment Networks, work in cooperation with Vocational Rehabilitation, and be rewarded for long-term placement. In addition, the standards developed could also be used to assess Oregon's pre-service programs and gain understanding of how we are training potential future teachers and program managers.

Primary Responsibility: Medicaid Infrastructure Grant (MIG); Seniors and Persons with Disabilities (SPD); and Office of Vocational Rehabilitation Services (OVRS).

Partners: Oregon Technical Assistance Corporation (OTAC); Oregon Rehabilitation Association(ORA); Department of Education (DOE); Providers, & Oregon Commission for the Blind (OCB).

6. EVALUATE EMPLOYMENT OUTCOMES

Rationale: In the 1983-85 biennium, the State of Oregon enacted legislation requiring measurement of how employment services enhance the social integration, independence, and productivity of people with developmental disabilities. The Employment Outcome System (EOS) was developed for contracted employment agency providers to collect data on thirteen specific employment measures for all funded individuals. The data was, and continues to be, collected twice a year and was designed to support:

- State reports to the legislature
- Provider quality improvement efforts
- Communities and customers knowledge of local agencies
- Individual outcomes for review of ISP goals

The EOS systems potential has never been fully utilized. EOS snapshots or reports are now only available on working persons on the comprehensive waiver. Data submitted is often incomplete, especially for people who don't report employment outcomes (those in ATE).

When the Brokerages were formed, and many individuals shifted from the Comprehensive Waiver to the Support Services Waiver, much data was lost. The Coleman Institute at the University of Colorado reports in its "State of the States Report" that numbers of individuals served in supported employment in Oregon decreased from 4,780 individuals in 2002 to 3,564

individuals reported in 2004 (a decrease of approximately 25%). While there has been a decline in the number of individuals receiving supported employment services, the data that we have does not allow us to know how many individuals left supported employment and how many are simply no longer being reported in the data.

There was much debate about outcome measurement when the Brokerages were initiated. Employment Outcome System was not seen as a fitting evaluation measure of services characterized by customer satisfaction and diverse (employee, contractor and agency) providers. The Brokerages have not been required to use EOS, and there is no other method or requirement for reporting employment.

This leaves the State in the following situation: (1) SPD can provide a snapshot of employment outcomes, required by the Department of Human Services (DHS) and the Legislature, for approximately half of the persons with developmental disabilities; (2) Some comprehensive agency providers (those providing ATE services) are advocating to abolish the EOS requirement, (3) Some Community Rehabilitation Providers (CRPs) report that the evaluation system could be redesigned to be more useful and accurate; and (4) No method of or requirement for gathering similar employment data for brokerage customers has been established. Therefore both changes in what is reported and who is required to report it need to be considered.

Actions:

- Improve the system for collecting and reporting data based on input from Community Rehabilitation Programs (CRPs), Brokerage staff and others who will be required to report this information.
- Develop a policy on how employment outcome data will be collected. Given the broader array of service providers used for people who receive funding under the Support Services Waiver, brokerage staff will likely need to be involved in collecting data from multiple providers and employers.
- Collect and analyze employment outcome data on all individuals with developmental disabilities served through SPD.

Outcomes: The State maintains information on the overall employment status of people developmental disabilities served in both comprehensive services and through the support service brokerages. Data collection tracks the movement of customers to supported employment over time. Information is available that will help guide future actions to expand the availability and quality of supported employment services.

Policy Implications: A policy or requirement to report employment outcomes on a regular basis (probably biannually) needs to be developed. Employment providers should be required to submit data gathered to brokerages and county DD programs who would then submit that data to the state to summarize. Brokerage personal agents or county case managers would also be responsible for reporting individuals who work without paid supports.

Strategic Opportunities: The Employment Outcome System already exists and is maintained by SPD. It has been reported that it takes 2.5 minutes per individual to report this information, based on a study conducted by the University of Oregon in April 2000.

Primary Responsibility: Seniors and Persons with Disabilities

Partners: Office of Vocational Rehabilitation Services; Providers; Brokerages; & the Oregon Council on Developmental Disabilities

Summary Oregon is poised to be able to meet a renewed demand for supported employment services. The interest of advocates in employment, coupled with a new system of providing services based on self direction and individualized budgeting serves as a base for change. The partnership that has been built over the past two years between OVRS and brokerage personnel builds the foundation for effective and efficient service delivery. Continued efforts to provide leadership, build an informed customer base, and develop partnerships and capacity within local communities will sustain efforts and improve employment outcomes over time.

Appendix A

Employment Outcome System Data

The Employment Outcome System data as of March 2005, provides the following information about a majority of individuals served through the Comprehensive Services Waiver only:

Paid Work:

On average, 2539 individuals were scheduled for 15.24 hours of paid work each week, with the largest proportion (24.66%) scheduled for 0-4 hours. Over thirty two percent (32.03%) receive no pay. Over fifty percent (51.05%) receive their paycheck from the agency that providing the support services. Only 16.92% receive a paycheck from an employer, other than the support agency. Of those individuals who do receive a paycheck, average wages are as follows:

\$ 2.50/hour = sheltered employment

\$ 4.24/hour = off-site group employment (crews, enclaves)

\$ 6.88/hour = individual jobs

Note that the minimum wage in Oregon during 2005 is \$ 7.25/hour. The vast majority do not receive benefits. The most common benefit people receive is vacation or paid holiday time (20.59%).

Integrated Environment:

Of those responding, 35.10% are attending ATE programs and an additional 45.03% report sheltered employment. Together, over 80% of people reporting spend their days in segregated settings. Over forty five percent (45.79% indicate there are NO people without disabilities in their immediate environment and 38.25% reported that there were 1-5 individuals without disabilities. Over 60% report rare interactions, or only exchanging greetings with people without disabilities in the work setting, excluding paid staff.

On-going Support Services:

Very little information is available on the amount of support people receive and how it is provided. We can assume that people in segregated settings have access to support throughout the day, as likely do people in off-site group settings. The amount and cost of supports that are provided to the 6-7% who have individual jobs (or self employment) is not reported.

Again, the data above is collected on individuals served under the Comprehensive Services Waiver ONLY. It does not take into account those served under the Support Services Waiver, or those who do not receive services from the state who may be working, with or without support.

Appendix B

Explanation of Current Policy Issues

Employment Outcome Data. The Employment Outcome System (EOS) currently only on individuals served under the comprehensive waiver. With the establishment of the Support Services Waiver (Brokerages) there was no requirement to report employment outcome data. Many brokerage customers who work may not be attached to a provider agency, but may receive support from an independent contractor or co-worker. Some receive support that they don't pay for, and therefore reporting tied to funding does not accurately reflect what is happening. A system that tracks useful and valid data on employment outcomes for *all* individuals with developmental disabilities is needed to accurately identify current and future needs.

Rate structures of the Support Services Waiver. An inconsistency in rates paid for time-limited and long term employment supports, both within the brokerage system and across OVRs and brokerage systems, creates a disincentive for many providers to engage in long-term support services. Higher rate ranges may mean higher cost to customers, spreading support service dollars thinner. Brokerage personnel, in an effort to help people stretch personal budgets, lean toward finding providers who charge the least. Most professionals in the field will agree that assisting people to KEEP their jobs has proved to be the greatest challenge over time. We need to acknowledge that job maintenance activities require more skill, not less, and compensate providers accordingly. A policy or mechanism for paying providers a reasonable wage, while encouraging the development and use of natural supports on the job site, needs to be implemented. System that recognizes the higher cost of supporting employees in community jobs and compensating providers accordingly will motivate providers to change service delivery options and perhaps decrease overall costs over time.

Rate structures of the Comprehensive Services Waiver. A major restructuring of how providers are paid to serve people on the comprehensive side of the system needs to be discussed. While this might be a longer term goal, the need for initial discussion and planning should begin now. A system that encourages individualized budgeting will help both customers and providers see the real cost of services in light of outcomes achieved. A system that continues to pay more for segregated services that keep people in poverty, limit community integration, and offer little in terms of meaningful activity, will not provide incentives for employment providers to focus on supported employment.

Funding based on employment outcomes. Oregon needs alternative incentives for provider agencies to create and/or continue to develop individualized supported employment services, as it is far easier and less expensive to manage alternatives to employment programs, sheltered work, or group employment. The State of Washington policy that designates support service dollars to employment services, while perhaps extreme, has made a bold statement that employment is an expectation for working age adults. Establishing a performance based funding policy in Oregon will require looking at how funds are currently distributed through both the comprehensive and support services waivers. For customers served under the Support Services Waiver, a strategy might be to establish a higher annual cap on services for individuals who work (and thus increase their own ability to pay for community inclusion support or other services, as well as paying FICA). This may require lowering the annual cap for those who do

not choose employment. Under the Comprehensive Waiver, restructuring the payment system to provide individualized budgeting based on need and type of outcomes will be necessary. If employment becomes an expected outcome of services, people will be earning more money and at risk of losing Medicaid benefits. Systems that allow people to save money to put toward items that truly support self sufficiency should be encouraged. For example, the use of Individual Development Accounts to save money to pay for their own employment supports or increase use of Social Security Work Incentives might be investigated as options to shift the funding of on-going support services back to the individual after a period of time. (Note – IDA’s at present are set up to buy a home, go to school, or start a business. Using an IDA for on-going support services would not fall into existing IDA funded services).

Residential service contribution (“off-set”). Currently some individuals with developmental disabilities who receive residential services must make a “service contribution” (also called “client liability” or “off-set”) to pay for a portion of their services. These individuals are not eligible for Supplemental Security Income and do not receive Childhood Disability Benefit (formerly known as Disabled Adult Child or DAC) under the Social Security Disability Insurance program. Any unearned income over the “SSI Standard” (the SSI federal benefit rate for the current year plus state supplement), and earned income in excess of \$65.00 per month, must be contributed toward their cost of care. Not being able to keep earned income is major disincentive for people to work. People with developmental disabilities need to be able to keep the income they earn to understand the benefit of working and experience the benefits of having additional income. A policy that allows people to keep their earned income, at least to the point of being eligible for the Employed Persons with Disabilities (EPD) program, needs to be considered. Without this there is no incentive for people to try work, and no incentive for providers to develop supported employment services. Agencies in Oregon have been trying to address this issue and have made some advances, but earned income is still subject to service contribution at this time.

Inability to use Home and Community Based Waiver support service dollars to assist with benefits planning. Currently, support service dollars cannot be spent on benefits planning or assistance with utilizing work incentive programs. There needs to be clarification on whether this is Medicaid rule or an issue that can be addressed in the State Medicaid Plan. The issue has been raised by the Staley Implementation Group and through community input, with no clear resolution. Perhaps what is needed is a better distinction between basic awareness of benefits and implications of wages and professional benefits planning. Training opportunities will increase the ability of vocational rehabilitation counselors, personal agents, and case managers to understand and assist customers understand Social Security rules regarding earned income and work incentive programs, but they rules are complicated and staff often have a difficult time staying abreast at a level that they are comfortable advising customers. Accessing benefits planning services at no costs is preferable (through staff skill development, accessing local Independent Living Center benefit planners, or through phone consultation with the Oregon Advocacy Center), but there are circumstances that may require more intensive, on-site assistance. Clarifying the rules, and hopefully amending the State Plan, regarding purchasing of essential benefits planning services, could potentially benefit many customers.

**Oregon MIG Leadership Council
White Paper**

**Employer Supports to the Employment
of People with Disabilities in Oregon:
A Review of Practice and Strategies for
Improvement**

**Prepared for the Leadership Council of the
Oregon Medicaid Infrastructure Grant**

November 2005

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Oregon MIG Leadership Council White Paper

Employer Supports to the Employment of People with Disabilities in Oregon: A Review of Practice and Strategies for Improvement

Abstract

The practice of building employer supports and accessible workplaces is evolving nationally into cultures of inclusion in many corporations with ties to internal or external expertise to support the vision of leadership. While every sector of business and industry has its own unique needs regarding it, accommodation of disability has become part of the business strategy and key competencies of many leading Oregon businesses, large or small, around the state.

The successful growth of such cultures, in Oregon and nationally, is founded on traditional business practices of efficiency, quality and timeliness, linked with access to expertise. For business to be successful around employment of people with disabilities, it must understand its special interests around accommodation of disability in the workplace, develop practices to assure that all parts of its operation promote these interests, and access the expertise and resources necessary to use accommodation as an effective business strategy. For experts from the VR/employment community to be successful, they must be prepared to engage with business on these terms. This includes helping business analyze its needs, having resources available and providing a coordinated response.

This paper explores national best practices that effectively link business and the VR/Employment community, and at supports that have been shown to increase hiring, retention and recruitment of people with disabilities. The strategies below build on these practices and on leadership already begun by Oregon's VR/Employment community and among Oregon's businesses committed to inclusion of people with disabilities in the competitive workplace.

Recommended Strategies and Actions for Business

1. Articulate values of inclusion of disability:
2. Identify internal and external champions and points of contact.
3. Stay current on accommodation, ROI, technology and supports.
4. Join peers.
5. Be disability aware and welcoming.
6. Recruit, hire and retain workers with disabilities.
7. Approach accommodation as a business strategy and tie to business plan.

Recommended Strategies and Actions for Government and Non-Profits

1. Develop a coordinated response, service plan and strategy.
2. Commit to developing business-as-customer.
3. Create coordinated models of employer supports meeting business needs.
4. Measure impacts of strategies on employment of people with disabilities.
5. Host an annual Governor's forum on adaptive technology and tools.
6. Identify barriers to employment and consider strategies for improvement.
7. Engage in regional and national initiatives.

Oregon MIG Leadership Council White Paper

Employer Supports to the Employment of People with Disabilities in Oregon: A Review of Practice and Strategies for Improvement

"It is our belief that when you create an inclusive workforce, you really do create an environment where employees feel welcome and dignified. When they are valued and respected, they contribute more to the company and you get the business results that you want... accommodation is simply a competitive strategy."

Peggy Fowler, CEO, Portland General Electric, 2005

People with disabilities in the competitive workforce and marketplace represent a larger number of individuals with each census, now topping 20% of the American adult population and a higher percentage for African Americans and Native Americans. At the interface between the business environment and trends that will affect Oregon business sectors in the next 5–15 years, there are some unique challenges and opportunities immediately ahead. A growing pool of skilled workers traditionally undervalued by business, the skill dearth as aging boomers begin leaving the workforce, the cost of lost days from injury on the job, and the emergence of a new consumer market expanding faster than any other, all share a common characteristic: this is the profile of people with disabilities in the workplace and as consumers between the years of 2005-2020.

The practice of building employer supports and accessible workplaces is evolving nationally into cultures of inclusion in many corporations with ties to internal or external expertise to support the vision of leadership. While every sector of business and industry has its own unique needs regarding it, accommodation of disability has become part of the business strategy and key competencies of many leading Oregon businesses, large or small, around the state.

The successful growth of such cultures, in Oregon and nationally, is founded on traditional business practices of efficiency, quality, and timeliness linked with access to expertise. For business to be successful around employment of people with disabilities, it must understand its special interests around inclusion of disability in the workplace and marketplace, develop the internal practices to assure that all parts of its operation are working to promote these interests, and access the expertise and resources it will need to take full advantage of accommodation as an effective business strategy. For experts from the VR/employment community to be successful, they must be prepared to engage with business on these terms. This includes helping business analyse its needs, have resources available, and provide a coordinated response for recruitment, training, assessment, accommodation, modification, strategy or other supports. In larger businesses much of the expertise may be internal, but in many others it is a combination of internal leadership linked with private consultants or the comprehensive array of government expertise and resources within Vocational Rehabilitation (VR), Developmental Disabilities (DD), and WorkSource Oregon's Employment Department and One Stops.

This is a time for Oregon business and the Oregon VR/Employment community of experts to consider whether the system of disability supports, practices, and delivery systems that was developed in the 1990's, is adequate to the needs of the next decade. This paper briefly reviews an array of promising concepts and models in employer supports that use partnerships between business and VR as a foundation for success. It also suggests strategies and actions aimed at key areas including:

- Business model elements for inclusion and accommodation
- Business/government joint leadership and vision
- Coordinated response
- Evaluations of delivery systems and supports
- Piloting new approaches
- Measuring success

Developing Employer Supports in a Business Environment

For successful integration of employer supports, both the business and the VR community need to understand the characteristics that make businesses successful in employing people with disabilities. "One way to [increase the effectiveness of placement services] is to increase our understanding of employers," according to Dennis Gilbride.¹ "Many employers do hire and effectively accommodate [the needs of] people with disabilities. [Identifying] the specific characteristics of employers who are successful in hiring and accommodating people with disabilities can help focus placement services and improve the targeting of consulting, education, and advocacy activities." Table 1 contains a list of these business characteristics:

Table 1. Key Characteristics of Employers Who Are Open to People with Disabilities

Work Cultural Issues <ol style="list-style-type: none">1. Employers include people with disabilities with all workers and treat them equally.2. Employers welcome diversity; they are egalitarian and inclusive.3. Employers' management style is more personal and flexible.4. Employers focus on a worker's performance, not his or her disability.5. Senior management expects and rewards diversity.6. Employers are comfortable providing accommodations to all their employees.7. The organization provides "cafeteria style" benefits.
Job Match <ol style="list-style-type: none">1. Employer focuses on person's capabilities & effectively matches the worker with job requirements.2. Employer obtains input from people with disabilities on their ability to perform job duties and includes people with disabilities in all accommodation discussions.3. Employer focuses on essential, rather than marginal, functions.4. Employer offers internships that often lead to jobs.
Employer Experience and Support Issues <ol style="list-style-type: none">1. Employer has the ability to supervise a diverse workforce.2. Employer views the community rehab program (or other agency) as a partner and resource.

¹ Dennis Gilbride; Robert Stensrud; David Vandergoot; Kristie Golden, "Identification of the Characteristics of Work Environments and Employers Open to Hiring and Accommodating People with Disabilities," *Rehabilitation Counseling Bulletin*, Spring 2003 v46 i3 p130(8).

Both the literature and review of best practice suggest that some of the most successful joint enterprises between businesses and the VR community around improving employer supports and employment outcomes are:

- Led by business champions externally; and internally by top leadership;
- Tied to business plans and associated internal metrics;
- Spread using business models from which others can learn and mentor;
- Relevant to the trends and needs of specific business sectors;
- Responsive to the pace and culture of individual businesses;
- Delivered in ways, places, and with standards that businesses use; and
- Partnered with rehabilitation experts who treat business as a customer.

Alabama, Washington, Oregon, and other states that have taken on the effort to involve businesses successfully in developing models for employing people with disabilities have teamed with businesses to change their practices by focusing on developing business as customer. This paradigm involves taking a fresh look at employer relationships and support through the lens of the business case, business metrics, and relevant business trends, including worker shortages, technology advances, the benefits of diversity, and specific sector needs.

What Oregon Does Now Around Employer Supports

The Oregon Vocational Rehabilitation/Employment Community

Oregon clearly has begun to examine ways in which VR, the employment community and business can more effectively support hiring, retention, recruitment and quick return to work of people with disabilities. At the optimum, this would include establishing business as a customer and a partner, working with business to frame an array of supports that fit easily into business environments, better addressing the long standing desire of business to find individuals that are qualified to do the work at the time they are needed, and tracking metrics to see what is working.

A number of Oregon Departments and non-profits provide a comprehensive set of employer supports around employment and disability (see Table 2). Lead by the Department of Human Services – which houses Developmental Disabilities (DD), the Office of Vocational Rehabilitation (OVR) and the Oregon Disability Commission (ODC) – it is joined by others which offer further supports. These partners include the Oregon Commission for the Blind, the Employment Department, the One Stop System and its Navigators, the Worker's Compensation Division (Preferred Worker Program and Employer at Injury Programs), Independent Living Centers, the NW ADA and IT Center and others. Each of these individually reaches out to business to build relationships, provide service and discuss business needs. Government also contracts with private enterprise for job development or other aspects of support. The contractors compete around representing their clientele with business. A coordinated approach by government with business around disability is part of best practice in states like

Table 2. Employer Supports in Oregon from Governmental and Non-Profit Sources

<p>Independent Living Centers</p> <ul style="list-style-type: none"> On-site accessibility assessments for employers, accommodation consultation Disability awareness training Person Centered planning Organizing job shadowing and mentoring days with business 	<p>Northwest ADA & IT Center</p> <ul style="list-style-type: none"> Information and technical assistance on ADA compliant practices and policies Employer training on all aspects of the ADA
<p>WorkSource Oregon</p> <p>One Stop Partners/Employment Department</p> <div> <div> <ul style="list-style-type: none"> Disability Navigator staff to help employers access: Qualified job seekers with disabilities Fed & State employer tax credits & incentives Ind. sector analysis/workforce needs & trends </div> <div> <ul style="list-style-type: none"> iMatchSkills employment database includes Preferred Worker listings Business & Account Reps, & OVRs co-location in field offices link employers with job seekers with disabilities <p>Also see: OVRs & Commission for the Blind</p> </div> </div>	
<p>Department of Consumer & Business Services, Worker's Compensation Division</p> <ul style="list-style-type: none"> Preferred Worker and Employer at Injury Programs and reemployment supports: claim reimb't & wage subsidy, premium exemption, on-site ergonomic assessments, worksite mod'n & manual on accommodat'n Workers comp and associated statistical databases and analysis Employer training/strategies for quick return to work 	<p>Federal And State Employer Tax Credits and Incentives</p> <ul style="list-style-type: none"> Work Opportunity Tax Credit (WOTC) – Oregon Employment Department Architectural/Transportation Tax Deduction Small Business Tax Credit Tax credits for telework equipment – DOE On the job training wage subsidy – OVRs
<p>Oregon Commission for the Blind</p> <div> <div> <ul style="list-style-type: none"> Expertise in all aspects of hiring, retention and recruitment of people with disabilities Employer training, conferences & workshops On-site job analysis and assessment Tech assistance on accommodations </div> <div> <ul style="list-style-type: none"> Operations analysis Job development and job placement Job ready, qualified employees Accommodation expertise and assistance Consultation/installation re adaptive tech </div> </div>	
<p>Oregon Department of Human Services</p> <div> <div> <p>Oregon Disability Commission:</p> <ul style="list-style-type: none"> Governor's Awards for Employment and Empowerment <p>SPDS/Developmental Disabilities</p> <ul style="list-style-type: none"> Job placement and ongoing facilitation of supports on the job/job coaching Intensive job training Support services Assistance with job carving and job creation Assistance with job carving and job creation Job development </div> <div> <p>Office of Vocational Rehabilitation Services</p> <ul style="list-style-type: none"> Expertise in all aspects of hiring, retention and recruitment of people with disabilities Employer conferences and workshops On-site job analysis and assessment Technical assistance on accommodations Operations analysis Job development and job placement Job ready, qualified employees Accommodation expertise and assistance Job development services (contracted) Post employment support Consultation/installation on adaptive tech </div> </div>	
<p>Bureau of Labor and Industry/Technical Assistance for Employers Program</p> <div> <div> <ul style="list-style-type: none"> Training on disability law Consultation on disability employment including accommodation, interviewing, etc. </div> <div> <ul style="list-style-type: none"> Technical assistance on identifying and accommodating specific disabilities Website of resources for employers </div> </div>	

Alabama. The benefit of such a system to business and job seekers in Oregon has not been fully explored.

Oregon Business and Employer Supports

The array of supports that business provides statewide or within sectors is less documented. The Oregon Business Leadership Network (OBLN) is a recently formalized business association for employers which share a bottom line interest in inclusion of people with disabilities in the workplace and as consumers. The OBLN provides business-to-business networking, forums, e-newsletters, a web-based resource clearinghouse (www.obln.org) and leadership around promoting successful models in hiring, retention and recruitment of workers with disabilities based on the business case.

Many businesses in Oregon and affiliates of the OBLN have long histories of working relationships with government including with the OVRs, DD, WorkSource Oregon (including the Employment Department) and Worker's Compensation Division. In conversations with employers in Oregon, the OBLN has identified a number of supports that they commonly provide to their employees with disabilities. These include:

- Family medical leave
- Ergonomic, accessible work sites
- Flexible hours
- Flexible shifts
- Computer tech/large screens/progs
- Simple alteration (e.g., raised desks)

Nationally employers have been studied to see which supports are most common, most effective, and most difficult.

Table 4. Types of Supports for Workers with Disabilities that Employers Provide

Types of Employer Instigated Supports	Most Effective Employer Supports Resulting in Increased Employment	Areas of Difficulty for Employers
<ul style="list-style-type: none"> • Make facilities accessible • Have flexible HR policies • Restructure jobs/work hours • Make transportation accessible • Provide written job instruction • Modify work environment • Modify equipment • Reassignment to vacant position • Provide readers and interpreters • Change supervisory methods • Modify training material • Wheelchair access 	<ul style="list-style-type: none"> • Visible top management commitment • Staff and management training • Mentoring • On-site consultation/technical assistance • Short-term outside assistance • Special budgets/tax incentives 	<ul style="list-style-type: none"> • Changing coworkers' and supervisors' attitudes • Modification of return-to-work policies • Creation of flexibility in performance • Changing in leave policy • Adjusting medical policies • Ensuring equal pay and benefits

Source: Susanne M. Bruyere, *Disability Employment Policies and Practices in Private and Federal Sector Organizations*, Cornell University, March 2000.

Alabama and other leading states are looking to business models for better answers with the intent that both employer supports and employment figures can be improved. They are scrutinizing how business-like they are in providing supports and teaming with business in creative, new ways.

Promising Practices Around Employer Supports: Alabama VR

Alabama is often cited as a state that has a helpful model around improving employer supports and, ultimately, employment for people with disabilities using a business paradigm. It should be noted that in the review for this paper, no definitive research was identified that indicated that any state model has resulted directly in improved overall employment rates for people with disabilities. Statistically, employment for persons with disabilities has remained flat across the nation for many years with a slight reduction in 2004. Yet, those with whom we spoke indicated that they are having employment successes, especially around those with significant disabilities. Within Oregon, there are models in re-employment and other areas that appear statistically significant in improving outcomes. Gathering information on promising models and associated metrics will be an important component of improving employer supports.

Employer Relationships: Business as a True Partner and a Customer

Alabama Vocational Rehabilitation (VR) has been actively working to develop employer relationships in the state for almost thirty years, and has developed a regional presence with business and industry over the past ten years. Among the supports VR provides are training resources, recruiting assistance, retention assistance using the Retaining a Valued Employee (RAVE) program and accommodation. The VR works closely with some of the largest employers in the state, such as the University of Alabama, Alabama Power, Wachovia Bank, CVS Pharmacy and others. From the state's perspective, there are two levels on which the system operates. The first level is the "big picture" – the larger aspects of the *business as customer* model that are both impacted by and impact on public policy. The second is the state and regional level and the supports that VR and employers provide to one another.

Working With Business at the Policy Level

While the U.S. Department of Labor has relationships with and reaches out to large corporations who express interest in hiring and recruiting from target groups, it is hard to see the actual result at the state rehabilitation level of people with disabilities hired and retained from these national efforts. But where states have adopted the *business as customer* model, not only are the big, visible corporations involved, but also are medium and smaller businesses at all levels of business and industry.

Having key businesses in leadership roles in the rehabilitation organizations is a powerful tool for success. In Alabama, one of the largest employers, the University of Alabama, funded a part of a position in the University to work with the RAVE Program. They and other large employers serve on the Vocational Rehabilitation Department's Advisory Committee, on the Board of Rehabilitation Council's Advisory Board, the Employment Committee, and are active in the Alabama Business Leadership Network. Several of these bodies are chaired by business and industry representatives. In

addition, the VABLN was started by business, including representatives from the Office of Federal Contracts Compliance Programs (OFCCP), Wachovia Bank, University of Alabama, Alabama Bank, CVS Pharmacy and others who have had a long relationship with VR.

Business can also play a key role in advocating for the value of rehabilitation services. In response to recent proposed reauthorization of the federal Rehab Act, businesses countywide came together, organizing a corporate Congressional Breakfast and legislative summits to publicly advocate for VR programs.

The State VR Community

Alabama VR provides a range of supports for employers, many of which are provided by other states as well. But what is different is the creativity, the level of outreach and the extent of partnering that make their efforts stand out. Alabama VR provides training and consultation – the most commonly requested support. The second most common support requested by employers is assistance with recruiting and, more recently, with return to work and retention. It also assists employers with worker accommodation, in areas from ergonomics to safety.

The relationship with business is reciprocal, with employers also providing assistance to VR. Indeed, many of their activities involved both partners' contributions. Alabama, like many states, holds job fairs, and businesses pool and send their recruiters; in return VR is committed to building a pool of candidates who are prepared to work. VR and businesses also work together in arranging disability mentoring days and pre-hire work opportunities. In a more unique partnership, five years ago, the VABLN came to VR and offered to help build a more business-friendly client database, from which they could directly recruit. Posting positions also provided them the opportunity to show evidence of their affirmative action policies. The VABLN link is also on the VR website. The database is now shared and offers a more effective tool for both.

Creating alliances is also important to Alabama VR. For example, VR staff did outreach to government staff working in affirmative action compliance and built relationships by showing them how VR could support their efforts. In return, if the OFCCP visits a business to ensure compliance with affirmative action and finds that the company does not have in place policies to hire and retain persons with disabilities, they are automatically referred to VR for assistance.

What Does It Take: Lessons from Alabama and Others

“I’ve been in HR most of my 25-year career; interacting with my peers, I see that the main reason businesses don’t hire persons with disabilities is fear and compliance issues. We need to break down fear with knowledge and trust. I trust state VR; they really know how we work, what we need to make this work, and do it. Building trust is essential.”

Jeff Cofield, Alabama Power, 2005

Conversations with Alabama VR staff and national experts indicate that there are key components of making the business and rehabilitation community partnership successful. These include:

- Agency leadership clearly adopts the dual customer view, where business is “the other customer” – not just saying it, but acting to implement in a business oriented, timely way.
- Staff exists with technical knowledge and business expertise in a leadership role.
- Middle management buys into the philosophy. This requires training and continuous reinforcement, but is essential if managers are to set the *business as customer* tone for counselors.
- Counseling staff is trained to understand the needs of business.
- Designated staff is committed to building and maintaining employer relationships. This may involve reclassifying some positions from traditional counselors to outreach and business relations; this can be done without additional resources when none are available.
- Products are developed and delivered that meet businesses’ current needs, recognizing that these are ever-changing. When ADA passed, businesses needed assistance with compliance. When the labor market shrank, interest in retention increased. When diversity was the buzzword, disability needed to be built into diversity training. No matter the need, there will be the opportunity to build a response that builds on and moves forward employment of persons with disabilities.
- Resources are shared and linkages built. A strong regional and national presence is becoming more critical and VR and BLN's can help. Many medium and large companies work across state lines, and states need to build the infrastructure and delivery mode to serve these businesses. State VR's and BLN's can share training programs, assessment tools and other resources. Alabama has formalized working protocols for how they work across states, both to solidify their relationships and to respond to businesses’ need to streamline points of entry/contact.
- Employers work to get commitments from leadership (find a champion), provide needed training and develop key relationships with HR for optimum outcomes.
- Person-to-person contact is necessary to know how individual businesses work. The unique needs of each company – whether seasonal, geographic, industry-specific or other – must be recognized.
- Market information for planning is developed: Where are the future careers? What are growth sectors? What do employers see as their coming needs for employees?

The Business View: Alabama Power

An example of business in partnership with the VR community is Alabama Power. It has had a long connection with VR. The company’s Disabilities Manager serves on the state rehabilitation council, has attended national meetings with the state commissioner, and is often consulted by businesses. Alabama Power has a history of both retaining

workers with severe injuries, as well as hiring people with significant disabilities, mainly physical.

Alabama Power staff cited several supports offered by VR that are most valuable. These include:

- Expertise/consultation/counsel
- Timeliness and responsiveness of service. Staff noted a recent need for large screens to assist low vision applicants and noted that VR immediately delivered the screens. Staff said, “This kind of assistance, saving our staffing people from having to go out and find this equipment, is just invaluable and VR is always there for us on these things.”
- Placements
- Coordination among agencies. VR coordinates all of the agencies (such as Easter Seals and local agencies) so Alabama Power staff do not have to try and respond to multiple agencies. VR knows how the business operates and serves as a clearinghouse. If an agency does call Alabama Power, they are told to go through VR, saving a great deal of staff time and effort.

Alabama Power staff recognize that their VR is different, noting “Our VR’s attitude is that ‘we are here to serve’; it’s a total partnership. It’s the total service that works.” In addition, staff pointed to the fact that VR is out in the businesses, noting, “That’s how I found out more about what they had to offer. They were in my building, talking to people.” Alabama Power also works with VR on new initiatives, such as one which is beginning between VR and the Veterans Administration.

Strategic Opportunities Around Employer Supports and Employment for Oregon

“We need to break down the barriers on both sides so we get to the point where we realize, “Hey, we are all just people...all wanting to be successful...all wanting to follow our dreams.”

Scott Hatley, Executive Director, Incight, 2005, Portland, Oregon

Oregon business is taking some important steps towards formalizing its interests around disability in the workplace with the August 2005 publishing of the OBLN's *Business Case for Inclusion of People with Disabilities in the Competitive Workplace and as Consumers*. It is also pushing for inclusion of Accommodation as a Business Strategy in the *Oregon Business Plan*. Governmental leadership is also progressing. The Oregon VR/Employment community has taken the lead around developing the *Business-as-Customer* concept and has initiated focus groups and training around this key practice.

The following recommended strategies are based on leadership already begun in Oregon and are modeled after national best practice in states like Alabama. They are aimed at building a commitment by business and government to improve the rate of unemployment among Oregonians with disabilities with a joint plan for making it happen.

They articulate steps that typify best practice in business and also in government. They are inclusive of all people with disabilities being built on strategies proven successful in the employment of those with multiple disabilities. Many of these strategies reflect those in Table 4 that were identified nationally as being most effective in increasing employment for persons with disabilities. The underlying strategic opportunity of all these recommendations includes a coordinated inter-departmental approach linked with business champions that does not yet exist, although many of the elements are present or can develop when provided with this opportunity.

The OBLN Board of Directors endorses these recommendations and provides them to the MIG Leadership Council for its purposes in sparking discussion, debate, enthusiasm and leadership around employer supports in Oregon.

Employer Supports to the Employment of People with Disabilities: Recommended Elements for a Strategic Plan

STRATEGIES AND ACTIONS FOR BUSINESS (Open this to endorsement by businesses/associations, lead by OBLN)
1) Articulate values of inclusion of disability. <input type="checkbox"/> Ensure that your company vision, mission, values and policies around inclusion of people with disabilities are clearly articulated internally and externally.
2) Identify internal and external champions and points of contact. <input type="checkbox"/> Assure that staff and managers know who are internal contacts for accommodation and inclusion. <input type="checkbox"/> Link these contacts with resources and expertise internally or through the OBLN and VR.
3) Stay current on accommodation, ROI, technology and supports. The average cost of 98% of all accommodations is now below \$600. Coupled with technology advances, tapping the skills and work ethic of people with disabilities has become easier. <input type="checkbox"/> Schedule a consultation with local experts at VR or One Stop Navigator. <input type="checkbox"/> Work with professional/industry association and local experts to include workshops at conferences. <input type="checkbox"/> Find training, resources and FlexAbility toolkit at www.obln.org and keep a link on desktops.
4) Join peers. Be part of a business network locally or statewide around inclusion of workers with disabilities to learn and share effective practices. <input type="checkbox"/> Check with your Chamber of Commerce; call your VR, Employment or One-Stop office, <input type="checkbox"/> Join the Oregon Business Leadership Network www.obln.org or start a local chapter.
5) Be inclusive and welcoming. <input type="checkbox"/> Teach the 10 Commandments of Disability Etiquette in training. <input type="checkbox"/> Schedule an accessibility assessment of public or staff areas with local Independent Living Center.
6) Recruit, hire, and retain workers with disabilities. <input type="checkbox"/> Find skilled job seekers with disabilities thru One Stop Navigators, VR and the Employment Department, <input type="checkbox"/> Begin a partnership with local high schools and colleges and provide internships to young talent with disabilities or offer mentoring for job seekers with disabilities. <input type="checkbox"/> Explore supported employment opportunities at local VR/DD, <input type="checkbox"/> Tap experienced Preferred Workers thru I-Match and Worksource Oregon, <input type="checkbox"/> Bring injured employees back to work quicker with accommodation. <input type="checkbox"/> Explore more strategies with local experts and at www.obln.org .
7) Approach accommodation as a business strategy and tie it to business plan. Oregon business needs the ability and work ethic of all its citizens, including the 400,000 Oregonians with disabilities, to

successfully compete for talent in a shrinking labor pool as boomers retire. Using Accommodation as a competitive strategy helps business retain their skilled force longer, get injured workers back quicker, attract new talent, and tap an underutilized pool of ability, work ethic, problem solving, and know how.

STRATEGIES AND ACTIONS FOR GOVERNMENT AND NON-PROFITS
(Open this to endorsement by departments, Governor's Office, nonprofits, and business associations)

1) Develop a coordinated response, service plan and strategy.

- ☐ Build a joint leadership team of Departmental and Governor's designees with key business champions committed. to improving employment for all Oregonians with disabilities, including those with multiple disabilities.
- ☐ Create a joint government/business strategy, with coordinated business outreach and supports, pilots of new models and tracking of outcomes.
- ☐ Solicit endorsement of joint plan with business sectors and associations.

2) Commit to developing business-as-customer.

- ☐ Build management and counselor commitment,
- ☐ Provide ongoing staff training.
- ☐ Designate staff to identify and nurture business relationships.
- ☐ Design messages and customer strategies appropriate to specific business sectors and, within those, for individual businesses.
- ☐ Collaborate with the OBLN and business associations around links with sectors and businesses.

3) Create coordinated models of employer supports that meet business needs.

- ☐ Engage business in articulating needs around employer supports including timeliness, quality and responsiveness.
- ☐ Evaluate key employer supports, including job development in relation to expectations and consider needed redesigns.
- ☐ Build on-going relationships with business around placement, retention and other supports.
- ☐ Provide training and evaluation tools.
- ☐ Test new models with business.

4) Measure impacts of strategies on rates of employment of people with disabilities..

- ☐ Host discussion with leading researchers within VR, DD, Employment, One Stops, and Workers Comp to identify and propose key indicators of success for employment of people with disabilities and business participation in employment.
- ☐ Develop an annual report of success to disseminate to governmental and business leaders.
- ☐ PRISM tracking system for employment, retention, wage level

5) Host an annual Governor's forum on adaptive technology & accommodation tools.

- ☐ Hold forum(s) in conjunction with business champions and as part of appropriate employer-sponsored venues or conferences.

6) Identify long-standing barriers to employment and consider new strategies for improvement.

- ☐ Work with the MIG Leadership Council to develop a list of the 10 top barriers to employment for people with disabilities.
- ☐ Develop background issue papers on key barriers.
- ☐ Research best practices in addressing key barriers.

7) Engage in regional and national initiatives.

- ☐ Access CSAVR assistance for states to enhance business relations.
- ☐ Work regionally to identify employers with cross-state operations and simplify point-of-entry for them.

Issue Area/Domain

Employee Supports & Work Incentives – Asset building

By Scott Lay

Goal

Enhance the employee's potential to acquire and retain assets in order to better provide for his/her disability, independence and employment needs.

Issues

- Living with a significant disability is more expensive than it is for persons who do not have a disability. In order to achieve and maintain his/her desired level of independence, which includes employment, the individual with a disability quite often relies on assistive technologies. These technologies, such as vehicle modifications, disability-specific equipment and in-home electronics are often very expensive.

For many individuals with mobility disabilities, vehicle modifications are necessary. From basic hand controls to complete van conversion with wheelchair lifts and lowered floors, there is a wide variety of very elaborate and expensive technologies to assist a individual with a disability to continue to be able to drive and have reliable available transportation.

Individuals with certain disabilities, such as blindness, utilize sophisticated assistive devices, such as Portable Braille Devices, to maintain their independence. Persons who are deaf will use TTY/TDDs to fulfill their telephonic needs. Individuals with disabilities use a variety of such devices to live independently and to work.

Home modifications and electronics also are necessary in order for a person with significant disability to be as independent as possible. When an individual is independent in the home, s/he is more likely to be employed. Home modifications could include wheelchair ramps and wider doorways. Electronics might include smoke detectors with visual strobe lights for persons who are deaf or remote controlled lights for persons with mobility impairments.

- In order to pay for such technologies and modifications, most individuals with disabilities have few options. Some individuals are able to have a portion of these costs covered by public agencies, such as the states'

Vocational Rehabilitation agency. However, for the vast majority, acquiring the funds to pay for such necessary items and services is the job of the individual. Often, it takes years to sufficiently save for such critical items and/or services – perhaps just for the down payment.

- Having the ability to save for the items and or services that enhances the independence and employability of persons with significant disabilities is a key component. However, saving for such future costs is only a partial solution. It is also important that policies recognize the value of such savings and promote methods to increase such assets. Policies should ensure that such savings do not cause ineligibility for necessary public supports, such as Medicaid.
- Individual Development Accounts (IDAs) are a presently established method for people to increase their savings. IDAs are administered by non-profit entities based on policies established by the Oregon Legislature and the federal government. Monies deposited into Individual Development Accounts are matched by corporate funds at a level from a \$1 match for a \$1 deposit up to a \$4 match for every \$1 deposited. Every person who has an IDA is required to participate in financial literacy training.

Presently, the purpose for saving under an IDA is limited to a buying a first home, paying for post-secondary education, or starting a small business. Also, only earnings can be deposited into IDAs and receive the matching funds. Persons with disabilities could greatly benefit from altering IDA policies to allow saving for a vehicle and necessary disability-related modifications, for disability related assistive technologies and other relevant expenses. Persons with disabilities could also benefit from policies that allowed deposits to be other than earnings, such as Social Security Disability Insurance benefits.

- Within Oregon's Medicaid Buy-In, the Employed Persons with Disabilities (EPD) program, there are policies that make long-term savings impractical. There is a requirement that in order to maintain Medicaid eligibility after employment ends, the consumer must divest all but \$2,000 in assets. To maintain this critical Medicaid eligibility, the consumer must divest all but \$2,000 in assets, including Approved Accounts and retirement accounts. Even though such savings would be

very beneficial to the consumer and to the state in the future, this requirement is absolute.

Proposed Implementation Strategies

1. Completion of a white paper on the importance of increased savings for persons with significant disabilities, barriers to such savings and possible methodologies to increase such savings and remove barriers.
2. Explore the potential of Individual Development Accounts to enhance savings for persons with significant disabilities.
 - a. Examine the modifications to and use of Individual Development Accounts by Washington's Division of Vocational Rehabilitation.
(<http://www.wid.org/publications/?page=equity&sub=200505&topic=pm>)
 - b. Initiate and support similar modifications and use of Individual Development Accounts in Oregon.
 - i. Explore modifying IDA policies to allow saving for items/services in addition to present items (first house, business or education)
 1. Vehicles and disability related modifications
 2. Disability related assisted technologies
 3. Home modifications for independence
 4. Others to be determined
 - c. Explore and support converting Approved Accounts (AA) established under Oregon's Medicaid Buy-In, the Employed Persons with Disabilities (EPD) program.
 - i. Matching funds would dramatically increase the value of such accounts.
 - ii. As the name implies, AA have been approved by the state to be disability related and to be expected to increase the independence and employment potential of the individual.
 - d. Explore and support converting Plans for Achieving Self-Support established under the Social Security Administration
 - e. Explore and support converting Plans for Achieving Self-Support established under the OSIP Administrative Rules within the Oregon Department of Human Services.
3. Explore and support the use of Centers for Independent Living as community based agencies to implement IDAs for their consumers.
4. Cooperate with policy-makers within DHS to exclude Approved Accounts, including those established/converted as IDAs, from future

Medicaid eligibility considerations for persons who were on the EPD program.

Deliverables

- 1) Establish a project within Department of Human Services to initiate and establish changes in IDA policies and usage.
- 2) Initiate and support discussions with Centers for Independent Living to educate about the use and benefits of IDAs.
- 3) Initiate and support discussions with Legislators to educate about the use and benefits of IDAs and to initiate changes in policies.
- 4) Develop policy recommendations to exclude Approved Accounts and/or disability related IDAs from eligibility determinations for previous EPD consumers.



**CONCEPT PAPER ON SUPPORTED EMPLOYMENT FOR PEOPLE WITH
PSYCHIATRIC DISABILITIES FOR
OREGON MEDICAID INFRASTRUCTURE GRANT (MIG)/
OREGON COMPETITIVE EMPLOYMENT PROJECT**

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Under contract to the Oregon MIG

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INTRODUCTION

This concept paper with recommendations was undertaken by Joe Marrone from the Institute for Community Inclusion (ICI) at the University of Massachusetts Boston pursuant to a request from Travis Wall, Oregon Medicaid Infrastructure Grant (MIG) Project Manager. The **scope of work** agreed to was to provide information related to an overview of issues attendant to evidence based supported employment (SE), its relevance to Oregon specific issues, the types of outcomes that should be sought, an analysis of possible strategic opportunities to further implementation of SE within Oregon, an analysis of the implications of this information for policy and practice development, and some prioritized recommendations for actions or further reviews. This paper, due to the short timeline for its creation, of necessity relies on the accumulated knowledge base already available to the author, but this foundation has included numerous contacts and consultative interactions across the U.S., including with the New Hampshire Dartmouth Psychiatric Research Center, the work of which has formed the core of much of the evidence based SE efforts the state mental health authority has undertaken to date.

BACKGROUND AND OVERVIEW:

A) Assumptions and Conceptual Premises

The activity undertaken for this paper by ICI sought to provide information leading to some overall recommendations regarding next steps for the Oregon system under the aegis of the MIG to undertake in terms of policy, practice, funding, human resource development, etc. The limited time and resources available to this current work are inadequate to provide a detailed, comprehensive, and sophisticated analysis. Having said this, the situation in Oregon mirrors many states in that most state and local mental health systems trying to embrace evidence based practices, particularly in the employment realm, face a similar set of dilemmas.

Below are basic assumptions about the provision of evidence based supported employment to people with serious mental illness that frame the more Oregon specific recommendations in the following sections. While these are listed as part of the Background and Overview Section because they transcend Oregon specific data, they really in some ways form the heart of the discussions I would recommend the Leadership Council of the OR MIG engage in as part of their further strategic planning and MIG implementation. These assumptions and general recommendations are:

1. Through its policies and practices, Oregon should reinforce the principle of employment as a desired and expected outcome for the total mental health system of care through Oregon Mental Health and Addiction Services (OMHAS), with significant assistance provided as appropriate by Oregon Vocational Rehabilitation Services (OVRs), not merely a piece of a “boutique” of services, including non-employment day services. Supported Employment is a technique and one of the most effective structures in which to provide assistance leading to that goal. However, the premise of this concept paper is that the outcome ultimately sought in Oregon is personally fulfilling and career enhancing employment and economic engagement not different service structure per se, though that is concomitant with producing different outcomes.
2. Any future funding patterns and methodology must demonstrate concretely the mental health and rehabilitation system’s stated commitment to evidence based employment practices, including supported employment.
3. In considering funding alternatives, systems have greater control and impact on deciding what not to fund than in incentivizing services they wish to see occur more frequently.

4. Certain common essentials of any good service philosophy are required for any service intervention including supported employment, regardless of which system or entity provides it or any funding mechanisms used. These include: commitment to the work, compassion for the people served, competence of staff; coordination of service interventions, collaboration and partnership focus, and meeting client/customer needs as the primary goal.
5. The core components of the evidence base in successful supported employment have been documented extensively through research and practice over the last decade with some variability in the strength of the evidence base for specific components. These are well known within the OMHAS and OVRS administration and thus by extension within the OR MIG due to the intimate links OMHAS and OVRS has with the New Hampshire Dartmouth Psychiatric Research Center so the research base will not be cited in great detail here. But in summary the components are: services focused on competitive employment, eligibility based on consumer choice not external assessment of capacity, need for rapid job search not a slow progression or series of steps model, integration of rehabilitation and mental health, services based on consumer choice and preferences, time unlimited and individualized support (Bond, 2004). Presumably Oregon would wish to incorporate these principles and practices in the Supported Employment services they fund. Additionally, the Oregon system through the impetus provided by the OR MIG would also wish to expand employment opportunities and enhance outcomes further beyond the current set achieved, and encourage further innovation in models that work both as improvements to the basic design and also respond to unique needs of groups such as people with mental illness who are homeless, people with psychiatric disabilities from historically discriminated against groups like people from racial or ethnic minority populations, those with co-occurring substance abuse and mental health problems, etc.
6. To accomplish meaningful systemic reform in the dissemination of employment services throughout the Oregon network and system of care, it is necessary to directly confront the often negative views of employment capacity and appropriateness that the clinically trained personnel within the mental health system of care commonly hold about people with psychiatric disabilities. These staff must be the leaders in this movement, not its naysayers.
7. There is a need for some training and technical assistance interventions, which will be elaborated on further in the Recommendation section.

B) Brief Environmental Scan

Limited time and resources precluded a comprehensive Oregon environmental scan. This deficit is further accentuated because even though the author resides in Oregon, the work I do is national in scope and the author has not been extensively involved to date in the work the OMHAS or OVRS has done regarding Supported Employment for people with serious mental illness. However, Michael Moore from OMHAS and Mr. Wall from the OR MIG have both responded with alacrity for background data on the topic in Oregon and thus I will briefly highlight key issues from that information here as well as broader national issues that also have resonance within the Oregon framework.

Perhaps the most salient issue that needs attention is concrete employment information. Based on data that Mr. Moore sent the author regarding the numbers of OMHAS clients employed and involved in Supported Employment (SE), there appear to be 347 OMHAS clients involved in SE with only 179 employed as of Q3 of 2005. The extent of their employment is

difficult to judge because of the lack comprehensive data available to me so all that is known definitively is that this cohort is employed at or above minimum wage in the competitive labor market. He also stated the key counties where he has seen Supported Employment used consistently were Grant, Washington, Josephine, Polk, Douglas, and Jackson.

Mr. Moore has also provided me with information relative to all Medicaid clients with Severe and Persistent Mental Illness tracked through the MMIS in 2004. Mr. Damon Terzaghi from the OR MIG correlated figures compiled from cross-referencing OMHAS clients with Unemployment Insurance (UI) data and sent them to me in preparation for this report. These figures were slightly different but equal for all practical purposes. This information indicates that the statewide average hours worked in the year was 423 with the highest average achieved in Polk County (703). Concomitantly, the statewide average for wages earned in the year was \$3345 with the highest average achieved unsurprisingly (as it is usually a function of hours worked for a low wage population) in Polk County of \$6154. The statewide employment rate of this same population was 18% (national figure with interestingly Polk County having the lowest (except for one county) rate of 10% with the highest figure achieved in Grant of 45%). The average hours worked by this group were less than 8 (7.9) per week. It is also worthy of note that four counties with clients reporting wages in this statewide data set (Klamath, Harney, Lake, and Umatilla) reflected wages below the state minimum of \$7.15 per hour. This Oregon data which was given to me does not appear to be reported on SAMHSAs National Outcome Measures (NOMS) data base (<http://www.nationaloutcomemeasures.samhsa.gov/outcome/index.asp>), which is based on 2003 data. I would assume that since it is now available it would now be able to be included there at least in subsequent years.

While it is impossible to know the specific conditions that led to these results in each geographic area or to properly evaluate the efficacy of the employment programs operating therein, one fact is unassailable and most significant for purposes of further strategic planning within the OR MIG. Even OMHAS consumers who have been employed and presumably working successfully generally remain in poverty, in low wage and probably low status/ non career track jobs, work very few hours, and lack significant economic engagement and presence within the economic life of Oregon. In addition, even with the long standing involvement of OMHAS and OVRs with the national movement towards evidence based practice in employment and these agencies enduring and deeply rooted commitment to enhanced employment outcomes for this group, only a very small number of OMHAS clients with serious mental illness appear to be engaged in Supported Employment at all with an even smaller percentage actually working under the aegis of this programmatic intervention. While immediately following I cite some other elements to include in the scan of current Oregon policy and practice, they seem to me to pale in comparison to the facts cited in the preceding as the fuel driving the engine of the "Blueprint for Change."

From a financial perspective Mr. Moore offered some additional data regarding the use of Supported Employment. He noted that Washington and Josephine counties fund SE through the Oregon Health Plan and the Mental Health Block Grant. 130,000 dollars per year of the block grant goes to Josephine; 197,000 dollars per year goes to Washington under these authorities. Both of those counties also have additional VR funding. Jon Collins, PhD, who is the Manager of the Program Analysis & Evaluation Unit of OMHAS provided me with a summary of the finances involved with the provision of adult outpatient services delivered by the MHOs during calendar year 2004. One procedure code (H0036-- adult day treatment or community psychiatric supportive treatment or daily structure & support (DSS)) accounts for \$10,207,018 in services--

20% of all adult outpatient dollars that the MHOs spend. Mr. Moore estimates that about three million dollars are spent on Day Treatment through Fee for Service arrangements but the exact amount is unavailable. This is especially of great import as will be elaborated on later in the recommendations as in essence the evidence based research in Supported Employment has been based on comparisons of outcomes of this approach with services that traditionally have been incorporated under the rubric of “adult day treatment.”

Regarding OVRs funding for Supported Employment, as reported by Stephaine Taylor, OVRs Director to the author on 12/15/05 two options exist. Either it's treated like a case service expense where the VR agency agrees on a rate, hours, etc and an authorization is then sent, or OVRs has negotiated other arrangements, generally using a contractual agreement. The federal authorizing Rehabilitation Act legislation provides Oregon as it does all state VR systems with a separate allotment for Supported Employment programming which does not require a state match. Typically OVRs then spends down that specialized service money first and then goes to use regular case service dollars after it is exhausted. The comparative data on expenditures OVRs has for clients with serious mental illness in Supported Employment based on its federally mandated 911 reporting system is contained in Appendix A. This ICI summary report includes national data taken from US VR reporting done as of 10/1/04 (the latest available publicly) that ICI gathers on its *stateinfo.gov* web site. This information is self-explanatory. Oregon numbers are bolded and italicized within the tables, but the author would be happy to provide further analysis upon receipt of this paper. These charts are useful for broad comparisons and not necessarily indicative of services to the same types of people (as VR and MH diagnostic data does not offer exact parallels), service effectiveness, or use of evidence based practices but in the absence of more detailed local statistics, serves as a good starting point for discussion.

Any future work in Oregon on Supported Employment and its evidence base should be undertaken with a full understanding of the policy landscape that presumably will be influenced by SB 267 which will require increased dedication of OMHAS funds to evidence based practice in mental health, including but not limited to Supported Employment. The February 2005 EBP Report from OMHAS states that about [only] 7% of OMHAS funds as of that date went to the provision of Support Employment.

Also Governor's Executive Order 03-15, which formed the Task Force on Mental Health that produced the Blueprint for Action in September 2004, had wide ranging recommendations about improving the mental health system along the lines that dovetail in many ways with the overall approach of the OR MIG. It is perhaps illustrative if not evidentiary of the scope of the problem of highlighting employment as a key element of the total mental health system of care that in this report, Recovery was mentioned 17 times, medication 12 times, and employment only 2 times and then within a laundry listing of desired services; poverty is only mentioned once and then only in relation to insurance parity.

The Real Choice System Change grant, whose cycle ended on 9/30/05, operated in Oregon and coordinated at OMHAS by Michael Hlebechuk also presents opportunities for linkage with eventual movement towards greater employment outcomes. To date, this has not proven a major emphasis but it allows for an excellent opportunity to meld these more cohesively than in the past and Mr. Hlebechuk's membership on the OR MIG Leadership Council reinforces this possibility. The author has discussed this grant previously with people such as Jean Tuller of OTAC, Karl Reer of OMHAS, and JoAnn Sowers of the Center on self Determination (now at Portland State University) but Mr. Hlebechuk has given me the most complete update as of last Fall. Currently my understanding is that the most relevant element of

the Real Choice Systems Change project would be the Mental Health Brokerage Pilot involving the use of the service broker model (used widely in Oregon DD Services) to facilitate person centered plans with resources controlled by the consumer with a psychiatric disability. In addition, consumers in Josephine, Tillamook, and Benton counties received various levels of assistance in developed person centered action plans. It is the understanding of the author the brokerage demonstration was the most successful of the various projects. I do not know the employment outcomes associated with this 5 year project but it would be an appropriate any of information for Mr. Hlebechuk to share either as an addendum to this paper or in future discussions within the Leadership Council.

HOW SHOULD IT LOOK IN OREGON

Simply put, an ideal outcome would be for employment to be a desired and accepted outcome for people with mental illness in Oregon. Employment outcomes initially should be sought to achieve the results reported within the evidence based research in Support Employment as state of the art outcomes for people with mental illness. While no clear, simple outcome expectations are generally available (due to differences in defining the population that the successful percentage is based on, i.e., there is no common denominator used to represent the total pool served) the preponderance of results across the US suggests that this benchmark goal should be about 50% of the clients served achieving employment within the year, with about 30-35% in employment at any point in time. Also, a definition of successful employment should be developed (see Recommendation section later on) that is meant to accurately define whom the system is helping achieve economic, personal, and financial success not merely competitive employment for any amount of hours or for any amount of income.

The VR agency in Oregon (OVRs) should and does play a key role within the state in regard to employment services for people with psychiatric disabilities as should the One Stop system increasingly in the future. However, OMHAS should and does “own” employment services for many of its clients and must continue to play a significant role (both conceptually and financially) in effecting employment outcomes for consumers with serious mental illness. This role cannot solely be delegated to VR sponsorship as many state and local mental health authorities have done around the U.S. -- unfortunately in the author’s view. OMHAS AND OVRs are both to be highly commended for seeking joint ownership of this responsibility.

“Recovery”, i.e., the concept that people with serious mental illness can get better and lead productive, fulfilling lives as citizens—has become the dominant paradigm for community mental health policy (Anthony, 2001). Furthermore, as noted in the Report of the June 2004 Evidence Based and Emerging Best Practice Conference sponsored by Oregon Health Sciences University and OMHAS, “We’re looking at our system as a system for Recovery, not just for treatment (Bob Miller).” Patricia Deegan, PHD, noted psychiatric consumer/ survivor activist, has also stated in a speech given in Oslo, Norway at around the exact same time as the Oregon conference that: “Life lived within the confines of the human service and rehabilitation landscape is a life in which the freedom to become and make your own future is diminished.” While employment service has not emerged in the forefront of this societal shift, it appears to be an inevitable by-product of a revamped view of the human potential of people formerly felt to be on a lifetime, downward spiral whose only hope was for community support and maintenance outside a hospital setting.

In December 1996, the National Association of State Mental Health Program Directors (NASMHPD) released a statement of the organization's belief that competitive, integrated, paid,

and meaningful employment is essential to the habilitation and rehabilitation of persons with psychiatric disabilities. The organization asserts that unemployment among those with severe psychiatric disabilities needs to be lowered and that, in fact, productive activity such as work can be instrumental in promoting good mental health. Such a strong stated commitment to employment, even if not yet followed by a significant direction of resources towards this end, represents a major shift in employment and disability policy.

For any psychiatric rehabilitation system to make effective inroads in long-term employment and career prospects, certain visible and operational principles must be in place and must guide overall policies within such systems. These policies should incorporate a coherent set of beliefs, such as:

- Assisting people with psychiatric disabilities to enter employment is integral to the overall mission of mental health systems of care and thus inherent in the responsibilities of its entire staff and providers, even those not explicitly charged with work service responsibility. This means that employment is an expected outcome for the total system of care, not just employment programs or those involved with public VR.
- Mental health systems must communicate a conviction that all people (including persons with psychiatric disabilities) **should be employed, have the citizenship right to equal access to employment, and will be assisted to do so** because employment is a way for people to become economically self-sufficient, healthier, and fulfilled. Work is not just an opportunity to be offered people to "take or leave" as they prefer; rather, it is a responsibility of citizenship.
- The mental health system of care should combat barriers to employment that individuals face, such as stigma, discrimination, and economic disincentives.
- People have the right and responsibility to choose and change employment consistent with their self-defined interests, values, and skills—aided by significant personal connections in their lives (e.g., significant others, family, and friends) as well as professional staff.
- It is the responsibility of mental health systems of care to facilitate changes in environmental factors (anything outside the person) and skills (within the person) to enable the person to pursue their job of choice (Marrone, Tellier, DiGalbo, & Taylor, 2005).

Mental health systems are beginning to recognize that dangers related to long-term unemployment (Bruffaerts, Sabbe, & Demyttenaere, 2004; Dooley, Catalano, & Wilson, 1994; Kasl, Rodriguez, & Lasch, 1998; Lennon, 1999) almost always outweigh the dangers inherent in the stressors of working for people with serious mental illness. There is a dearth of any valid scientific data that actively promoting employment as an expectation for all precipitates any psychiatric symptomatology or distress. Concomitantly, there is a plethora of reasons why people with psychiatric disabilities should not just be offered the opportunity to seek employment but be strongly encouraged to do so as part of their overall movement towards Recovery (Marrone & Golowka, 2000). More eloquently than any academic paper is this recent email (both poignant and humorous) I received from a person the author works with in another state in a professional capacity but who also has a mental illness. She wrote: "I just read your Speaking Out article about *Why People Should Work*. It's pretty good. It kind of freaked me out though because when I read the part about working provides a distraction from illness. I was pretty bad off yesterday

and I would have gone into the hospital last night if there were any free beds at the hospital...but since they were full I decided to go ahead and go to work this morning."

Access to employment in our society is both a right and a responsibility. We expect that citizens will be productive and participate in a society integrated by race, gender, age, ethnic origin, and disability. The fact that people have the right to choose not to work in a free society does not mean that public systems have to remain neutral about the merits of such a choice. A relevant analogy: Students have the legal right to drop out of school at age 16, yet we clearly have a social and educational policy that seeks to discourage people from doing so.

Supported employment for individuals with psychiatric disabilities is one of the evidence-based practices that SAMHSA identifies that mental health systems have not yet successfully implemented in a way that has had meaningful impact on employment outcomes for people with psychiatric disabilities. One conundrum is that despite the fact that SAMHSA identifies Supported Employment as one of the most implemented evidenced based practices by state self report (43 of 50 states but with substantially fewer using fidelity measures), results in terms of concrete employment outcomes and measures such as full time employment, increased earnings, lessened dependence on public assistance have been meager (U.S. Census Bureau, 1997, Table 4; 2001b, Table P059). This is true even when evidence based employment technology is implemented faithfully (Cook et al, 2002). Greater attention has been devoted to other evidence-based practices (e.g., illness management, medication management, integrated dual disorder treatment (IDDT), family psycho-education, assertive community treatment (ACT) than to data generated by employment research. The reason for increased attention is not to elevate the importance of employment services above other outcomes but, rather, to try to equalize the importance of employment with other services prevalent in outcome-based care.

STRATEGIC OPPORTUNITIES

Many opportunities (financial and otherwise) abound regularly within the US landscape but they all require in varying degrees at different times qualities such as dedication, persistence, entrepreneurship, focus, collaboration, vision, energy, knowledge, and leadership. Also, while opportunities do exist they may not be specifically focused on employment and/ or people with mental illness so the OR MIG Leadership Council should examine ways to broaden the perspective of the communities which they represent and also the elements of the Oregon community of interest that may be more generic in focus than disability and advocate and educate them as to the need to become engaged in furthering economic engagement as a vehicle to full citizenship and participation for citizens with mental illness. The author would also encourage that the Leadership Council consider ways to implement the employment service resource mapping methodology contained in Appendix B as way to pre-emptively lay out some project activities that may flourish through external community support once initiated. Some specific areas that are currently or potentially operational in Oregon with which the OR MIG can reach out to seize would be:

1. The aforementioned Oregon SB 267, which provides rationale and some incentive for evidence based Supported Employment to be expanded. However, as noted throughout, without some concerted effort to carve out employment as a specific goal and employment interventions as an important evidence based practice to implement, it is unlikely to reap the benefits of the overall system movement towards evidence based practice that SB 267 mandates.

2. There has been increasing attention within the state-federal VR system to the needs of the clients with psychiatric disabilities it serves. Most recently this has been demonstrated by the development of the US Department of Education, Rehabilitation Services Administration's Institute on Rehabilitation Issues 2004 monograph on *Innovative methods for providing VR services to individuals with psychiatric disabilities*, IRI Issues Monograph No. 30 (available at <http://www.gwu.edu/~iri/pdf/30.pdf>) a document in which both Stephaine Taylor and the author participated with 10 other invited authors. This emphasis, coupled with Ms. Taylor's depth of commitment and expertise in rehabilitation services for people with serious mental illness and her long standing involvement with the evidence based Supported Employment movement in Oregon and nationally, provide an outstanding opportunity to make the OR MIG one of the national leaders in fostering VR-MH collaboration to further employment outcomes for their mutual clientele.
3. The SSA has released new draft regulations governing the Ticket to Work. There have been several changes but the most exciting opportunity if the changes go through as planned (final comment date is 12/29/05) are the following three. One, the ability of both a provider (using outcomes or milestones) and the state VR agency (using its traditional cost reimbursement mechanism) to collect payments under the Ticket, thus eliminating this competition which historically has hindered the ability of community rehabilitation providers to actively recruit clients. Two, VR clients' tickets will no longer be automatically presumed assigned to VR, Three, the adding of earlier milestone payments to enable Employment Networks (ENs) to recoup money sooner. Having identified these, it is the author's view that the Ticket still would not be able to be counted on as a continuing source of operational revenue for employment programs. However, I will offer some specific ideas on how to approach the use of the Ticket for funding services in the Recommendations section.
4. SAMHSA, through the Center on Mental Health Services, has funded seven state Mental Health Transformation grants this year (Connecticut, Maryland, New Mexico, Ohio, Oklahoma, Texas, and Washington) and has plans to fund several more next year. There has been very little about employment in the grants funded (with the singular exception of Maryland) so I believe an Oregon proposal, spearheaded by OMHAS and fueled by some of the transformative work already begun by the OR MIG Leadership Council, could both provide a competitive advantage and advance the effort to achieve better employment outcomes for OR citizens with serious mental illness.
5. It is unclear where future funding related to employment and people with disabilities is headed through the Department of Labor. However, currently Multnomah County through the Worksystems WIB, which is already represented on the Leadership Council by Clover Mow, has one of the five grants in the US devoted to meeting the employment needs of people who are "chronically homeless," a great majority of whom have primary or secondary mental health and/ or substance abuse problems. This grant's services are primarily delivered through Central City Concern, with whom OMHAS and OVRs are quite familiar and have regular working relationships. It is certainly worth trying to link strategically with them as innovators especially given the comparative lack of employment focus within the Multnomah County MH system of care. DOL/ODEP funds three national technical assistance centers that

could provide some added expertise on such links from a national perspective. The Institute for Community Inclusion at the University of Massachusetts Boston operates the National Center for Workforce and Disability (NCWD), the Institute for Educational Leadership in Washington, DC operates the NCWD-Youth, and the Corporation for Supported Housing in NYC operates the Chronically Homeless Employment Technical Assistance Center (CHETA).

6. The work done by the Oregon Business Leadership (BLN) network, under the management of Lucy Baker (a member of the OR MIG Leadership Council) has been exemplary and was recently recognized as such by a national award through the National BLN/ US Chamber of Commerce. The BLN concept has yet to live up to anywhere near its potential in terms of improving employment outcomes significantly for people with disabilities. Yet the OR BLN does offer hope in this regard, primarily due to the excellent work of Ms. Baker and her ability to link with the business community effectively.

As with the policy paper prepared to identify issues related to Supported Employment and people with Developmental Disabilities, specific actions around employer education and training are not addressed in detail herein as they are provided nicely in the White Paper prepared by the Oregon Business Leadership Network. One caveat however should be noted. Despite its popularity as an activity in systems focused on employment, there is little evidence available that employer education (or “attitudinal training” offered to any group) has an impact on actions that may impede employment prospects of people with mental illness. The problem is two-fold. One, in general, the correlation between any attitude and actual behavior is not clear (i.e., more positive measured attitudes do not always lead to better behavior). The issue to confront is really discriminatory behavior not stigma. Two, specifically in terms of people with mental illness, since many of the stigma issues relate to fear of violence and aberrant behavior, “education” tries to disabuse people of strongly held attitudes they hold. In fact there is some data to suggest that in attempting to educate people about the real facts about violent behavior and mental illness (e.g., people are more likely to be the victims of violent crime than the perpetrators) negative attitudes increase (Corrigan et al, 2004). To counter negative attitudes, as opposed to no information about a particular topic, for which education is a good change strategy, positive interaction *followed by education* is more effective (i.e., helping people get their “foot in the door” first and then seeking to educate employers).

7. The long term involvement that OMHAS and VRS has had and continues to have with the New Hampshire Dartmouth Psychiatric Research Center obviously opens multiple possibilities for future work and support given their national and international reputation. The fact that there will be an Oregon site in the SSA national research project they are currently undertaking with the University of Maryland and Westat provides another opportunity to expand the research base available to the OR MIG specific to evidence based supported employment with a population of SSDI recipients who have serious mental illness. In addition, ICI itself continues to be one of the two primary partners (along with the University of Massachusetts Medical School) in the Massachusetts MIG, which operates the first funded MIG CEO in the

US, and has assisted MIGs in OR, UT, CT, IL, especially in areas related to funding strategies.

POLICY IMPLICATIONS, CONSIDERATIONS

Many of the policy implications will be described under the section involving recommendations. Since the author has not been directly involved in many of the local system issues or the OR MIG Leadership Council discussions this cannot be construed a thorough policy analysis. Nonetheless, I have seen the draft strategic plan which does help frame some of the concerns. Also, as noted earlier, the situation in OR vis a vis employment for people with serious mental illness mirrors many other states' dilemmas with which the author does have great familiarity. But in some ways the most important policy consideration is how does the state align its funding and policy structure to reinforce the desired outcome of increased and better quality employment outcomes for people with significant psychiatric disabilities? To that end, the state and counties must look at policies that affect how resources are currently allocated, how additional resources are accessed, how programs operate, how staff function within these programs, and expectations that consumers and advocates bring to the process. The draft OR MIG Blueprint for Change states that "Oregon's county-operated mental health system provides no supported employment program and very limited employment-related supports and services to persons with significant psychiatric disabilities." The numbers cited earlier show that the results of this comparatively limited attention to the problem has been that less than 400 Oregonians with mental illness have used Supported Employment services through this system in the last fiscal year.

As with many states, one difficulty is that the Oregon mental health system, as all mental health systems, was designed under an illness/ deficit model of care that was medically based. Yet the current philosophical climate has advanced to looking at Recovery, Resilience, and Community Outcomes. While often ill-defined, these concepts do convey the assumption that persons with serious mental illness can be helped to achieve a full measure of community participation, citizenship and personal growth and satisfaction. Still, there is an increasing reliance on Medicaid to support community based mental health services. Medicaid has been used in OR and other states as the one source of expandable funding. However, this usage suffers from the complexities of Medicaid funding mechanisms for employment (through rehabilitation options and system waivers).

In addition, the Centers for Medicare and Medicaid Service (CMS) and Congress have demonstrated a growing reluctance fueled by the large budget deficits of recent years to continue to support non medical services, such as targeted case management and the Rehabilitation option. While it appears the current CMS regulations will not change significantly this year, this pressure to pull back from non medical services funded by the federal Medicaid system is likely to increase. The category of medical services does not usually provide the ideal construct under which to fund employment services. The support for this argument is that continuing to fund employment services as just one "option" or through "waiver" of existing authority, rather than as a discrete funding stream, devalues the services and, dilutes an already under-funded, fragile safety net of health care in the United States (Marrone, Tellier, DiGalbo, & Taylor, 2005). The author has undertaken as one goal the expectation that I would offer ideas to OR MIG about maximizing the Supported Employment funding base, which practically speaking, means greater use of Medicaid as a funding source in the short term. In the longer term, the author would like to emphasize that in the absence of major structural reforms in the essential conception of what

Medicaid's national medical policy role will be, I would like to encourage OMHAS to attempt to retain state funded employment services that, while less amenable to expansion, are also inherently more flexible and responsive to state level policy decisions and direction. In the current fiscal climate this state sponsorship becomes harder to maintain in the face of greater financial austerity expected. However, several states have still managed to retain the political will to fund Recovery, Rehabilitation, and Employment efforts as discrete state line items. The description of the Massachusetts MH system's funding of Supported Employment and Clubhouse Services in Appendix C illustrates this point from one state's experience. In addition, in terms of Medicaid itself, the NYS Office of Mental Health has moved towards "medicaiding" more community services. While not ideal in the author's opinion, it has created a reasonable approach in its PROS (Personal Recovery Oriented Services) model, also described briefly in Appendix C. Finally, a blended approach, involving Medicaid, state MH funding, and VR services is used in Maryland. The Maryland contact persons from both VR (Christine Johnson) and MH (Steve Reeder) who could provide the most detailed information about this funding model are listed in the Contacts section at the end of this document.

An example of a state policy that while crucial and truly a "cutting edge" approach to services is the focus on person centered and consumer directed and controlled service delivery. This approach is laudable, overdue, and needing to be strengthened. This person centeredness and directedness is a *sine qua non* of a recovery oriented system of care that OMHAS and indeed mental health advocates nationally aspire to create. The conundrum comes not from this approach itself but from an aberration that often occurs in its implementation at the service level. Many consumers are understandably concerned and fearful about seeking employment due to worries regarding benefits or medical loss, fears generated by their mental health supporters about the dangers of too much "stress", lack of information about career opportunities, lack of appropriate supports, lack of self confidence caused by histories of mental health problems, or innumerable other concerns generated by facing the formidable barriers attendant to serious mental illness. Sometimes, providers use these anxieties to mask their own insecurities or inability to provide effective employment services by stating that NOT choosing employment is an example where they are respecting client choice and control. As alluded to earlier and as will be further explicated in the Recommendations, staff who display an aversion to *influencing* people effectively under the guise of not *controlling* their behavior are in reality abdicating their responsibilities to further consumers' Recovery. The author in earlier works has stated some characteristics seen in a consumer driven system (Marrone, 1994; Marrone, Hoff, & Helm, 1997) and the most salient to this discussion are that in such a system staff should not be seen as "Abdicating responsibility to influence behavior. Values such as the importance of working and personal responsibility must be advocated by any responsible service provider" (p.74) and "Staff roles are more, not less, activist in that they offer opinions, advice, suggestions, clarifications in an assertive manner designed to seek agreement- not limited to a 'take it or leave it' approach" (p.75).

The Oregon Medicaid Buy-in program has been a pioneering effort nationally. The Employed Persons with Disabilities (EPD) program, was one of the first Medicaid Buy-In programs in the country, and continues to allow employed persons with disabilities to retain their medical coverage. It remains quite small, due to budget constraints, and several states have surpassed it in their ability to expand coverage to greater numbers of individuals. The Minnesota Medicaid Buy-In program probably is the best example of a broad based and flexible buy-in. While cut back somewhat over the last few years due to a change in political philosophy and the

national emphasis on human service budget reductions, it nonetheless still serves several thousand people annually. A less sanguine example of a broad based Medicaid buy-in program was that of Missouri, which formerly covered 9000+ people but was completely rescinded during this current budget cycle as a result of fiscal issues and changes in the governorship.

Benefits Planning (BP), currently organized under the umbrella of the Oregon Advocacy Center, and provided free to recipients due to federal and state subsidy, is seen as a key asset for people with significant disabilities, who face a confusing maze of rules, regulations, and possible resources. The draft Blueprint for Change for the OR MIG states that all SSA work incentives continue to be underutilized in Oregon. The dilemma about how best to make use of Benefits Planning, expand it, and make it more effective is conceptualized best within this section of the Blueprint itself. The first two goals for BP listed in this section of the document are: “Empower people with all types of disabilities to obtain meaningful employment” and “Educate and engage employers to develop and market the “business case” for employing people with disabilities”. Yet, the next section on “Outcome Indicators” lists the following three measures:

- “Increased number of benefits planners”
- “Increased availability of benefits information”
- “Increased utilization of benefits information and employment supports”.

None of the listed measures in the draft relate directly to the first two goals. This actually reflects a major policy debate taking place in many venues where BP is practiced. The essence of the debate is whether BP is meant solely to provide accurate information to its clients and assume a position of complete neutrality in regard to return to (or entry into) employment or whether it is expected that BP is a service that should postulate a belief system about trying to encourage people into employment and thus should be measured in one respect by its customers working in greater numbers or for more hours. Local Oregon data supports the urgency of addressing this continuing dilemma by looking simply at the average wages earned by clients reported earlier, which are less than 25% of the SSA Threshold amount for continued Medicaid coverage for SSI recipients, yet concern about loss of health benefits still remains a key apprehension among consumers and supported by staff as a major reason why unemployment still is exceptionally high for this group of people.

RECOMMENDATIONS FOR PROPOSED STRATEGIC ACTIONS/OPTIONS (3 YRS)

The recommendations for action parallel to some extent the recommendations made in the OCDD paper on Employment and People with Developmental Disabilities because people with various sorts of significant disabilities (cognitive, psychiatric, physical) face many of the same societal barriers. In particular, the focus on leadership/administrative structures, consumer/family education, and outcome evaluation are well taken and would serve as useful information for those concerned with employment of people with mental illness as well. There are also several important differences that the recommended actions will address however. A fuller explanation of some of these possible differences and similarities can be found in an earlier work (1994) of the author listed in the Reference section: *Supported Employment for People with Mental Illness: Myths and Facts*. Most of these distinctions stem not from the disability itself, as people with mental illness or people with developmental disabilities are “people first” and thus share many of the same joys and burdens and because of disability as a social construct, some of the same obstructions to full citizenship and inclusion. Some of the actual disability related issues do have impact of course. For example, people with mental illness usually do not have their intellectual capacity impaired as do people with cognitive problems; medication plays an

important role in mental health treatment whereas a much lesser one in developmental disabilities. But in terms of systemic change there are many significant differences. For example, the mental health system, even with an emerging Recovery orientation remains a health care entity, the developmental disabilities system is essentially a community service system. Medicaid also has different rules that impact these groups (e.g., only one state (Colorado) has a home and community based waiver for people with mental illness and this does not include employment; CMS has an IMD exclusion for payment for services for people with mental illness). Finally in the area of employment itself, Oregon was one of the leaders (even with its recent decline in this arena as noted in the OCDD paper) in what is now a national movement towards employment as the primary “day activity” which should be supported for people with developmental disabilities. However, there is still a great deal of tension and disagreement around this point in mental health systems in Oregon and elsewhere, among staff, consumers, and advocates.

As the recommendations proffered will demonstrate, there is an assumption of the author, based on his own and ICI colleagues’ experience and practice that the funding issue must inextricably be linked to clear definitions and outcome expectations and accurate data collection. Specifically the author feels that the definition of successful work outcomes for the OMHAS population must more closely approximate the consensus the public at large has about what constitutes employment, rather than conform to its current artificial and idiosyncratic characterization. Also, the author posits that one major barrier to employment success of people with serious mental illness, even with the strength of the evidence base to date of successful supported employment methodology, is low expectations that many groups, including consumers themselves and their advocates and family members as well professional staff and the general public, hold in terms of work outcomes.

Regarding interagency work, there are distinctions that are useful to examine in terms of coordination, collaboration, and cohesion in attempts being made in OR among OMHAS and OVRS and community providers and the broader generic workforce system to create a seamless system of care within a broader network of employment and life supports. The grid in Appendix D illustrates concepts that guide some of ICIs overall approach and vision in these recommendations, involving partnerships among disparate organizations or service systems.

Finally there are a plethora of technical assistance resources both within and outside of Oregon that can assist in various ways in achieving any these recommendations which the OR MIG Leadership Council wish to pursue. Some of these resources are already engaged through grant and contractual relations within the federal or state systems; others can be accessed in the future if desired. Some resources that could assist with any or all of these that are already known to the group but not members of the Leadership Council itself would be NCHSD, the Center for Self Determination at PSU, the Dartmouth-New Hampshire Psychiatric research group, ICI through its National Center for Workforce and Disability or its other contractual arms, and Western Washington University RCEP X. In addition, there are programs and people within the state that while perhaps not known to me, could be used as exemplars in delivering employment services to people with mental illness by Council members and their expertise should be tapped consistently where available. Finally there are other state systems that perhaps might offer guidance or information on potentially different ways of doing business in certain areas, while recognizing that Oregon and each state tends to share certain characteristics or also confronts issues unique to its own environment. Some suggested state contacts that might offer information to share on various topics are noted in the Recommendations section itself and included as a

separate list in the last section. I have not included the other states involved in the RWJ evidence based practice project as OMHAS and OVRs are well acquainted with them through their monthly conference calls and regular meetings.

The recommendations that are in **Bold** are considered the top priorities to address by the author.

RECOMMENDATIONS:

The administrative recommendations are framed simply by the desire to incorporate two values that I see as inherent in the type of major systemic restructuring and reform that the Medicaid MIG is undertaking:

- 1] It is important to not let the “perfect become the enemy of the good” in balancing provider flexibility with organizational accountability
and
- 2] Processes to accomplish the employment goals of the OR MIG initiative should be streamlined and made easier wherever possible; the work itself should be made “harder” in that high standards of performance and outcome expectations are what Oregon citizens with mental illness and their advocates expect and deserve.

I] General Administrative Recommendations

1. As noted earlier, ultimately a public policy entity makes choices about what it values as part of the social fabric of the society in which it is based. There is ample evidence that traditional day treatment does not present an effective modality by which to enhance Recovery, Rehabilitation, and Employment goals (Becker *et al.*, 2001; R.E. Drake *et al.*, 1996; R. E. Drake *et al.*, 1994). Furthermore, in a practical funding sense, the funding for evidence based SE outside of special grants is usually only available by transferring monies that formerly funded day treatment and using them for SE instead. **Therefore, the author would recommend that the OR MIG, OVRs, and OMHAS seek to begin the arduous and controversial process of “converting” day treatment programs to a variety of community employment supports and self help, consumer run centers.** While it is beyond the purview of this limited report to examine in great detail all the obstacles that must be overcome, ultimately the provision of Supported Employment and eventual overall employment success are contrary to the types of services that a day treatment modality provides. Concurrent to movement away from day treatment, the OR MIG and OMHAS could support the use of seed money to develop more consumer self help centers, which would offer a vehicle for social supports and should eventually seek to become self sustaining. It appears from briefly reviewing the Medicaid billing codes recently sent to me, SE is already “incentivized” in the billing system by its reimbursement rate set as double the rate for what is used in day treatment (\$15+ vs \$7+ per 15 minute). So the problem as in most systems is really “de-incentivizing” day treatment philosophically more than creating incentives for SE.

Michael Moore from OMHAS has identified some excellent strategies and approaches to accomplish this goal in his brief “white paper” on the topic which was made available to me and the OR MIG. I would only add that ICI could serve as an additional possible resource to assist in this conversion due to our work with other mental health systems and MIGs in converting local systems such as in Maryland, Illinois, Napa County, CA as the most recent national examples. The best local example would be the

work of ICI over the last 5 years in Vancouver, Washington where we have helped a fairly traditional mental health center which 6 years ago had 2 1/2 dedicated employment staff that now consists of 26 FTE and over a million dollar budget for employment services, serves over 500 people a year in various employment services, and funds no ongoing day treatment. It also has been selected as a pilot site for the Dartmouth/ Univ. of Maryland SSA national EBP demonstration project. The contact there for more information would be Gregory Robinson, Executive Director, Columbia River Mental Health, TEL: 360-993-3034; email: gregoryr@crmhs.org.

As with several other areas of inquiry there is a corollary in the recommendations made by the OCDD “white paper” on employment prepared for the OR MIG. It cites the Washington State policy of “work first” within the DD system in that state. I will not include that policy here since it is included in that companion paper. While MH systems of care do have different mandates than DD systems so situations are not exactly comparable, the author does feel that the OR MIG, OMHAS, and OVRs and all the partners should recommend that as a matter of state policy there is a belief that services delivered to clients with psychiatric problems do take into account the importance of employment and productive activity as part of Recovery and Citizenship and that community mental health services delivered should, in the majority of situations, be accountable for employment outcomes as one aspect of their measure of efficacy.

2. It would be useful for OMHAS and OVRs to try to come up with some more detailed guidance about what would constitute a successful employment outcome. OMHAS and OVRs should define as much as practicable a successful employment outcome as working at least 15-20 hours weekly at minimum wage. VR has federal rules to which they must adhere that precludes their defining it this way in absolute terms. Nevertheless, they can certainly establish standards of expectations that are flexible enough to be waived but still set clear expectations for staff. The author would suggest that this sort of operational procedure be developed involving line and management staff of OVRs, OMHAS administrative personnel, and representatives of providers with the possible use of external consultation to facilitate and help clarify the definition. The monetary total (e.g., 60 - 80 hours monthly @ \$7.15 hr) could be used as the figure to account for fewer hours at higher paying jobs, but the author’s preference would be to include some sort of minimum hours as that would seem to further the goals of Recovery, Citizenship, and Community Inclusion more. The definition should be straightforward and something the general public would recognize as an employment outcome, not something that requires a Talmudic definition incomprehensible to the outside world. The “devil in the details” comes into play in terms of what OR OMHAS/ OR Medicaid wishes to pay for. Also there would be a need to allow for periods of interruption due to illness. And there may not be a need to get too complex on exceptions for time off but a pro-rata schedule could be applied (i.e., payment would be percentage of hours worked) or make a distinction between a work plan and actual work hours or a three month average (e.g., total of 180 hours worked every three months). Another potential change that would encourage cross-system collaboration is to pin OMHAS outcomes, in part, to what other systems (OVRs, WIA, etc.) would consider successful. These need not be hard and fast requirements, but could be considered quality improvement goals (potentially accompanied by increased financial incentives) for providers to aspire to. While contributing to OMHAS’s

employment focus, it would also position them to coordinate with other systems around certain service models.

But these options would require more detailed costing and development involving input from others including providers and each becomes quite difficult to monitor, as well as each adding layers of intricacy to an already complex system. The outcome orientation and bias towards simplicity of the author leads me to encourage a more concrete definition that allows for consistency of reporting and ease of administering. The deficit of this approach is of course that to the extent OMHAS and OVRs define success with a brighter line, more people and providers will fall short - which poses political and constituency problems. Therefore, in practice, if the Medicaid MIG, OMHAS, and OVRs agree with this recommendation, this would probably require initiating a public education and feedback process before actually implementing any change. We at ICI would be happy to assist you in this and fully own this as the firm recommendation of ICI incorporated in this report.

The predictable concern encountered nationally and internationally in the author's work over the years is that such a firm outcome classification inevitably leads to "creaming" and indicates a lack of concern on the part of funders (or consultants) for meeting the needs of those consumers with the most significant psychiatric disabilities. The author fully recognizes the manifold barriers that consumers face and the difficulties providers have to surmount in order to assist such people achieve successful community employment. Concomitantly, I also recognize the dangers low expectations pose. While the imposition of this definition would no doubt hold both providers and the public system up for greater scrutiny, it seems clear that higher standards of performance are meant to be stressors on the system to perform better, NOT meant as further screening tools to be used to judge client's capacity to achieve success. ***There is nothing contradictory in the zero exclusionary principle of evidence based employment practice and the elevation of the meaning of successful competitive employment. In fact, it seems that either one without the other loses its impact.***

3. I am not sure whether OMHAS and OVRs have ever issued a public joint policy statement to their respective staffs about not just their mutual commitment but the kinds of cooperation and expectations each system has for its personnel and providers in furthering the goals (which of course need to be stated clearly and measurably) of their collaboration. In addition, **OVRs & OMHAS could supplement formal policy statements and interagency agreements or memoranda of understanding with some sort of joint orientation for providers/staff/community so that there is a clear and consistent message about this coordinated effort towards employment goals for mutual customers with psychiatric disabilities.** I would emphasize this should not be a training day but a policy forum, perhaps starting with a one day "think tank" involving just OVRs and OMHAS administrators and supervisors formulating a statement and next steps, followed by a policy forum with providers/staff/community. This is an area where either internal or external consultation for facilitation could be utilized effectively. As a corollary to the forgoing, OMHAS & OVRs should publish an annual report on their joint efforts to take deserved credit, inform each other's staff of progress they might otherwise not be aware of, to gain further public support, and build momentum.

It has been the experience of ICI in our work that in terms of administrative coordination and collaboration, the Maryland state linkage developed between their VR

and MH systems alluded to earlier represents best the best (if not perfect) example of systemic coordination in terms of SE and people with mental illness of all the states. There is braiding of funding, close partnership at the top executive levels, joint services to many mutual clients as a matter of policy not individual negotiation, and creative use of Medicaid, state MH and state VR funds to serve clients with psychiatric disabilities.

4. **OMHAS should move towards specific outcome expectations in terms of its own goals for consumers in the system and employment (i.e., create an explicit goal of xxx% of consumers being employed as a measure of success for the OMHAS).** This goal should be seen as one for the system of care as a whole not just for the employment program subset of the system. We would recommend that OMHAS first announce benchmarks based on data in the literature to date (which is quite limited in terms of employment results for the overall system) for employment outcomes (working at least 15-20 hours in the week reviewed). Thus somewhat arbitrarily but with some support in terms of evidence based practice to date (Bond, 2004) that if data is collected at specific points in time (e.g., quarterly), this benchmark should be 35% of the client population served in PRPs working during that week. If collected cumulatively, that at least 50% of the client population would have been employed at least 15-20 hours in one week during that period. To begin this process, OMHAS would need to further develop baseline figures for the period in which this process would start. After implementation and further refinement of the OR MIG strategic plan, I would encourage OMHAS to consider benchmarks in areas such as weekly salary, employment (rather than job) retention, i.e., days worked in a year or weeks with 15 hours of paid competitive employment within a year, and career progression/ type of job. But the data system and transformation efforts are both at such an embryonic state currently that I would not suggest overloading it with these more sophisticated measures of employment success right now.
5. **OMHAS and OVRs should make the provision of outcome data from various providers a condition of funding for employment services.** Such data should be made easily accessible to the public via state web sites and publications and client mailings. If this proves impossible to do by fiat due to state laws, intractable policy, or tradition, I would suggest a) strongly recommending and encouraging providers to do so of their own volition, b) distributing widely the information from providers that do, and c) publishing a “scarlet letter” list of providers who do not provide the data. Of course, the list would not need to be identified as such but merely a listing of providers for whom data is not available. Presumably this openness of information already extends to consumers in the MH and VR systems in the state routinely having copies of any planning documents but also as a matter of course, not request, being given open access to their VR and MH charts and case notes that their professional helpers record. I would also encourage OVRs and OMHAS to include in this listing comparative state or regional data available from the OR Department of Labor regarding unemployment rates, wage information, and economic status (average family income) for the general population as a way of assessing progress towards Recovery, Inclusion, and Full Economic Engagement.

This distribution would assist in creating competition at least in urban areas of the state especially if some form of individualized funding employment project is expanded. The availability of web and email dissemination should make this task easier. I would recommend that you encourage providers to submit their own public relations data,

- including outcomes in areas such as clients served in employment, career/ service plans developed that include employment goals, clients placed in employment, type of employment, job and/ or employment retention if possible, average time to placement, and average weekly wages earned. Furthermore, a section could be included that solicits client feedback/ commentary on services (from both providers and public systems) in a consistent reporting format. As long as the site had a moderator to filter out any *ad hominem* or scurrilous comments, there is little reason not to use this technique, especially in a state that prides itself on a commitment to consumerism and increasing consumer control. A possible vehicle to consider for this is an expansion of the existing web site of Disability Navigators. Inc. at <http://www.disabilitycompass.org/>.
6. In addition to the provision of shared funding (discussed below), which is essential to systemic change in these arenas, OMHAS should also focus on coordination of services and non-monetary resources with and beyond its partnership with OVRs. Given the oft-noted funding limitations being experienced, an increased interaction with Oregon's US DOL funded One Stop system, its benefits planning projects, the Oregon Business Leadership Network (OR BLN), etc. would take much of the pressure off just OMHAS and OVRs to perform the full scope of employment services and potentially lead to a well-coordinated, integrated, "seamless" overall system. If OMHAS and OVRs were to move further towards this multi (as opposed to binary) system linkage, the division of efforts could be expanded to include coordination with One Stops and the OR BLN around business outreach, benefits planners to assist with the difficult issue of benefit management, and residential service providers to assist with the initial coordination of transportation. Again, this would require a well organized and coordinated system – one that Oregon is fairly well-poised to have – and a clear vision on the part of OVRs, OMHAS and its funded service providers as to the priority of employment and their role in accomplishing it. As mentioned earlier Worksystems, Inc (WSI) in partnership with Central City Concern has a Customized Employment (in essence, Supported Employment technology) Grant focused on serving the needs of chronically homeless individuals and is represented on the MIG Leadership Council. This grant could serve as a learning laboratory for the OR MIG in developing systemic partnerships serving people with serious mental illness and facing a multitude of other social barriers.
 7. The facts at this stage of progress in community mental health are incontrovertible that the evidence based practices validated by SAMHSA in regard to Supported Employment for people with psychiatric disabilities are demonstrably more effective than traditional day programming or continuum, step approaches. However, the results are still clearly unacceptable in the author's eyes in terms of the goal of full Community Inclusion, Participation, and Recovery. The most recent data sent to the author by Mr. Moore of OMHAS makes this point tellingly. Using 2004 MMIS and Employment data, the figures show that in non - evidence based practice SE sites in OR the employment rate was 16.8%; in the evidence based practice SE sites, the comparable rate was 22.1%. So, as almost all studies have shown, evidence based SE does produce better results than a less rigorous use of SE methodology. However, the higher figure still should be seen as a system failure in that even using the best information available to practitioners, the apparent unemployment rate for this group remains close to 80%. So the lesson learned for the MIG would seem to be that the state needs to continue to understand and use the available evidence but should not stop trying to evolve newer and improved methods.

The conclusion from the 5 year SAMHSA multi-state Employment Intervention Demonstration Program with the results published through the University of Illinois Chicago (Cook, 2002) is the specific program “model”(i.e., SE, Clubhouse, ACT, Consumer Self Help Center) matters much less than that the core fidelity measures are incorporated. The proponents of the most documented method of effective SE for people with mental illness (the IPS model with which Oregon OMHAS is quite familiar) identify it a series of components that are associated with its effectiveness, not a program model per se. Therefore, the issue is not to prohibit use of options like volunteering (for some people being able to give back is quite an important step to Recovery) or transitional type work experiences (often valuable for youth or adults out of the labor market a lengthy period of time). Rather it is crucial to communicate that these are processes not outcomes. A program’s success in achieving employment should be measured in terms of remunerative employment in the competitive labor market or for some, self employment, not by “improved functioning” as demonstrated by improvement in job seeking skills or Activities of Daily Living or GAF score or symptom reduction.

III] Funding Structures

There is a need in OR to continue to include concerted efforts to maximize funding through the use of different financial streams that can be combined to serve the complex needs of people with psychiatric disabilities, including OVRs and Medicaid. Each of the fiscal mechanisms available and all used at one time or another within OR has drawbacks as well as offering the potential for added funding. State funding of OMHAS employment services is constrained by the current conservative fiscal climate and by the multiplicity of medical as well as rehabilitation needs that must be attended to. OVRs finances are constricted by a relatively small budget in comparison to OMHAS and by the need to respond to its own distinct federal and state mandates, which in essence can reduce providers to functioning as VR vendors rather than as part of the total OMHAS system of care.

1. The Oregon MIG, as with most of the MIGs funded nationally, has the potential to be a vehicle for creativity in employment interventions for people with mental illness and other disabilities even though it cannot be used for service delivery. The author would recommend that it would be constructive to attempt to use the existing OR MIG to pilot small demonstrations as has been done in several instances in other states. The most relevant in this regard for Oregon efforts are the Minnesota MIG demonstrations on converting mental health day programs to IPS models and the Utah demonstration of evaluating the potential for using Personal Assistance Services for consumers with mental illness who are working. Information about both of these models can be sent upon request or the OR MIG Leadership council can contact them directly as they will be noted in the final section of other state examples. Additionally, the piloting of an OMHAS or OMHAS-OVRs individualized funding project specific for employment supports would seem to fit well within the MIG mission.
2. The author believes that the OR MIG should, as part of its mandate, assist the **OVRs and OMHAS in developing some revised funding mechanisms that would consist of joint funding of selected projects and also experimenting with different funding models based on outcomes or “milestones”**. I believe that the statement in the draft paper prepared for the MIG on services to people with developmental disabilities is essentially accurate. It is also relevant for the population of people with serious mental illness:

“Oregon needs alternative incentives for provider agencies to create and/or continue to develop individualized supported employment services, as it is far easier and less expensive to manage alternatives to employment programs, sheltered work, or group employment.” The outcome based approach associated with Oklahoma and adopted in other places either as policy or as pilot projects is worth experimenting with in Oregon. Samples of the Washington policy and another outcomes funding project in New York State are included in Appendix C. The specific costs associated with various outcomes are subject to debate as to their appropriateness, but the important matter for the MIG to investigate is whether the funding approach has utility for Oregon.

3. The author would encourage OMHAS and OVRs to discuss how OVRs might use the VR “service to groups” modality or some form of Innovation & Expansion money (initial program development funding) for some start up funds to target priority groups that are jointly designated (e.g., urban inner city population, rural areas, ex-offenders with mental illness, people with co-occurring disorders, young adults, etc.) The benefit to consumers, providers and OMHAS in this approach would be a system that maximizes ease of use and makes funds available more flexibly. The risk to OVRs is that this sort of funding methodology gives OVRs staff much less control and is usually only used in situations where there is a significant dearth of services that need to be developed. If OVRs were to agree to consider this, they would need to be assured that both OMHAS and OVRs would couple this flexibility with specific outcome expectations and with the assumption that plans for sustainability would be a key part of the tasks that the provider of these newly inaugurated services would undertake.

OVRs, per conversation with its Director, Ms. Taylor on 12/16/05 does not receive the state match required to draw down its full allotment of federal funds (approximately 78-79% federal to 21-22% state). Ultimately the ability of a state to attract all available federal match funding for VR is the ideal. However, in the absence of this capacity, OMHAS and OVRs could explore the creation of a cooperative agreement whereby state or county MH money is used as the state portion to draw down additional federal money. Many states use these sorts of matching agreements. Historically the most successful in the author’s mind has been the approach used by Minnesota VR and MH (since scaled back dramatically but many projects were seeded) whereby rather than just devoting the additional monies derived on a case by case basis, it was used to establish a RFP process to respond to specific state priorities over the years (e.g., services in rural areas, services to historically disadvantaged groups such as racial or ethnic minorities, etc.)

4. The “services to groups” process could also be utilized to assist OVRs and OMHAS to develop approaches to improving supported employment services to OVRs consumers who have significant mental illness but may not be OMHAS consumers. This population is one for which OVRs may need assistance from OMHAS in developing supports and services to enable these individuals to access the OMHAS system or to receive other community mental health services that will support their successful employment.
5. In a similar vein, both OVRs and OMHAS can explore alternatives regarding more direct consumer controlled funding. There have been several projects over the last decade looking at individual budgets, service brokerages, and “microboards” (a Canadian term coined by the developer, the Vela Corporation in B.C., Canada) or SDSC- “self directed support corporations” (the technical term used in many jurisdictions in the US), including

- within Oregon, with OTAC currently very invested in this concept of SDSC. Most of the work in this area has been done in terms of uses of personal care assistance in working with people with physical disabilities or individual funding of support services for people with developmental disabilities and their families. There have been only a couple of projects nationally that focused on this for consumers with mental illness (Florida as well as Oregon). There have been a few VR individualized funding projects nationally (VT VR had one of the most successful) based on the “informed choice” provisions of the Rehabilitation Act of 1973 (in the 1992 amendments). A recent National Council on Disability report on self directed health care funding (NCD, 2004) identified this area in relation to consumers with primary mental health disabilities as one that has been largely unexplored to date and thus would certainly be an area worth exploring as part of the overall OR MIG system change endeavors.
6. A further recommendation for potential appropriate use of the MIG funding authority is that MIG might consider funding in conjunction with the state provider association and OMHAS, either a retrospective or prospective cost study of actual costs of delivery of supported employment service. This seems entirely within the purview of the OR MIG statement of work and the goals of the MIG in the U.S. generally. Such a study probably could be further expanded to include assisting OMHAS in creating an overall data management system for evidence based employment services as part of future mental health system transformation. I would recommend that if such a study were undertaken that there be a two pronged approach, a strict econometric study from a technical vantage and then a follow up analysis with refinements from external sources more familiar with programmatic aspects in addition to finances. ICI is one of the sources that could offer this refined analysis, with our expertise in areas of the intersection of MH and VR systems and the evidence base/ fidelity scales of supported employment.
 7. **The Ticket to Work new funding structures that are expected to come to pass will open the doors for the potential for new sources of funding.** Even with the changes proposed, it is still a difficult proposition for all but the largest and most fiscally sophisticated private providers to undertake. The author would recommend that the OR MIG develop a strategy to coordinate with OVRs and OMHAS to seek to encourage county mental health authorities themselves to become Employment Networks since they fund services anyway and could tolerate financially the episodic nature of the payments received. Then, as long as these county agencies are able to maintain retained revenue accounts (i.e., keep the money attached to their organizations rather than into the general county budget) the income earned through the Ticket could be used for Research and Development activities to support innovative employment options (such as microenterprise or economic development tied to hiring people with disabilities) or as bonuses for superior performance to organizations or individuals or connect the income derived directly back to the provider that helped generate it through their employment services.
 8. While not strictly an employment issue, yet one that nonetheless impacts on it and fits well within the purview of the Medicaid Infrastructure Grant would be collaborating with OMHAS on comprehensive mental health, physical health, and substance abuse services with an employment link. As noted in the recent Bazelon publication *Get It Together* (2005) “numerous studies over the last 30 years have found high rates of physical health - related problems and death among individuals with serious mental illness.” Also, they

note: “The life span for men with schizophrenia is about 10 years shorter than average; for women, almost nine years.” Clearly the impact of serious and chronic health conditions coupled with serious mental illness and often co-occurring substance abuse cannot but be seen as a major hindrance in eventual employment success and a significant issue for the healthcare system, whether for insured or uninsured adults. Therefore, the author would recommend that the OR MIG partner with OMHAS and OVRS, and presumably an academic entity such as OHSU or a service organization that includes interventions along these multiple strands such as Central City Concern, to attempt to connect with other systems in Oregon trying to affect improvement through integrating behavioral and physical health systems of care with the added enhancement of including employment services within this integrated system. This might prove another fruitful avenue to consider using OR MIG resources for some pilot demonstrations linked to some existing or embryonic attempts to integrate physical health, mental health, substance abuse treatment with the MIG value added being one of providing an additional emphasis on employment as part of the “total package.”

III] Human Resource Development Recommendations:

1. There is a need for training focused on enabling provider staff to: 1) develop their practitioner skills in areas such as motivating the consumer to consider employment, person centered planning, motivational interviewing, job development, employer negotiation skills, advocacy, knowledge of impact of work on benefits, and on and off the job support strategies; 2) identify disability-specific and generic local resources that can be accessed and leveraged; 3) deliver services in ways that are "user-friendly." Training and technical assistance has been offered to staff in various ways in Oregon but the author is not privy to all the opportunities presented, though he is aware of current training to target some of these competencies conducted by Western Washington University RCEP X and also the business and customer service consultation currently underway to OVRS by Allen Andersen, which complements some of the employment marketing skill needs. Training has also been suggested as an element of needed change by the OCDD report written for the OR MIG in conjunction with this one. A portion of the recommendations contained herein will also suggest some training requirements.

Furthermore, there is a need for technical assistance and consultation, either from internal or external sources to the OR MH and VR systems, to managerial and supervisory staff of both these entities and these funded providers. This help would concentrate on **creating administrative structures and supports to enable line staff practitioners to operate effectively with the aforementioned skills and to communicate clearly to clients, advocates, providers, and the public at large its beliefs about employment as a core component of the mental health system of care, including its assistance from the OVRS to accomplish this goal.** The structure for assessing and delivering such technical assistance in employment including the environmental scan or resource mapping approach that ICI often uses in its work is contained in Appendix B and it is easily adopted by others. The General Organization Index (GOI) protocol used for the Supported Employment evidence based practice projects assisted by Dartmouth is helpful in this endeavor but does not fully address the need. However, training and technical assistance themselves are not system change strategies but rather a second tier intervention that must be offered in conjunction with

more structural intervention involving policy, management, program design, and funding revisions in order to have real impact on outcomes for people with serious mental illness in Oregon.

2. Oregon has a long and innovative history in attempting to engage consumers as provider staff of various agencies, including for the mental health system. Often however in the mental health structure, the primary avenue for this employment is in designated roles as peer providers or peer supporters or self help staff. The author would recommend not just the continuation of this excellent approach but would also suggest that **two further areas of personnel development be considered: 1] the active outreach by organizations serving people with mental illness to recruit and hire current or ex-consumers in non consumer designated roles (i.e., as case managers, accountants, therapists, social workers, service brokers, etc.) and 2] that OMHAS pursue a linkage strategy with organizations with whom they contract for both administrative and clinical services.** This linkage strategy would expect (but legally could not require) that each contractor over a certain amount, would have to undertake and present to OMHAS an active recruitment and hiring policy to engage people with a history of mental illness as employees, including in non consumer designated roles. This approach is not one of affirmative action but economic linkage, akin to what many states and localities use in economic development when negotiating tax breaks for developers.
3. In addition, Advocates for Human Potential under the leadership of Sherry Mead (with assistance from Patricia Deegan, Laurie Curtis, and Jean Campbell) are contracted with SAMHSA to develop a Consumer Operated Services Resource Kit and are currently looking for input specifically on: *1] What tools or resources have, been exceptionally helpful in getting consumer operated services up and running smoothly in your area?* and *2] What kinds of tools or resources would be most helpful in promoting, developing, operating or sustaining peer run services in your area?* The author's presumption is that OMHAS and Michael Hlebechuk are already actively engaged with this process but if not, certainly should become so. In case this has not happened, contact information for Ms. Mead is included in the last section also.
4. The Oregon Advocacy Center's Benefits Planning service has been well known and documented as part of the OR MIG and has been performing this function quite well over the years. As several others have suggested, I would recommend that a fee for service payment option be developed for BP, fostering the growth of some individual providers of that service, while including a subsidized service that OAC would continue to operate. There clearly are risks associated with this option in terms of consumers getting accurate information. However, this approach appears totally consistent with the OR MIGs movement towards more consumer control and choice in resource use.

One area of possible development for their staff and by extension, their constituents is becoming better versed in not just Social Security and disability benefits per se but making sure that calculations regarding impact of working take into account the Earned Income Tax Credit. Significant income transfers occur at low wage levels, which unfortunately many of the consumers with mental illness appear to start at based on reported income data, through this generic tax vehicle. While many disability advocates continue to strive to get a disability specific income tax deduction or credit passed in the future, this current resource is often overlooked within Benefits Planning organizations. If it has not been done

already, I would encourage the OR MIG to connect with some additional training for both consumers and staff on this option. IRS has a full time person who is available to speak and train. Though he is based in Atlanta, he does consult nationally through the IRS. His contact information is: Richard Keeling, TEL: 404-338-8814; email: Richard.Keeling@irs.gov.

Also, in the author's experience, the Benefits Planning projects in Vermont, Connecticut and Minnesota have been most aggressive in terms of trying to use Benefits Planning as a resource clearly devoted to offering the most responsible information for the betterment of consumers' lives while still having a focus on supporting a movement towards employment in an ethical manner. Full contact information has been included in the following section of this paper.

5. The OVRS and OMHAS have been exceptionally well connected throughout their work with the Dartmouth Research Center and the RWJ evidence based practice grants as well as the other system change national grants Oregon has developed. However, one model to consider that has brought some benefits to systemic collaboration and coordination within the Connecticut environment has been the creation of a position that is jointly funded by the VR and MH agencies to work at the administrative levels of both agencies to foster better relationships leading to better employment outcomes. While not a panacea, it does move service integration along better. The OR MIG might consider seeding such an arrangement. For more details on the inception and possible utility of this approach, the best person to contact would be John Halliday from ICI, whose full contact information is contained in the following section.
6. There are many people who experience mental health problems who function quite well in the community with minimal formal supports, if any. However, the population of citizens with psychiatric disabilities that public systems serve and are dependent on Medicaid for their health insurance often face multiple barriers such as poverty, substance abuse, homelessness, discrimination posed by their being members of racial/ethnic/linguistic minorities, interaction with the criminal justice system, etc. In addition, problems faced by young adults with mental illness are affected by non disability related developmental issues. Some of the evidence based practice initiatives in employment have touched on all of these complicating factors in one venue or another. However, to date, not a great deal is known with the possible exception of services for people with co-occurring substance abuse and mental health problems, on the specific employment strategies that might dovetail most effectively with the current state of evidence based practices in SE. Three of the components of employment services that appear particularly affected by these possible mitigating factors are **1] the specifics of person centered vocational planning (Marrone, Hoff, & Helm, 1997), 2] the types of employment supports (professional and more naturalistic) that should be offered, and 3] assistance in dealing with discrimination and stigma that may be directed at the person based not just on mental illness but on these other characteristics.** Therefore, the author would encourage that the OR MIG explore ways to ensure that these issues get addressed adequately as subsets of the broader concern of furthering the growth of evidence based Supported Employment.

CONTACTS OF POSSIBLE OTHER ENDEAVORS TO INVESTIGATE

Some Key States Benefits Planning Projects Referenced:

<p>Barb Smith, Director Minnesota Work Incentives Connection c/o Minnesota Department of Employment and Economic Development 2200 University Avenue, W Suite 240 St. Paul, MN 55114 TEL: 651-632-5113 WEB: http://www.mnworkincentives.com/index.html</p>	<p>Amy Porter, Director Connect to Work Center http://www.brs.state.ct.us/ConnectToWork.htm Bureau of Rehabilitation Services Department of Social Services 25 Sigourney Street-11th Floor Hartford, CT 06106 TEL: 860-424-4864 Email: amy.porter@po.state.ct.us WEB: http://www.brs.state.ct.us/ConnectToWork.htm</p>
<p>James Smith, Director VT VR - Work Incentives Project 103 S. Main Street Waterbury, VT 05656 TEL: (802) 241-4480 E-mail: james@dad.state.vt.us</p>	

VR and MH Contacts Regarding Collaboration

<p>Steve Reeder, Director of Vocational Services MD Mental Hygiene Administration Spring Grove Hospital Center, Mitchell Building 55 Wade Avenue Catonsville, MD 21228 TEL: (410) 402-8476 Email: SReeder@dhhm.state.md.us</p>	<p>Christine Johnson Staff Development, CRPs MD Division For Rehab Services 2301 Argonne Drive Baltimore, MD 21218-1696 TEL: (410) 554-9440 E-mail: cjohnson@dors.state.md.us</p>
<p>Virginia Selleck, PHD Coordinator, Adult CMH Program MN Division of MH MN DHS 444 Lafayette Road St. Paul, MN 55155-3828 Tel: (651) 431-2230 E-Mail: Virginia.Selleck@state.mn.us</p>	<p>Claire Courtney 2200 University Avenue, W Suite 240 St. Paul, MN 55114 TEL: (651) 296-0219 Email: Claire.Courtney@state.mn.us</p>
<p>John Halliday, Sr Program & Policy Specialist ICI/ UMASS Boston 100 Morrissey Blvd Boston, Ma 02125-3393 Tel: (617) 287-4336 E-Mail: John.Halliday@umb.edu</p>	<p>RUTH HOWELL Coordinator of BRS/DMHAS Employment Project CT DMHAS 410 Capitol Avenue Hartford, CT 06134 TEL: (860) 424-4882 Email: RUTH.HOWELL@PO.STATE.CT.US</p>

DOL Funded Workforce And Disability Centers

NCWD- ADULT ICI/ UMASS Boston 100 Morrissey Blvd Boston, Ma 02125-3393 TEL: 1-888-886-9898 WEB: http://www.onestops.info	NCWD/Youth c/o Institute for Educational Leadership 4455 Connecticut Avenue NW, Suite 310 Washington, DC 20008 TEL: 1-877-871-0744 WEB: http://www.ncwd-youth.info/	CHETA Corporation for Supportive Housing 50 Broadway, 17th Fl. New York, NY 10004 TEL: 212-986-2966 x222 WEB: http://www.csh.org/
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**Utah Project on Employment Personal Assistance Services
(EPAS) for People with Mental Illness**

Cathy Chambless, PHD
(soon to retire but still able to be
contacted through this project)
Project Director, Work Incentive Initiative
Utah Department of Health
Division of Health Care Finance
c/o Office of Rehabilitation
1595 West 500 South
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MN MIG Project On Conversion of Day Programs to EBP SE

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SAMHSA Consumer Operated Services Resource Kit Development

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CONCLUSION

These recommendations are based on ICIs and the author's experience in many venues and an "outsider's" perspective of Oregon, for while I live here most of my professional work takes place outside the state. It is hoped that most if not all of the foregoing recommendations prove valuable to the OR MIG Leadership Council, funders, partners, service providers, and constituents in forging an enhanced Recovery and Employment focused mental health and vocational rehabilitation system, as well as stimulating some fresh emphasis within more generic systems. ICI would welcome the opportunity to be involved in some future partnerships with the OR MIG or any of its collaborators in areas such as technical assistance and consultation, program and system evaluation, joint grant development, research endeavors related to employment and person centered planning, managerial and administrative coaching, and on going project development of both a pilot and permanent nature.

The author has sought to recognize the outstanding ground work laid to date in Oregon through the broad based alliance of public systems, private providers, funding agencies, advocates, and, most profoundly, the numerous people with mental illness who have successfully confronted the multiplicity of clinical mental health, systemic, funding, health care, and societal barriers in order to achieve employment success. Yet, much remains to be done in order to achieve the promise of Recovery, Inclusion, Economic Engagement, and Citizenship, which people who are clientele of OVRs, OMHAS and their partners deserve and should expect.

People experiencing the challenges posed by psychiatric disability have been victimized as much if not more by the low expectations of many systems that purport to serve their needs—even rehabilitation or mental health specialty organizations — than by having these expectations set too high. For many years, the professional mental health constituency has not been effective in developing a sense of hope and possibility or encouraging their clients/patients to step outside the artificial boundaries of mental health services and mental illness itself into the bright light of community participation and citizenship. If the OMHAS and OVRs systems and their partners are to meet the abundant promise of seamless service delivery they have espoused, then they must meet the challenge of making all their services more accessible, available, and accountable. The confluence of new psychiatric rehabilitation technology and mental health treatments, evidence-based practice in employment services for people with psychiatric disabilities, and the flexibility of a creative, vigorous, transformed mental health system of care, has created the potential at this point in time for both the mental health and VR systems, aided by the efforts undertaken through their partnership on the Oregon MIG, to participate in breaking new ground in helping people with serious mental illness achieve a more fulfilling and complete life and reaping the benefits of full U.S. citizenship. It is hoped that ICI's involvement has helped move this arduous but exhilarating process along. The author chooses to end this report with another quote from an address made by Patricia Deegan, Ph.D. at the 20th Rehabilitation World Congress held in Oslo, Norway in June 2004, which sums up why the pursuit of these efforts is a worthy and significant enterprise. In Dr. Deegan's usual poetic, powerful, and inspirational style, she stated:

"It is nearly impossible to make your own future when you are not part of the economic fabric of the culture you live in."

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APPENDIX A: VR National Data - FY 2004

Total rehabilitations for people with mental illness FY2004, all closure types

	Valid N
AK	N=260
AL	N=1403
AR	N=1146
AS	N=2
AZ	N=1706
CA	N=9056
CO	N=1447
CT	N=914
DC	N=363
DE	N=466
FL	N=7868
GA	N=2280
GU	N=4
HI	N=751
IA	N=1978
ID	N=1609
IL	N=4333
IN	N=2214
KS	N=1452
KY	N=4103
LA	N=1212
MA	N=3191
MD	N=2272
ME	N=886
MI	N=3777
MN	N=3017
MO	N=4441
MP	N=10
MS	N=593
MT	N=879
NC	N=5644
ND	N=560
NE	N=993

NH	N=609
NJ	N=2774
NM	N=1158
NV	N=735
NY	N=7868
OH	N=5828
OK	N=1453
OR	N=2040
PA	N=5138
PR	N=1285
RI	N=615
SC	N=4967
SD	N=653
TN	N=2841
TX	N=14529
UT	N=2114
VA	N=2528
VI	N=2
VT	N=938
WA	N=1584
WI	N=2893
WV	N=1041
WY	N=392
Total	N=134815

***Total rehabilitations for people with mental illness FY2004,
by type of closure: successful v. All others***

	1.00 Not successful	3.00 Successful rehabilitation
	Valid N	Valid N
AK	N=189	N=71
AL	N=727	N=676
AR	N=874	N=272
AS	N=2	
AZ	N=1291	N=415
CA	N=6945	N=2111
CO	N=1125	N=322
CT	N=652	N=262
DC	N=217	N=146
DE	N=300	N=166
FL	N=5534	N=2334
GA	N=1602	N=678
GU	N=4	
HI	N=526	N=225
IA	N=1557	N=421
ID	N=1178	N=431
IL	N=2882	N=1451
IN	N=1737	N=477
KS	N=1035	N=417
KY	N=2806	N=1297
LA	N=979	N=233
MA	N=2407	N=784
MD	N=1608	N=664
ME	N=739	N=147
MI	N=2698	N=1079
MN	N=2182	N=835
MO	N=3532	N=909
MP	N=10	
MS	N=478	N=115
MT	N=708	N=171
NC	N=3867	N=1777
ND	N=396	N=164
NE	N=738	N=255

NH	N=395	N=214
NJ	N=1890	N=884
NM	N=891	N=267
NV	N=564	N=171
NY	N=5521	N=2347
OH	N=4608	N=1220
OK	N=1184	N=269
OR	N=1546	N=494
PA	N=3320	N=1818
PR	N=785	N=500
RI	N=412	N=203
SC	N=2893	N=2074
SD	N=453	N=200
TN	N=2073	N=768
TX	N=11435	N=3094
UT	N=1311	N=803
VA	N=1712	N=816
VI	N=1	N=1
VT	N=616	N=322
WA	N=1233	N=351
WI	N=2273	N=620
WV	N=753	N=288
WY	N=285	N=107
Total	N=97679	N=37136

Total cost and number of people with mental illness FY2004, all closure types, by supported employment status

	Supported employment status			
	0 Not SE case		1 SE case	
	Cost of purchased services		Cost of purchased services	
	Mean	Valid N	Mean	Valid N
AK	4253	N=102	5646	N=29
AL	2207	N=968	3610	N=154
AR	2069	N=635	2606	N=21
AZ	3113	N=656	3225	N=471
CA	3350	N=5007	5915	N=365
CO	2235	N=470	4460	N=217
CT	2149	N=468	2260	N=50
DC	3378	N=222	2202	N=1
DE	2855	N=263	2679	N=13
FL	3794	N=4562	3298	N=682
GA	1662	N=1156	3139	N=295
GU	1010	N=1	1192	N=1
HI	1979	N=490	4353	N=13
IA	2182	N=707	2706	N=191
ID	1857	N=929	1669	N=77
IL	1924	N=2562	5809	N=295
IN	3904	N=856	3577	N=500
KS	3384	N=563	1532	N=319
KY	2480	N=1824	3090	N=226
LA	5382	N=423	5286	N=178
MA	1633	N=1421	1959	N=20
MD	2269	N=730	1823	N=303
ME	4314	N=457	4475	N=23
MI	2914	N=2029	3354	N=321
MN	2189	N=1246	1951	N=557
MO	4261	N=1535	6198	N=284
MP	1131	N=7	.	
MS	2663	N=180	833	N=44
MT	3642	N=292	3133	N=51
NC	1881	N=3531	2744	N=383
ND	2439	N=228	3491	N=38
NE	568	N=344	183	N=226
NH	2306	N=298	2008	N=38

NJ	2180	N=1220	1435	N=460
NM	2387	N=488	3130	N=65
NV	2513	N=301	1874	N=63
NY	3401	N=3309	1150	N=1479
OH	3152	N=2349	2732	N=479
OK	2881	N=655	3483	N=225
OR	2219	N=928	1439	N=49
PA	2903	N=3616	4075	N=208
PR	7928	N=705	17202	N=24
RI	2803	N=244	3221	N=150
SC	1040	N=3329	1893	N=169
SD	2231	N=246	2006	N=144
TN	4802	N=1178	3657	N=192
TX	1827	N=9280	1804	N=649
UT	2977	N=1427	2775	N=11
VA	1644	N=1385	2936	N=420
VI	4327	N=2	.	
VT	896	N=413	2266	N=193
WA	3135	N=859	6788	N=15
WI	4920	N=563	6195	N=57
WV	2356	N=516	2521	N=51
WY	2892	N=107	3617	N=89
Total	2664	N=68282	2839	N=11578

**Total cost for people with mental illness FY2004, by closure type
(successful v. all others) by SE status**

	1.00 Not successful		3.00 Successful rehabilitation	
	Supported employment status		Supported employment status	
	0 Not SE case	1 SE case	0 Not SE case	1 SE case
	Cost of purchased services	Cost of purchased services	Cost of purchased services	Cost of purchased services
	Mean	Mean	Mean	Mean
AK	3481	4099	4940	6738
AL	1808	1591	2477	4731
AR	1434	1605	2979	3517
AZ	2394	2755	4472	3932
CA	3045	4950	3821	7449
CO	1959	3391	2586	5409
CT	1544	1790	2780	2502
DC	2840	.	3663	2202
DE	1860	964	3485	5423
FL	2550	1368	5256	6922
GA	1497	1589	1871	4294
GU	1010	1192	.	.
HI	884	1481	3357	6149
IA	1539	1761	2942	3621
ID	1508	1620	2334	1719
IL	1712	4819	2126	6862
IN	3274	3215	5054	4256
KS	2356	1299	4689	1740
KY	1463	1145	3064	4331
LA	3059	3647	9087	7814
MA	1486	3147	1756	771
MD	1677	1448	2636	1981
ME	3626	3024	5953	5805
MI	2526	2940	3396	3708
MN	1729	1643	2716	2318
MO	3426	5658	5170	6540
MP	1131	.	.	.
MS	1664	618	3557	1090
MT	3346	3361	3930	2856
NC	1112	1816	2791	4023

ND	2135	2059	2617	4779
NE	405	95	746	314
NH	2008	1838	2473	2119
NJ	1721	1140	2655	1618
NM	1765	2717	3051	3583
NV	2084	1691	2981	2119
NY	3151	1045	3671	1251
OH	2671	2307	3790	3280
OK	2187	2162	4542	6072
OR	2017	1395	2418	1475
PA	2066	1978	3873	5028
PR	5752	15017	8942	17777
RI	1985	2121	3736	3975
SC	1011	2007	1061	1835
SD	1384	1110	3078	2785
TN	2247	2193	6928	4442
TX	1579	1493	2368	2603
UT	1746	3073	3944	2255
VA	1382	2183	2005	3541
VI	8654	.	0	.
VT	864	2320	926	2226
WA	2218	.	4562	6788
WI	.	.	4920	6195
WV	1587	2892	3090	2104
WY	2979	2985	2821	4157
Total	2067	2127	3364	3578

APPENDIX B: EMPLOYMENT SERVICE/ SYSTEM RESOURCE MAPPING

Prepare For Employment by Self-Assessment and Planning:

- Career exploration
- Vocational evaluation
- Job shadowing
- Informational interviews
- On-the-job assessment
- Person centered planning
- Work units in psychosocial programs

Prepare For Employment by Training

- Occupational skills training
- Academic training
- Financial aid
- On The Job Training (OJT)
- GED preparation
- Computer literacy
- Work Try-outs
- Volunteer work
- Transitional employment programs
- Job Seeking Skills/Job Club
- Using personal networks

Help Get Employment through Advocacy

- Individual job development/marketing
- Links with One Stop Career Centers
- Specialized job placement for people with disabilities and links with VR
- Get clients & jobs matched quickly
- Supported Employment
- Group placements (work crews, enclaves, etc.)
- Client run businesses
- Temporary agencies
- ADA consultation/Disability awareness
- Special Links with business and civic organizations

Support People After They Get Jobs

- On site training and support
- "Natural supports" in the workplace
- Off site support (individual - group)
- Links with Social Security Office regarding incentives/ disincentives
- Services for families
- Child care for working parents
- Transportation to job site
- ADA & Accommodation advocacy

<u>Asset</u>	<u>Easily Accessible?</u>	<u>Gap</u>	<u>Priority</u>	<u>Who Does It?</u>

System Self Assessment

Assessment of Current Performance: What Is Going Well/

Not Going Well?

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<i>System/ Organizational Considerations</i>	<i>Needs/Implications for System Change Efforts</i>
External Influences	
Resource Allocation & Supports	
Structure & Management	
Mission, Culture & Practices	
Staff Skill & Knowledge Needs	

Technical Assistance Resource Analysis

Need	Symptoms	Reasons	Change Wanted	Methods	Sources of Help

Technical Assistance Action Planning

Problem To Be Addressed:			
Action Steps	Who's Responsible	Time Frame	Deliverables

In developing the action steps, the following should be considered:

- ☐ Are changes recommended consistent with mission of the systems/ agencies involved?
- ☐ Are resource allocation & supports sufficient to achieve stated goals?
- ☐ Are structure & management of the system change project currently designed to achieve goals?
- ☐ Are the changes planned consistent with culture & practices of the systems involved?
- ☐ Are the changes recommended supported by a high level of managerial and staff investment and support?
- ☐ Are staff skill & knowledge needs being adequately addressed?

The questions below are based on a large body of change management research summarized by John P. Kotter as well as the Prochaska research on personal “readiness” to change and taken from work done by a colleague and myself under contract to United Behavioral Health, Inc., the ASO, in an on-going system change initiative promoting a Recovery orientation in the MH system of care in Spokane, WA. We see “cutting edge” employment initiatives within mental health as components within an overall Rehabilitation/ Recovery/ “Systems Change” approach. I would note here however that employment is perhaps the piece which is the least accepted element as anything other than an “optional” service.

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Kotter has identified 8 major errors that consistently lead to failed attempts at organizational change:

Error #1: Not establishing a great enough sense of urgency.

In the eyes of stakeholders, how important and urgent is the adoption of a Rehabilitation & Recovery model?

Are people so comfortable with the status quo that they will not want to take the effort and risks associated with change?

Are a significant portion of the key “stakeholders” (i.e., people with authority or influence or ideally both) honestly convinced that “business as usual” is totally unacceptable?

Bottom line: Is there a system-wide perception of urgency?

Error #2: Not creating a powerful enough guiding coalition.

Which stakeholders are driving the system redesign? Which stakeholder groups are indifferent? Which are opposed?

Do the people “pushing the change” have the means to create incentives and modify the organizational infrastructure to support the system redesign?

Who are the strong, credible, and assertive leaders who will communicate the need for change to all in the system?

Bottom line: Do the people driving change have the means to make it happen?

Error #3: Lacking a vision.

Is there a clearly articulated vision of what we are doing and why?

Does the vision easily translate into actions?

Is the vision concise and easily understandable (The “rule”: If you can’t explain it easily within 3 – 5 minutes, you don’t really know it)?

Is there a clear link between the vision and each specific system redesign activity?

Bottom line: Is there a clear theme and blueprint showing how the various system redesign initiatives relate to a vision, or is system redesign perceived as a collection of disparate activities with no central theme?

Error #4: Undercommunicating the vision by a factor of ten.

How has the vision been communicated? Do people “get it”?
Are day-to-day actions of the system’s leadership and the guiding coalition consistent with the vision? Are we practicing what we preach?
Are we using every possible communication channel to communicate the vision?
Are we willing and able to displace nonessential, generic training programs and devote those resources to training specific to Rehabilitation & Recovery?
Bottom line: How effectively have we communicated the vision?

Error #5: Not removing obstacles to the new vision.

Have we identified the obstacles?
Are we willing to make changes in the existing organizational structures if those structures do not support system redesign?
How will the system handle administrators, supervisors, and/or managers that do not support change and make demands on their employees that undermine system redesign?
Bottom line: Are we willing and able to take the actions necessary to manage organizational and personnel obstacles?

Error #6: Not systematically planning for and creating short-term wins.

What are some potential short-term wins that would get system redesign off to a positive start?
Do we have the commitment to devote resources to creating short-term wins?
Bottom line: Are we willing and able to do what it takes to create short-term wins?

Error #7: Declaring victory too soon.

Does the system have the long-term perspective to maintain the system redesign initiative over time?
Do the stakeholders recognize that change requires years, not months?
Bottom line: Is there a plan to orchestrate a series of short-term wins so that momentum is sustained?

Error #8: Not anchoring changes in the organization’s culture.

How can we create a Rehabilitation & Recovery organizational “culture” within the local MH system of care?
How can we develop a broad base of support so that Rehabilitation & Recovery is not restricted to a small circle of advocates?
Bottom line: How do we make Rehabilitation & Recovery such an integral part of the mental health system so that it is self-sustaining?

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Appendix C: Funding Methodology For Supported Employment from Either Mental Health or Vocational Rehabilitation Systems in Other States

1| Massachusetts Department of Mental Health (June 1, 2005)

Employment, Education, and Training-Related Programs

The majority of Massachusetts Department of Mental Health (DMH) clients and others with mental illness in the community are unemployed or under-employed. To address this, DMH sponsors community-based programs to assist clients with achieving employment or educational objectives; both as a means of furthering a client's recovery process and his or her economic well being. DMH delivers these services to clients primarily by contracting with private vendors. The major programs of this type are the Services for Education and Employment (SEE) and Community Support Clubhouses. Clients also receive employment services through the Department's Programs of Assertive Community Treatment (PACT), which are not employment programs per se but each PACT effort does offer employment services within its mix of community-based client services. It is important to note that none of these DMH employment programs sponsor so-called "sheltered employment workshops."

Services for Education and Employment (SEE)

The SEE program consists of 25 local projects in communities across the state. Enrollment is limited to DMH clients. Funding is over \$6 million dollars annually. The program strives to assist participants to secure employment; obtain work training; and/or deal with remedial, basic, or post secondary education needs. Clients are offered flexible, individualized supports with the goal of producing permanent employment with mainstream employers. Education or training placements are also offered with the intent of better preparing clients to enter into competitive employment. The individual SEE projects engage in active job development in their communities and form relationships with employers and mainstream employment, training, and educational systems external to the mental health community. **In FY '04, 2428 clients received SEE services. SEE programs collectively found 2468 jobs for 1679 clients. This was in addition to 1171 client placements in educational and training programs.**

Community Support Clubhouses

DMH's **Community Support Clubhouses** provide members with a range of career counseling, job search, training, support, and placement services for obtaining and maintaining permanent, supported, or transitional employment. Clubhouses also serve as multi-service drop-in centers for DMH clients and other persons with mental illness living in the community. Approximately \$17 million dollars in annual funding is allocated by DMH to the clubhouse programs. In addition to the more traditional job development, training, and employment services offered, each clubhouse operates under a "work ordered day" philosophy. Under this approach all members are expected to contribute to the operation of the clubhouse each day. This allows members, particularly those who are just beginning their recovery process, to develop appropriate life skills and work attitudes and abilities. **FY'04 data compiled by the Massachusetts Clubhouse Coalition indicates Clubhouses found 2451 job placements for 1768 members among 901 employers.**

Programs of Assertive Community Treatment (PACT)

The Department has been actively developing PACT programs across the state, a nationally proven model for service delivery to adult clients with serious mental illness. PACT proactively offers outreach and highly individualized, flexible community supports customized to meet each client's individual needs, through comprehensive service teams. PACT services are delivered to individuals in their own place of residence by a team of staff, and are available as needed on a 24 hour, 7 days per week basis. A comprehensive services approach is used, which includes assisting clients with not only their mental illness but other needs, including successfully maintaining housing and households. If appropriate for the client, assistance with finding employment or education opportunities is also offered. Presently there are 13 PACT programs across the state, collectively funded with state funds at about \$10.4 million per annum. In FY 03 of the present statewide PACT client caseload of 500 individuals, about 90 were employed, 25 were pursuing education, and 25 were in job training.

Homeless Employment Initiatives

Most DMH-funded Community Support Clubhouses and Services for Education and Employment (SEE) programs provide employment-related services and supports to non-homeless, homeless, as well as formerly homeless persons. DMH sponsors focused homeless employment programs in Boston, Worcester, Springfield, Quincy and Framingham.

Employment Connections

One DMH homeless employment program is particularly noteworthy because of its effectiveness and because the provider is a US Department of Labor (DOL)-funded Career Center. Employment Connections (EC), an interagency collaboration between DMH Metro-Boston and the Mass. Department of Career Services formerly the Mass. Dept of Employment and Training (DET). In state FY 04 EC served 72 participants and helped secure 56 jobs, with 48 participants working during the year.

EC is housed at JOB-NET a One-Stop Career Center in Boston funded mostly by US DOL funds. Because JOB-NET serves a diverse array of job seeking disabled as well as non-disabled individuals, who have good as well as problematic work histories, DMH clients are given an integrated job search and placement experience, which has been recognized as a valuable, empowering and confidence building process.

HomeWorks Demonstration

DMH partnered with the Job Net Career Center, the Boston Private Industry Council (PIC), Boston Office of Neighborhood Development (OND), the Metro Boston Housing Partnership (MBHP), and the Boston Emergency Shelter Commission, to help the PIC obtain a very competitive grant in FY 04 from HUD and the US Dept. of Labor (DOL). The US Veteran's Administration (VA) is also involved. DMH played a role in bringing the project principals together and helping with the application. The employment component of the application was based on the Employment Connections program model. Home Works is focused on providing housing and jobs to chronically homeless persons.

- The PIC, as the lead applicant, receives \$622,912 a year for five years from US DOL.
- The regional housing agency, the Metro Boston Housing Partnership (MBHP) receives \$1million over three years from HUD for 40 Shelter Plus Care housing slots---20 for DMH clients; 20 for other chronically homeless persons.
- DMH homeless clients are a main but not exclusive focus of the project.
- Customized employment services for the DMH clients, with supports from DMH, are to be provided by Job Net in conjunction with the DMH Career Advancement Resources program, a SEE program run by Bay Cove Human Services.
- This program is of interest in the homeless community because 1. It was a joint HUD-DOL-VA solicitation offering "mainstream" federal funds to end chronic homelessness and 2. DOL is finally getting involved with homelessness.

2] Washington State VR Milestone Policy Attached as Separate Document

3] NYS OMH Performance Contracting Pilot Evaluation Attached as Separate Document

Appendix D: Seamless System Design Grid

	Coordination	Collaboration	Cohesion
Staffing	<p>Knowledge of each agency's type of staff, roles & responsibilities.</p> <p>Have regular interaction.</p>	<p>Staff have structured interactions and develop skills at working together</p> <p>Team & group approaches to serving common customers</p> <p>Joint funding of some positions</p>	<p>Staffing structures and roles for agencies coordinated to maximize systems capacity.</p> <p>Common staffing for specific functions, modifications to job duties & assignments.</p>
Service funding	<p>Understanding of funding practices & policies</p> <p>Ability to provide simultaneous & sequenced services</p>	<p>Ability to combine funding easily – braiding.</p> <p>Ability to pool and streamline joint funding</p>	<p>Ability to create new funding mixtures.</p> <p>Movement of funding into new arrangements across programs</p>
Physical Proximity	<p>Staff visit other programs & utilize each other's space on an intermittent basis.</p>	<p>Planned utilization of each agency's space for services /meetings</p> <p>Planned co-location or close proximity</p>	<p>Common space designed to function as a unified service site.</p>
Service Techniques	<p>Programs are familiar with each other's service process & the types of services utilized</p>	<p>Programs understand the service processes & approaches that are being utilized</p> <p>There are modifications made to service methods to improve services to joint customers</p> <p>New techniques are introduced into the existing service mix</p>	<p>There is a unified service structure and major modifications have been made to service approaches which include discontinuing some, increasing other and adding new methods</p>
Program Development	<p>Agencies are aware of major new program activities by other agencies</p>	<p>Agencies actively consult with other agencies when developing new programs.</p> <p>Opportunities for cooperation & teaming are implemented.</p>	<p>There is strategic development of new programs that fit into a systems structure for programs.</p> <p>Decision on new programs are based upon overall program networks</p>
Vendors	<p>Agencies know of each other's vendors and have a basic understanding of the services they provide</p>	<p>Agencies share information & outcomes of vendors. There are joint programs with common vendors including efforts to introduce & develop</p>	<p>There is an integrated vendor system that is structured to achieve common goals for the wider system.</p> <p>Funding & outcome</p>

		new services that are added to the existing service options	measures are unified to enable fast responses to consumers
Training	Agencies receive notices of each others trainings. There are opportunities for staff from various agencies to attend trainings offered by a variety of programs.	Agencies cooperate in the development of multi-discipline training for mixed groups of staff. Specialized cross agency training events.	Training integrates the competencies of multiply professions into a cohesive program that results in a system wide level of competencies.
Joint ventures	Pilot programs that focus on case coordination, referral & information exchange.	Pilot & model programs that share funds & staff. Grants & Programs designed to bring additional funds to the existing services or add new services into the existing mix.	Restructuring of programs & services into new arrangements, including unification of programs & services, dramatic changes in how resources, staff & funds are utilized.
Forms	Agencies & programs are familiar with each others key forms	Forms such as referral & applications are modified to increase ease of cooperation.	Key forms are restructured to support unified system of services. Consumer control & access to their information is a priority
Customer Information	Sharing of necessary information among programs.	Pilots of approaches to increase electronic sharing of information & decreasing duplication of information gathering	Unified & simplified information gathering & sharing based upon significant changes to MIS and consumer case systems.
Policies & Procedures	Agencies have a basic understanding of the key policies & procedures such as eligibility & consumer planning.	Efforts to align & coordinate policies such as eligibility to speed up services to joint consumers.	Development of integrated policies & procedures that support a unified system of services.

Coordination
Synchronize
Harmonize
Understand
Relating

Collaboration
Cooperate
Alliance
Joint efforts
Teaming

Integration
Unification
Fusion
Merger
Seamlessness

TICKET TO WORK IN OREGON

Prepared for the State of Oregon Medicaid Infrastructure Grant
December 31, 2005

Submitted By:
Oregon Advocacy Center

EXECUTIVE SUMMARY

Congress created the Ticket to Work and Work Incentive Improvement Act of 1999 to expand the number of employment service providers, referred to as Employment Networks (ENs), thereby giving Social Security blind and disabled beneficiaries more choice in obtaining the services they need to find, enter, and maintain employment. Four years after implementation, the Ticket Program remains underutilized and confusing to beneficiaries and vocational providers. Nationally, only 8,562 Ticket Holders out of 11,208,170 (less ¼ of 1%) have assigned their ticket to an Employment Network (EN).

Recently, Social Security proposed legislative changes to Congress to address the barriers identified by ENs in participating in the Ticket Program. The proposed changes include:

- Removal of disincentives under the Vocational Rehabilitation (VR) cost-reimbursement payment option to increase options for collaboration between VR agencies and ENs.
- Removal of disincentives from the EN payment system.
- Expansion of eligibility criteria for the Ticket Program to include beneficiaries whose conditions may medically improve.

While little success has been found by individual ENs implementing the Ticket Program under current regulations, there is potential for success through a larger, state-level, collaborative effort involving public and private partners—including some who are not already involved in using the Ticket, under both current and proposed regulations.

The strategic opportunities outlined in this paper only begin to explore the possibilities for what could be accomplished through cooperative agreements among multiple agencies and providers. To utilize Ticket Program resources more effectively, options need to be investigated by key leaders in state and county agencies, beneficiaries, and existing EN members. A collaborative effort is essential to identify, initiate, and sustain a system that will maximize the resources available through the Ticket Program and support more people with disabilities in increasing their quality of life through employment.

Recommended Actions:

1. Create a "Ticket Subcommittee" made up of members from the Medicaid Infrastructure Grant Leadership Council.
2. Assist the Ticket Subcommittee in studying the possibilities of public agencies that support people with disabilities, in serving as an EN and/or collaborating with ENs.
3. Facilitate discussion(s) with the Ticket Subcommittee and existing ENs to identify opportunities for collaboration.
4. Facilitate discussion(s) with the Ticket Subcommittee and beneficiaries regarding: (a) services needed for making decisions about the Ticket Program and (b) the role of Benefits Planning in their decision-making process throughout the life of the Ticket.
5. Facilitate the Ticket Subcommittee's participation in a "Benefits Planning Retreat" (see *White Paper: Benefits Planning in Oregon: A Vision for the Future, 2005*) to assist in identifying solutions for the Benefits Planning needs of Ticket Holders.

I. Overview of Ticket to Work & Work Incentive Improvement Act

1. Brief Overview of Ticket to Work and Work Incentive Improvement Act of 1999

The Ticket to Work and Work Incentive Improvement Act of 1999 (TWWIIA) was designated to support Social Security Disability Insurance (SSDI) and disabled or blind Supplemental Security Income (SSI) beneficiaries in reaching financial self-sufficiency through gainful employment. TWWIIA's purpose is fourfold:

1. To provide health care and employment preparation and placement services to individuals with disabilities that will enable those individuals to reduce their dependence on cash benefit programs;
2. To encourage states to adopt the option of a Medicaid Buy-In, allowing individuals with disabilities to purchase Medicaid coverage that is necessary to enable them to maintain employment.
3. To provide enhanced options to individuals with disabilities for maintaining Medicare coverage while working; and
4. To establish a "Ticket to Work and Self-Sufficiency Program" that allows SSDI and SSI beneficiaries to seek employment services, VR services and other support needed to obtain, retain, or maintain employment and reduce their dependence on cash benefit programs." (Golden & Sheldon, 2005, p.5)

The Ticket to Work legislation also created the Ticket to Work and Work Incentive Advisory Panel. The Panel's role is to advise the President, Congress and the Commissioner of Social Security on issues related to work incentive programs, planning and assistance for individuals with disabilities, and the Ticket to Work Program.

II. Ticket Program Summary

Congress created this voluntary program to expand the number of providers and thereby give Social Security beneficiaries more choices in obtaining the services they need to find, enter, and maintain employment. There are two key parties in the Ticket Program, providers and ticket holders

1. Providers: Employment Networks (ENs) and State Vocational Rehabilitation (VR) agencies

- ENs are public or private entities and are either a single provider or a group of providers organized to combine their resources into a single entity. They have entered into an agreement with Social Security to provide employment services, vocational rehabilitation services, and other support services to beneficiaries.
- ENs can choose what services they provide and to whom they provide them.
- VR agencies have traditionally been the only provider of vocational services for beneficiaries, are publicly funded agencies that must provide vocational services pursuant to the Rehabilitation Act of 1973, and must participate in the Ticket Program to receive payment from SSA for serving beneficiaries who are issued a Ticket.

- ENs and VR agencies must meet and maintain compliance regarding: (a) confidentiality, (b) accessibility, (c) non-discrimination, (d) adequate resources to provide agreed-upon services, (e) administrative procedures, (f) appropriately qualified staff, and (g) reasonable steps to assure medical and related health services are provided.
- ENs and VR agencies accept a beneficiary's Ticket by signing a mutually agreed-upon vocational plan with that individual and specifying which services they will provide. In order to officially assign the Ticket, ENs and VR agencies must report the signed plan to the Program Manager, a contractor of Social Security whose role is to manage administrative aspects of the Ticket Program.
- ENs and VR agencies cannot charge for services and will only be paid when beneficiaries who have assigned their Tickets achieve certain work outcomes.
- There are two payment systems that ENs or VR agencies can choose from (see Appendix A for chart): outcome payment system and outcome-milestone payment system.
 - Under the outcome payment system, payment occurs each month, up to 60 months, the beneficiary is not eligible for cash benefits based on earned income. Payment amount is equal to 40% of the previous year's national average monthly SSDI or SSI amount depending on the type of benefit the individual is receiving.
 - Under the outcome-milestone payment system, for a period of four months, payment occurs for each milestone achieved. After all milestones are reached, outcome payments occur each month the beneficiary is not eligible for cash benefits based on earned income. These payments can occur up to 60 months. Payment for milestone months 1-4 are, respectively, 34%, 68%, 136%, and 170% of the national average monthly benefit amount during the preceding calendar year, respective to the type of benefit the individual is eligible to receive. The payment amount for outcome months is equal to 34% of the national average monthly benefit amount during preceding calendar year, respective to type of benefit the individual is eligible to receive.
- VR agencies have a payment option additional to the two available to ENs, the cost-reimbursement system. VR agencies must decide which of the two EN options they will select, outcome or outcome-milestone, and then they may decide, on a case by case basis, whether to be paid with the selected EN payment option or the cost-reimbursement option.
- VR agencies that elect to be paid through cost-reimbursement for individuals with Tickets preclude the option of any subsequent payment to an EN or to a VR agency serving as an EN with respect to the same Ticket.

2. Ticket Holders:

- The Social Security Administration may issue a Ticket to beneficiaries. Most beneficiaries between 18-64 years of age will be eligible for a Ticket. There are, however, a number of very specific rules that will affect the eligibility of some individuals.
- This is a voluntary program, so beneficiaries can choose to use or not use their Ticket, if they decide to pursue employment.
- Beneficiaries can assign their Ticket to a single EN or VR agency of their choosing and in return, receive employment services, vocational rehabilitation services, and other support services to assist in obtaining and maintaining employment. There is no cost to the beneficiary.
- Beneficiaries assign their Ticket by signing a mutually agreed-upon vocational plan with the EN or VR agency. Beneficiaries can request to unassign their Ticket for any reason and choose to reassign it, if they continue to be eligible.

- Beneficiaries cannot reassign their Ticket if their Ticket was assigned to VR, and VR elects to be paid under the cost-reimbursement system. This is due to current regulations that preclude any subsequent payment to an EN or a VR agency serving as an EN with respect to a Ticket in which cost reimbursement was paid for services provided.
- When beneficiaries have their Tickets assigned and are “actively participating” in their vocational plan established with the EN or VR agency, they are protected from a medical Continuing Disability Review.
- Active participation is defined by “timely progress”. SSA has established milestones for beneficiaries to maintain their Ticket assignment. There are four review periods: (a) in the initial 24 months, the beneficiary must follow the signed plan; (b) in the next 12 months (25-36), the beneficiary must work at least 3 months at the gross non-blind substantial gainful employment (SGA) level; (c) in the following 12 months (37-48), the beneficiary must work at least 6 months at the gross non-blind SGA level; and (d) in the next and subsequent 12 months (49-60+), the beneficiary must work 6 of 12 months, and cash benefits must not be payable because of earned income after work incentives apply.
- Beneficiaries can have their Tickets assigned for at least 60 months, as long as beneficiary remains in an active vocational plan with an EN or VR agency and meets timely progress as required.

3. EN and VR agency Participation: Utilization of the Ticket and Identified Barriers

Data provided by the Social Security Administration’s websites “Ticket Tracker” and “State Agency Ticket Information” updated 12-2-05.

- | |
|---|
| <ul style="list-style-type: none"> • Number of Ticket issued nationally: 11,208,170 • Number of ENs nationally: 1,366 • Number of state VR agencies nationally: 79 • Number of individuals who have their Ticket assigned to an EN nationally: 8,562 • Number of individuals who have their Ticket assigned to a VR agency nationally: 103,310 |
|---|

Why so few EN’s are active nationally:

In 2004, the Ticket to Work Panel submitted an Advice Report to Congress and the Commissioner of the Social Security Administration. The report noted:

Thousands of people with disabilities and their advocates shared a dream that the Ticket to Work and Work Incentives Improvement Act of 1999 (the Act) would greatly expand employment opportunities for people on the Social Security Administration (SSA) disability rolls. Three years after enactment of the law, it is clear that their dream is faltering. The Ticket to Work and Self-Sufficiency Program (Ticket Program) is failing to recruit the anticipated numbers of new employment service providers, called Employment Networks (ENs). In addition, those enrolled as ENs are serving only a fraction of the beneficiaries thought to be interested in participating in the Ticket Program. Nearly 1,000 providers have enrolled in the program, but only about one-third of those operating have accepted any tickets. The Panel believes that without immediate attention to the very real problems affecting EN participation, the Ticket Program will fail. (p. ii)

The Panel report identifies the following issues:

1. Ticket Program as a Supplemental Funding Source – ENs are uncertain about whether and how they can use funds from other public sources to serve ticket holders and have chosen not to actively participate in the Ticket program because of fear of losing other stable funding sources. (p. ii)
2. The EN Payment System – Two problems in the EN payment system discourage the active participation of many providers: (1) the payment system places too much financial risk on ENs and (2) the payment system provides significantly lower reimbursements to ENs for serving Supplemental Security Income (SSI) recipients than for serving Social Security Disability Income (SSDI) beneficiaries. (p. ii)
3. Adequacy of Provider Incentives – Because little is known about outcome payments for providers, the Act authorizes the Commissioner to review, refine, and alter the payment system to ensure that it provides adequate incentives for ENs to serve beneficiaries and produce savings to the program. Despite major problems with the payment model, no alterations have been made to the original program payment system. The Commissioner has established an advisory group on Adequacy of Incentives (AIO) to assist SSA with the design of a workable payment system, including financial incentives to serve four groups of beneficiaries with special needs that were referenced in the Act. (p. iii)
4. EN Payment Claims Administration – Two factors compound the financial risk and working capital problems of Employment Networks: (1) long-term tracking of beneficiary earnings is labor intensive and administratively burdensome for ENs and (2) there are often long delays in processing EN claims for payment. (p.iii)
5. Marketing to ENs and to Beneficiaries – To date, there is no national marketing plan for the Ticket Program and the Program is not well understood by the vast majority of beneficiaries or by those who influence a beneficiary's decision to attempt work. Further, ENs spend considerable time explaining the Program and dispelling misconceptions. Also, the lack of marketing contributes to the insufficient demand for EN services. However, SSA has recently awarded contracts to support development of a strategic marketing plan and EN marketing and recruitment efforts. The Panel has made numerous recommendations to the commissioner on this issue in past reports. (p. iv)
6. EN Training and Communication – There is inadequate training, technical assistance (TA), and timely information available to ENs. Existing TA and training resources are inadequate, nonuniform, piecemeal, uncoordinated, and of varying quality, with no coordinated means for ENs to identify and share best practices. (p. iv)
7. American Indian VR Program Eligibility for the SSA VR Reimbursement Program – Despite having to meet the same service standards as State VR agencies, American Indian Vocational Rehabilitation (AIVR) programs operated by Tribal Nations programs are not exempt from the Ticket Program EN application process and are excluded from the traditional SSA Reimbursement Program for State VR agencies. (p. iv)

4. Ticket Holder Participation: Utilization of the Ticket and Benefits Planning

It is critical that beneficiaries make informed decisions about participating in the Ticket Program and pursuing self-sufficient employment. The need for education and support for informed decisions was addressed in the TWWIIA through the creation of Benefits Planning Assistance and Outreach services. The legislation authorized the provision of grants to each state to build capacity for Benefits Planning services for Ticket Holders.

Benefits Planning services include:

a set of benefits counseling strategies, services and supports that seek to promote work preparation, attachment, and advancement focusing on the enhancement of self-sufficiency

and independence of Social Security Administration beneficiaries and recipients with disabilities through informed choice, which may result in decreased reliance on public benefit programs and increased financial well being. (2005 Benefits Planning, p. xvi)

There are five critical issues about which a Ticket Holder must be adequately informed about:

1. Understanding the work rules and work incentives of their current cash benefits, in order to plan for and make an informed decision about the financial implications of achieving self-sufficiency, given each beneficiary's specific circumstances.
2. Understanding the health-insurance work incentives that have been created, in order to plan for and make an informed decision about meeting medical needs when pursuing and achieving self-sufficiency, given each beneficiary's specific circumstances.
3. Understanding the possible resources and work incentives available to help achieve self-sufficiency, given each beneficiary's specific circumstances.
4. Understanding the Social Security requirements for Active Participation and Timely Progress to maintain Continuing Disability Review Protection, given each beneficiary's specific circumstances.
5. Understanding various options and configuration of options for assigning Ticket to EN and/or VR agencies, based on needed services and supports, given each beneficiary's specific circumstances.

There are three partners who play a critical role in meeting the demand for education and support for informed decision making by Ticket Holder. Each partner requires a different level of knowledge, in relation to their role in the employment process. The level of knowledge and role they must fulfill includes:

1. EN and VR agency counselors: EN and VR agency counselors must provide to the beneficiary accurate information about rules, responsibilities and implications of assigning a Ticket as it relates to the beneficiary and their benefits. Employees of ENs and state VR agencies must consistently provide accurate general information about key benefit-program work rules and work incentives and appropriately refer beneficiaries for services to Benefits Planners and Benefit Program Staff.
2. Benefits Planners: Benefits Planners must be available to provide beneficiaries with information regarding the five critical issues noted above and to synthesize multiple benefit program rules and work incentives to enable the beneficiary to make an informed decision about work and using his or her Ticket. Information should be provided in writing, so an EN or VR agency counselors, can support the individual in making an informed decision as they develop the vocational plan.
3. Benefit Program Staff: Employees of state and federal benefit programs must be readily available to provide consistent and accurate information about work rules and work incentives regarding the program(s) they administer. Benefit Program Staff should refer beneficiaries to Benefits Planners and/or EN and /VR agencies as appropriate.

III. Ticket Program in Oregon

1. Current Oregon EN and VR agency Ticket Activity

Data provided by the Social Security Administration's website "Ticket Tracker" and "State Agency Ticket Information" updated 12-2-05.

- Number of Ticket issued in Oregon: 129,286
- Number of ENs in Oregon: 25
- Number of VR agencies in Oregon: 2
- Number of individuals in Oregon who have their Ticket assigned to an EN: 87 (less than ¼ or 1%)
- Number of individuals in Oregon who have their Ticket assigned to a VR agency: 667 (1/2 of 1%)

An informal phone survey conducted by Oregon Advocacy Center in May 2005 with ENs providing services in Oregon found the following information:

- 23 of the 49 listed were not located in the state of Oregon.
- Of the 26 ENs in state at that time:
 - 4 stated they were taking actively Tickets
 - 4 stated they were taking Ticket under limited circumstances from beneficiaries who sought them out
 - 7 stated they were not taking Tickets
 - 10 did not respond to a request for information
- The barriers of the Ticket Program reported by ENs included: (a) no funding to cover the up-front cost of placement, (b) fears Ticket Holders have about working losing benefits, (c) uncertainty of beneficiaries on how much they feel they can work, (d) difficulty understanding funding rules of other agencies to figure out how to collaborate, and (e) the program is in general complex and difficult to understand for EN staff as well as beneficiaries.

What's working:

- There are providers who have made the effort to sign up as ENs and are willing to explore the Ticket Program as an additional resource.

What's not working:

- Providers who have become ENs are unable to cover the initial cost of services.
- ENs are struggling to provide adequate information about benefits and working, both in order to help beneficiaries make informed decision about using the Ticket Program, as well as to access other resources, such as Social Security Work Incentives.
- ENs are struggling to see how their role as an EN can fit into the bigger picture of employment services, given the complexity of the Ticket Program and other employment-services funding restrictions.

2. Current Oregon Ticket Holders use of Benefits Planning

It is unknown what amount, duration, and scope of Benefits Planning services are currently being provided to each beneficiary who assigns their Ticket or considers assigning their Ticket. Oregon Advocacy Center staff conducted an informal telephone survey with ENs

located in Oregon in May 2005 and with VR agencies in December 2005. It was found that beneficiaries who had assigned their Ticket or expressed an interest in assigning their Ticket were referred to either the BPAO project in Oregon or the local Social Security office, or they were provided general information by the EN. In most cases, the ENs found it to be the individuals' responsibility to ensure they received all the necessary information. They did not require feedback from Benefits Planners about the information provided for the vocational planning process.

What's working:

- Ticket holders can contact Oregon Advocacy Center BPAO project for free and confidential Benefits Planning services.

What's not working:

- There are 129,286 Ticket Holders in Oregon and only 3 certified Benefits Planners available through the SSA funded BPAO project.
- There is no single, coordinated system with established standards for providing Benefits Planning services that is used by all ENs. (*White Paper: Benefits Planning 2005*)
- There is no established arrangement or system of communication between local ENs, partner agencies serving the customer, and local Benefits Planning service providers to meet this need.
- There is no established arrangement or system of communication between local ENs and local Benefits Planning service providers to increase use of Benefits Planning information into the vocational planning process.
- There is no data collection system to track the relevance of Benefits Planning to Ticket assignment and obtainment of self-sufficient employment.

A better system of coordination between certified Benefits Planners, ENs, and beneficiaries must be established to ensure beneficiaries are accessing adequate information to make an informed decision about using their Ticket. Additionally, it is critical to incorporate Benefits Planning information about work incentives into the vocational plan, in order to maximize utilization of the valuable resources available given the person's specific circumstances.

IV. Strategic Opportunities:

1. Future Opportunities

On September 30, 2005 Social Security released a Notice of Proposed Rule Making (NPRM) that included several changes to the existing Ticket Program rules. The purpose of the changes was to remove identified barriers to participation by ENs, VR agencies, and Ticket Holders. These proposed rule changes, if accepted by Congress, would create opportunities for VR agencies and ENs to better collaborate in meeting beneficiaries' needs for obtaining and maintaining employment. Proposed changes include:

1. Removal of disincentives under the VR cost-reimbursement payment option, in order to increase options for collaboration between VR and ENs.
Specifically the NPRM proposes the following:

- Allow for payment to an EN under a Ticket to Work payment system and to a State VR agency under the cost reimbursement payment system with respect to the same beneficiary....We do not, however, permit a beneficiary to assign a ticket to an EN while a State VR agency is continuing to provide services. (p. 57224, para. 1)
 - For example, the State VR agency could provide the initial, intensive rehabilitation services, and an EN could follow up by providing the ongoing support many individuals, particularly those with psychiatric and cognitive impairments, need to maintain their work efforts. (p. 57224, para. 1)
 - Provide that a beneficiary's ticket need not be assigned to a State VR agency in order for the VR agency to be paid under the cost reimbursement payment system. (p. 57223, last para.)
 - When a beneficiary is receiving services from a State VR agency that has chosen to be paid under the cost reimbursement payment system, the beneficiary will be afforded protection from the initiation of a continuing disability review. (pp. 57223-57224, at page break)
 - A beneficiary may not assign a ticket to a State VR agency if a State VR agency has provided the beneficiary with services and received payment under the cost reimbursement system with respect to the services provided to the beneficiary. (p. 57224, para. 2)
2. Removal of disincentives from the EN payment system to encourage participation by ENs in Ticket Program.
- Under the current outcome-milestone payment system, the current regulations provide that an EN's total potential payment is approximately 85 percent of the total that would have been potentially payable under the outcome payment system for the same beneficiary. We are proposing to increase the total potential payment under the outcome-milestone payment system to 90 percent of the total. (p. 57225, para. 2)
 - Proposing a three-phased payment system that parallels the steps beneficiaries take toward self sufficiency. (p. 57225, para. 3; see Appendix B for chart)
 - Phase 1: Four milestones will be paid when the beneficiary works for a period of time at the trial work earnings level [\$590/mo for 2005]. (p. 57225, para. 4)
 - Phase 2: Progress to...increasing work hours and earnings above the SGA level (\$830 for 2005). We propose, as the AOI Advisory Group recommended, to encourage the use of work incentives during this second phase by making payment to ENs based on gross earnings before adjustments for work incentives. (p. 57225, para. 5)
 - Phase 3: The Outcome payment period where ENs will provide services to support retention of employment after the beneficiary leaves the SSA rolls...[with a] 36 month Outcome payment period for SSDI beneficiaries....leaving the SSI Outcome period at 60 months...roughly equalizing the total Ticket payments for SSI and SSDI beneficiaries. (p. 57225, para. 6)
 - Finally, our proposed rule will increase the overall percentage of payment calculation base which is allocated for Ticket payments from 40% to 67%. (p. 57225, para. 7)
3. Expanding eligibility criteria for the Ticket Program to include beneficiaries whose conditions may medically improve.

- Allow beneficiaries with an MIE designation to be eligible for a ticket without first requiring a continuing disability review to be conducted. (p. 57227, line 1)

2. Current Opportunities

Under the current regulations strategic opportunities are possible, but must be explored. To determine an effective delivery system, options need to be investigated and debated by key leadership in state and county agencies, beneficiaries, and existing ENs. Collaboration is essential to identify and initiate a system that will maximize the use of the Ticket Program and in effect support more people with disabilities in improving their quality of life through employment. Below are some examples of collaboration.

1. Accessing the Ticket Program through public agencies:

Public agencies, such as Seniors and People with Disabilities, Office of Mental Health and Addiction Services, and Office of Developmental Disability Services, who already provide employment support services, could become ENs. With an EN contract, these agencies could negotiate with VR agencies to receive a percent of Ticket dollars in return for placement services. In turn, VR would have to elect not to request cost-reimbursement payment.

The portion of Ticket dollars not paid to VR would become a new source of funding. Considering these agencies already budget to provide the employment services, these new funds would reduce the demands on existing funds, thereby creating opportunities to build capacity to serve more people or increase the overall services available to individuals who assigned their Ticket.

For example, consider the 945 people who were working at 1619b level, a level of earning that causes the SSI cash check to stop, in 2004. If half of those individuals had assigned their Ticket with one of the above agencies and had maintained the 1619b level of employment for the year, at an average annual SSI outcome payment of \$2448, those 472 assigned Tickets could have leveraged \$1,155,456 for the year. If the VR agency was paid, for example 25% or \$288,864 of the Ticket dollars based on a reimbursement agreement, that would leave \$866,592 of new funds for the contracted EN to provide services.

It is important to note that there is a tracking and administrative component to being an EN, which agencies must take into consideration in determining the cost of serving in this role. Additionally, there is a cost associated with the case management services that are necessary to maintain vocational plans and assure delivery of agreed-upon services. To some extent, the administrative and case management costs may be covered through existing funding and provided as a part of existing services.

2. Service Delivery through private rehabilitation organizations:

Under this model smaller, private organizations serve as ENs and collaborate with VR agencies on an individual basis. The majority of local, contracted ENs available today fall under this category. These ENs can make an agreement with a VR agency to access their services to cover the cost of placement and then pay VR back an agreed upon amount once Ticket payments are received. Many ENs have found this collaboration unsuccessful because they find the reimbursement payments and payment timeframe inadequate. This issue has been recognized by the Panel in their 2004 annual report, noting that the Ticket payments should be larger in the beginning and that regulations that financially limit

collaboration with VR should be eliminated. Those changes to Ticket regulations have been recommended to Congress by Social Security in hopes of addressing this issue, so additional opportunities for collaboration may be available in the future. If the proposed changes in Ticket recommendations are not authorized, attention should be given to finding other ways to maximize the outcomes from this model.

3. Utilizing Ticket payments through self-determination:

Under this model, the EN provides minimal services and instead gives the beneficiary a portion of the outcome payment each month an outcome is achieved. Those funds are then available to the individual to spend on items and services they feel are necessary to maintain employment. The challenge with this system lies in the minimal support that is available through the EN. The individual must have the tools or support from family or case manager to determine the best use of those funds to maintain employment.

Under this model, VR can provide the initial services to the beneficiary to obtain employment, but that approach may reduce the amount of funds the individual can then receive from the EN in an outcome payment month, depending upon the agreement between the VR agency and the EN.

It may also be possible to incorporate the self-determination model into the structures described in point number 1 of this section. If infrastructure exists or could be created within agencies, similar to that of the self-directed support model, or Brokerage systems for people with developmental disabilities, Ticket dollars could be received on behalf of an individual and then added to that individual's existing service budget to be utilized as determined through a person-centered planning process.

Critical components to successfully utilizing each of these strategies:

- Benefits Planning remains the key service to support Ticket Holders in making an informed decision about where and when to assign their Ticket, a process that requires a commitment to eventually reach a level of earnings that will cause cash benefits to stop. This service must be available throughout the life of the Ticket assignment to address issues and concerns that arise as life circumstances change. Additionally, these services are crucial to identify additional resources available through Work Incentives such as Social Security's Plan for Achieving Self Support (PASS) or Individual Development Accounts (IDAs).
- Agreements must be established between VR and EN agencies to determine division of services and responsibilities, and allocation of payments.
- A written explanation for Ticket Holders should elaborate the potential effects that assigning a Ticket to an EN agency can have on overall services
- A cost-benefit analysis is needed for VR agencies, state agencies and existing ENs interested in exploring new models of collaboration, in order to identify the optimal model and plan for success.

V. Desired Outcome and Proposed Strategic Actions/Options

The Ticket Program has the potential to become a viable part of the funding package for individuals with disabilities pursuing competitive employment. To utilize this resource effectively, however, strategic options need to be explored by key leadership in state and county agencies. At this point, it appears promising for agencies to consider the ways in which they can take on the roles and responsibilities of an EN or work in cooperation with ENs, utilizing a variety of cooperative agreement arrangements. EN partners and beneficiaries need to provide input to identify a model or models that best meet the multiple needs of Oregonians with disabilities. A collaborative effort is essential to identify and initiate a system that will maximize the resources available through the Ticket Program and support more individuals with disabilities in their quest to achieve competitive employment.

To assist in developing the underutilized resources available through the Ticket Program, it is recommended that MIG resources be targeted to:

1. Create a "Ticket Subcommittee" made up of members from the Medicaid Infrastructure Grant Leadership Council.
2. Assist the Ticket Subcommittee in studying the possibilities of public agencies that support people with disabilities, in serving as an EN and/or collaborating with ENs.
 - i. Assist in gathering data and compiling cost-benefits analyses for each agency regarding their possible role as an EN.
 - ii. Identify national and local experts on Ticket rules to provide technical assistance for the subcommittee.
 - iii. Create a system for tracking data to evaluate outcomes Ticket Program.

Policy Considerations/Implications: Policies may need to be established, depending on the role identified through this planning process, for each entity. Collaboration opportunities increase with approval of NPRM noted above. Discussion should include strategies with and without rule changes.

3. Facilitate discussion(s) with the Ticket Subcommittee and existing ENs to identify opportunities for collaboration.

Policy Considerations/Implications: Collaboration opportunities increase with approval of NPRM noted above. Discussion should include strategies with and without proposed rule changes.

4. Facilitate discussion(s) with the Ticket Subcommittee and beneficiaries regarding: (a) services needed for making decisions about the Ticket Program and (b) the role of Benefits Planning in their decision-making process throughout the life of the Ticket.
 - i. *Policy Considerations/Implications: Based on discussion(s) with beneficiaries, identify if a policy requiring Benefits Planning services for all Ticket Holders interested in employment is needed for each state agency that serves as an EN.*
5. Facilitate the Ticket Subcommittee's participation in the Benefits Planning Retreats (see *White Paper: Benefits Planning in Oregon: A Vision for the Future, 2005*) to assist in identifying solutions for the Benefits Planning needs of Ticket Holders.
 - i. *Policy Considerations/Implications: ENs and VR agencies may need to establish policy regarding the amount, duration, and scope of Benefits Planning services to*

be provided to each beneficiary and the standards required for Benefits Planner who provide such services.

While the Ticket remains a mystery to beneficiaries and vocational providers, promising opportunities for Oregonians with disabilities exist through this legislation and can be fostered through a collaborative effort of MIG partners to identify and initiate a system that will maximize the use of the Ticket Program. Additionally, the recommended changes on key issues in this legislation, provided to Congress by Social Security, have the potential of increasing the opportunities available through this program. These changes and the recommendations in this document hold the potential for creating greater opportunities in utilizing the Ticket to support individuals with disabilities in their efforts to achieve financial self-sufficiency through gainful employment.

Appendix A: Current EN Payment Methods

Outcome Payment Method:

Outcome achieved when	Percent of PCB*	SSI ticket-holder	SSDI ticket-holder
Outcome Payments: Social Security disability benefits and Federal SSI cash benefits are not payable to the individual because of work or earnings	40%	\$204	\$347
Total Outcome Payments Available (60 payments)		\$12,240	\$20,820

Outcome-Milestone Payment Method:

Milestone	Must occur before the first Outcome payment month, and is achieved when the beneficiary works	Percent of PCB*	SSI ticket-holder	SSDI ticket-holder
1	1 calendar month above gross SGA	34%	\$173	\$295
2	3 calendar months above SGA in a 12-month period	68%	\$347	\$590
3	7 calendar months above gross SGA in a 12-month period	136%	\$694	\$1,181
4	12 calendar months above SGA in a 15-month period	170%	\$867	\$1,476
Total of the 4 Milestones Payments			\$2,081	\$3,542
Outcomes: 60 (reduced) Outcome Payments	Social Security disability benefits and Federal SSI cash benefits are not payable to the individual because of work or earnings. Each Outcome Payment made to an EN is reduced by an amount equal to 1/60 th of the total Milestone Payments made to that EN.	34%	Depending on the number of milestones achieved, outcome payment could range from \$138-\$173	Depending on the number of milestones achieved, outcome payment could range from \$236-\$295
Total Available	Added together, the 4 milestone payments plus 60 available months of reduced outcome payments, should equal about 85% of the Outcome Payment System.		\$10,361	\$17,702

*The Payment Calculation base (PCB) is the national average disability benefit payable under each of the Social Security Administration's two disability programs. PCB for 2005 is based on the Social Security Administration formulas for 2004. Each December the Social Security Administration will calculate two PCBs and post them to its "work" Web site, <http://www.ssa.gov/work>. PCB for 2005: \$868.20 for SSDI and \$510.23 for SSI.

Appendix B: Proposed EN Payment Methods

Proposed Outcome Only Payment Method:

Outcome achieved when	Payment Months	SSI ticket-holder	SSDI ticket-holder
Outcome Payments: Social Security disability benefits are not payable to the individual because of work or earnings	1-36 (67% of PCB)		\$582
Outcome Payments: Federal SSI cash benefits are not payable to the individual because of work or earnings	1-60 (67% of PCB)	\$342	
Total Outcome Payments Available		\$20,520	\$20,952

Proposed Outcome-Milestone Payment Method:

Payment type	Beneficiary earnings	SSI amount of payment	SSDI amount of payment
Phase 1 (120% SSDI PCB) Milestone 1	\$295 for two weeks work	\$1,042	\$1,042
Phase 1 (120% of SSDI PCB) Milestone 2	\$590/mo. for 3 months work (cumulative)	\$1,042	\$1,042
Phase 1 (120% of SSDI PCB) Milestone 3	\$590/mo. for 6 months work (cumulative)	\$1,042	\$1,042
Phase 1 (120% of SSDI PCB) Milestone 4	\$590/mo. for 9 months work (cumulative)	\$1,042	\$1,042
Total Phase 1		\$4,168	\$4,168
Phase 2 (36% of PCB) SSDI Milestones 1-11	Gross Earnings > \$830		\$313 x 11=\$ 3,443
Phase 2 (36% of PCB) SSI Milestones 1-18	Gross Earnings > \$830	\$184 x 18= \$3,312	
Total Phase 2		\$3,312	\$3,443
Outcomes: (36% of PCB) SSDI months 1-36	Social Security disability benefits are not payable to the individual because of work or earnings.		\$313 x 36= \$11,268
Outcomes: (36% of PCB) SSI months 1-60	Federal SSI cash benefits are not payable to the individual because of work or earnings.	\$184 x 60= \$11,040	
Total of 3 Phases Available		\$18,520	\$18,879

*The Payment Calculation base (PCB) is the national average disability benefit payable under each of the Social Security Administration's two disability programs. PCB for 2005 is based on the Social Security Administration formulas for 2004. Each December the Social Security Administration will calculate two PCBs and post them to its "work" Web site, <http://www.ssa.gov/work>. PCB for 2005: \$868.20 for SSDI and \$510.23 for SSI.

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Ticket to Work and Employment in Oregon

By Molly Holsapple

Seniors and People with Disabilities

Ticket to Work Program (T2W)

Under the 1999 (T2W) Program, the SSA provides beneficiaries with a Ticket they may use to get services to help get and keep jobs. SSA would pay organizations registered as Employment Networks (ENs). Beneficiaries and ENs work together to develop a work plan to assist the beneficiary in reaching his or her employment goal. Every month a Ticket-holder is employed at a certain wage level, ENs receives SSA revenue. Excluding VR, Oregon presently has 35 registered ENs (13 out of state organizations and 22 agencies)

This program is being **underutilized nationwide** because:

- The incentive funding for ENs is minimal causing little interest or support only for individuals with minimal disabilities (“creaming”).
- The program design is set up in competition with VR
- The time periods for payment do not match the needs of a individual with disabilities going to work or a potential EN
- The process for an individual (especially small) agency reporting as an EN is cumbersome

Proposed Changes in T2W:

SSA is proposed changes in program design include:

- Eliminating competition with VR-individual could access VR to get a job and then have a Ticket to help stay employed.
- Increasing the monthly or milestone payments made to a designated EN
- Increasing the time period for payment to 5 years while an individual gets a job, increases skills, hours wages etc.

SSA is also asking for comments about allowing more than one ticket, strategies for addressing transportation and make EN process less burdensome.

Opportunity In Oregon

T2W may now become a viable part of the packaged funding for the long term employment support for individuals with severe disabilities. An essential role for the MIG project during the project should be:

- Assist state agencies (SPD, OMHS) in study and implementation as designated EN or EN network
- Investigate potential of use of T2W funding as match for the funding of essential work related transportation

Transportation Coordination

Strategic Planning – Medicaid Infrastructure Grant (MIG) Concept Paper
October 2005

Overview

Briefly describe the nature and scope of the topic you are addressing.

Public transportation is a vital element of independent living for many people. Dependable, accessible transportation is especially important for people with disabilities, many of whom rely on it to get to work and actively participate in their communities.

People with disabilities face many obstacles to employment, including attitudinal barriers, access-related barriers, and lack of coordination among assistance programs to name just a few. According to the US Labor Department, the unemployment rate for people with disabilities is unacceptably high, approximately 43 percent for all people with disabilities and approximately 70 percent for individuals with significant disabilities. Lack of transportation is a barrier that can be overcome. A coordinated public transportation system can provide access to training, education, employment support services and the job site.

In Oregon, the need for public transportation far exceeds available resources. For example:

- Human service agencies need transportation for clients who are unable to drive, and for whom transportation is not provided by the Department of Human Services (DHS).
- Students need transportation to after-school and alternative school placements.
- Public transit providers find it difficult to meet the diverse needs of the senior and disabled communities, as well as respond to a growing general public ridership.

When multiple agencies and programs invest their funds and other resources into a community-based public transit service, the result is a synergy that benefits a broad spectrum of the community, rather than discrete individuals for specific purposes. Public Transit Division (PTD) is most successful when the public transit network is strengthened through coordinated provision of client trips.

Provide a brief environmental scan: how does Oregon currently address this topic?

Oregon state agencies currently spend about \$200 million per year meeting people's mobility needs. The Oregon Department of Transportation (ODOT) invests about \$9 million a year on transportation services specifically designed for seniors and people with disabilities. In addition, \$5 million is dedicated to provide general public services in rural areas. ODOT also spends \$12 million more on accessible vehicles. DHS invests about \$40 million per year on non-emergency medical transportation for clients and an unknown amount for transportation within programs where the cost of transportation is not routinely tracked. The Department of Education spends about \$170 million per year on pupil transportation.

Although the amount of funds invested by Oregon state agencies is substantial, the management of the funds produces "stovepipe" access to mobility. For example, school funds for transportation are strictly for home-to-school bus services. DHS programs frequently allow transportation as an eligible activity but only for specific individuals and for discrete trips. For example, DHS could fund travel to a medically necessary service, but not to the grocery store. ODOT funds target the needs of rural communities, as well as seniors and people with disabilities generally; most funds are not limited to specific individuals or trip purposes. However, when considering the outcome of the state's investment as a whole, the results are that some people are served very well for specific trips, while some go without service.

Desired Outcome

Specific to your topic, what is your vision for the "preferred future" for Oregonians with disabilities?

People with disabilities will have the services and transportation needed to access training, education, support services, and the job site in order to maintain independence and enjoy a high quality of life. Clients will not be discouraged by daunting, bureaucratic program requirements, and access barriers will be removed.

Strategic Opportunities

What, if any, strategic opportunities are you aware of that we should capitalize on or plan to leverage?

- Coordinated Council on Access and Ride Mobility (CCAM) and the United We Ride Initiative:
The initiative provides technical assistance and guidance to promote interagency cooperation and the establishment of appropriate mechanisms to minimize duplication and overlap of Federal programs and services so that transportation-disadvantaged persons have access to more transportation services.
- CCAM's Framework for Action:
The Framework for Action is a comprehensive evaluation and planning tool to stakeholders involved in human service transportation and transit services to improve or start coordinated transportation systems. Assessment and planning can be completed in one or two meetings.
- United We Ride:
Use federal fund matching opportunities using United We Ride, New Freedom, Job Access Reverse Commute (JARC) programs. Local transportation plans created in coordination with human service agencies are one of the requirements of receiving 5310, New Freedom and JARC grant funds.
- JARC:
The division provides technical assistance and passes through grant funding of approximately \$450,000 annually from Federal Transit Administration (FTA) funds for the JARC program in areas of fewer than 200,000 populations. The funds are made available through a competitive process to support employment-related transportation for human services clients and low-income.
- New Freedom Program:
PTD will make \$230,000 in New Freedom Program funds available through a competitive process to support transportation needs for individuals with disabilities beyond the requirements of the Americans.
- Special Transportation Fund:
Public Transit Division also receives state and federal funds that are dedicated to improve transportation for seniors and people with disabilities. Funds are coordinated through the Special Transportation Fund Program to Transportation Districts (where they are established), Counties, and Indian Tribal Governments in Oregon, who plan coordinate, deliver

or contract with local providers to deliver transportation services to seniors and people with disabilities.

- Rural Operating Grants:
PTD administers a Rural Operating Grants program that provides approximately \$6 million annually in grant assistance to entities delivering transportation services to the general public in communities of fewer than 50,000 people. Grants are required to be matched at 50% of operations cost with local funds. The 2006 level is an increase of more than \$2 million per year over prior levels and will certainly assist Oregon's communities. The services are offered by cities, counties, tribal government and include a mixture of service strategies that might typically include small fixed route, dial a ride, taxi voucher, special purpose shuttles or service routes. The primary source of funding is the Federal Transit Administration through the Non-Urbanized Area Formula Assistance Program. Funds may be used for planning, operations, and capital purchases or technology improvements. Thirty-nine communities around the state receive annual formula grants through this program.
- Technology:
Technology can be designed to increase efficiency of reservations, scheduling, dispatching, reporting, and billing.
- Brokerage:
Brokerage Support Services are available to adults with developmental disabilities who manage and control their own budgets and hiring decisions. Most Individuals will be in support services and receive assistance from a brokerage personal agent. Some individuals will have more comprehensive service plans and will receive assistance from a county services coordinator. Such brokerages could provide a resource for allocating transportation services to coordinate with the existing transportation brokerages.
- Call Centers:
ODOT and DHS have partnered in the establishment of six call centers that currently provide brokered Medicaid non-emergency medical transportation to Medicaid-eligible clients. With the exception of Lane County and several counties in Eastern Oregon (which will be included by the end of 2006), all of Oregon is currently served by a call center. Future call center plans include scheduling, provision, and billing for trips in addition to Medicaid. Call centers could serve as regional

hubs and include a variety of coordinated transportation modes.

Please identify other strategic planning processes that are or will be underway with which we should connect. Provide contact information if you have it.

- *The Oregon Transportation Coordination Initiative (OTCI):*
In June 2000, state and local government representatives released a report entitled *The Coordination Challenge*¹. It describes state agency transportation programs, quantifies expenditures, documents coordination issues and provides examples of ways to be more efficient. The report challenges state and local agencies to increase collaboration and coordination.

One result of the report was that the Governor asked DAS to organize implementation of the Oregon Transportation Coordination Initiative (OTCI). Eight state agencies are involved: Transportation, Human Services, Veteran's Affairs, Corrections, Employment, Housing and Community Services, Education and Administrative Services. Department heads serve on a policy committee, and agency staffs serve on a technical committee. Participants were charged with implementing report findings within their agencies in a coordinated and collaborative manner. Leadership was initially assigned to DHS Director Gary Weeks, then to HCSD Director Bob Repine, and finally to ODOT Director Bruce Warner. Staff support has come from two DHS and one ODOT employee.

Implementation of the highest priority improvement recommendations of the report has been pursued through the following six topic area committees:

1. Insurance and Risk Management – Survey done; recommendations to follow.
2. Schools & Transit – Consultant's study underway; pilot projects to result.
3. Safety and Security – Analysis done, recommendations for common background check procedures and consistent safety regulations.

¹ The Coordination Challenge: Final Project Report, published by the Oregon Department of Transportation, June 2000, available at: www.odot.state.or.us/pubtrans/documents/CoordBook.

4. Benchmarks – Logic models developed for Benchmarks² #58 (aging in place) and #59 (employing the disabled); joint ODOT/DHS data in development.
 5. Local Innovative Projects – DHS & ODOT funding integrated in three new project types.
 6. Virtual Transportation Network – Transit and paratransit service information is being added to ODOT's TripCheck web site.
- United We Ride: State Commitments:
Led by Margaret Hallock from the Governor's Office and including Lynnae Rutledge from DHS Vocational Rehabilitation and Martin Loring from ODOT Public Transit Division, Oregon was represented at the national United We Ride kick off meeting in Washington DC in February of 2005. The group was asked to make a commitment to accomplish three things upon return to Oregon, and to identify three things that should be done at the federal level. The three state commitments were:
 - Arrange for a Governor's Executive Order or executive branch initiative to reconvene a state coordinating group on transportation:
Although an executive order has not been developed and a broad state coordinating group has not reconvened, the ODOT and ODHS Directors met and committed to continue a close working relationship between the two agencies to identify opportunities for coordination.
 - Review previous studies, analyze progress at state and local level, and develop work plan and next steps to create coordinating committee and activities:
Debbie Wert from the DHS Director's Office and Sherrin Coleman from ODOT's Public Transit Division coordinated an interagency committee to develop a work plan.
 - Presented Project Action to expand the state plan:
This was done jointly by DHS and ODOT staff with the Oregon Commission for Developmental Disabilities. The attendees were charged to return to their communities to continue to find coordination opportunities. There was an initial plan to meet again through the United We Ride process.

² Benchmark Update published by the Oregon Progress Board, 2001, available at <http://www.econ.state.or.us/opb/sitemap.htm>

**Policy
Considerations**

Please identify what, if any, policies/practices in other state should be reviewed for promising practices.

- Recipient of the 2005 United We Ride Award from FTA:
Montacuset Regional Transit Authority (MART)
R1427 Water Street, Fitchburg, MA 01420
- Central New York Regional Transportation Authority:
PO Box 820
Syracuse, NY 13205
Linda McKeown, Manager Specialized Transportation
315-442-3338
- Rides Mass Transit District:
Southeastern Illinois

Are there unintended consequences or adverse impacts from current Oregon policies that should be reviewed?

Transit funds provide systems that serve many; human service agencies fund the individual's needs. This diversity of focus limits the ability to use funds to match programs.

**Proposed
Actions**

Thinking in terms of actions and activities over the next three years, identify 2-3 proposed strategic actions in priority order with timelines, resources needed and partners to involve.

- New Investment Model:
Collaborate to determine a new model for investment that bridges the barrier between transit's systemic focus and human services' client focus to most efficiently use all available funds.
- Enhance call centers:
Future call center plans include scheduling, provision, and billing for trips in addition to the Oregon Health Plan Plus clients
- Travel Training:
Educate people on the use of public transit. Lane Transit District and TriMet/Ride Connection have excellent programs as well as other systems in the state.

- Implement Ticket to Work Program:
The Social Security Administration offers voucher-like “Tickets” to eligible disability insurance (SSDI) and security income (SSI) recipients to overcome obstacles, such as lack of transportation, to securing and maintaining employment.
- Perform outreach:
Staff can gather best practices through provider outreach and visitation.
- Voucher Programs through Independent Living Councils and the various regional independent living councils. These agencies can host voucher programs. Eastern Oregon Center for Independent Living is hosting a pilot project for rural Oregon.

US Departments of Labor, Transportation, and Health and Human Services are all working on some component of Job Access/Reverse Commute, Welfare to Work and also, the New Freedom Initiative. Identify within each agency, programs and funding opportunities to match to other agency programs and funding.

These programs are discussed under Strategic Opportunities.

Explore opportunities for role expansion of transportation call centers.

This was addressed under Strategic Opportunities. Develop call centers to serve as regional hubs and include a variety of coordinated transportation services.

**Other
Comments**

Please share other comments, suggestions or recommendations that may be helpful for us to consider as we move forward.

Strategic Planning Concept Paper

Youth Transition

**Janice S. Richards, Executive Director,
The Oregon Parent Training and Information Center**

Overview

Oregon taxpayers spend an average of \$7,700 per year to educate children ages 5-21 in our public school system (Source: Oregon Department of Education (ODE)). The goal of the public school system is to provide all Oregon children with a world-class education that will allow them to transition successfully into post-secondary education, trade school, or community-based employment (ODE, 2005).

Oregon public school students face many transition experiences throughout their K-12 education experience. New classmates, new teachers, new classes, new friends, activities, new schools--just to name a few. For the purposes of this concept paper, we will focus on one significant type of transition—that of planning and implementing education and interagency activities that will lead to the successful completion of the K-12 education experience, and a smooth transition into post-secondary education or employment. This we will denote **Youth Transition**.

While the goal of children receiving an optimal education leading to a successful adult life is long-standing, a greater emphasis was placed on the Youth Transition process during the 1990's. The Individuals with Disabilities Education Act (IDEA), the Vocational Rehabilitation Amendments, and Carl D. Perkins Vocational and Applied Technology Education Act addressed the need to provide post-secondary transition services to students with disabilities. IDEA delineated the following as successful outcomes of transition planning and implementation:

- ☐ Community and independent living.
- ☐ Post Secondary education.
- ☐ Employment and instruction.
- ☐ Mandatory linkages with vocational rehabilitation and other adult service agencies.

Transition language in IDEA 97

Beginning at age 14, and updated annually, a statement of the transition service needs of the child under the applicable components of the child's IEP that focuses on the child's courses of study; beginning at age 16 (or younger, if determined appropriate by the IEP Team), a statement of needed transition services for the child, including, when appropriate, a statement of the interagency responsibilities or any needed linkages; and beginning at least one year before the child reaches the age of majority under State law, a statement that the child has been informed of his or her rights under this title, if any, that will transfer to the child on reaching the age of majority.

IDEA 97 focused on the responsibilities for special educators to include planning and delivery of transition services and activities. Transition planning involves the interdisciplinary team with an increased emphasis on post-school outcomes and determination of school-based strategies for reaching those goals.

Transition language in IDEA 04

Beginning not later than the first IEP to be in effect when the child is 16, and updated annually thereafter; appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills; the transition services needed to assist the child in reaching those goals; and beginning not later than 1 year before the child reaches the age of majority under State law, a statement that the child has been informed of the child's rights under this title, if any, that will transfer to the child on reaching the age of majority.

Language regarding failure to meet transition objectives did not change from IDEA 97 to IDEA 04.

Youth Transition is now a Federal **Priority** in the United States Department of Education, Office of Special Education Programs, as demonstrated by prominence in monitoring the effectiveness of the state educational efforts for Special Education students. Changes to IDEA 04 will positively impact students as the school led transition process now includes tying coursework, future employment and schooling goals into the preparation students receive before leaving high school.

IDEA 04 defines the term "Transition Services" as:

*A coordinated set of activities for a child with a disability that is designed to be within a **results-oriented** process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post school activities, including post-secondary education, vocational education integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation; is based on the individual child's needs, taking into account the child's strengths, preferences, and interest; and includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and , when appropriate, acquisition of daily living skills and functional vocational evaluation.*

The Oregon Landscape: An Environmental Scan

Families, students, educators, state legislatures, state departments, adult service providers, employers, and Institutes of Higher Education are pivotal to the success of transition planning. No single entity can do it alone.

Families play important roles in the lives of youth during high school and beyond, and in many situations it is the family who takes the student into adulthood and advocates for services.

The student's participation on the IEP team is crucial to their future independence and also encourages the student to begin making choices for life after high school.

Adult Service Agencies are essential in establishing and maintaining quality programs and practices that help students to achieve positive post-school results.

State Legislators and State Departments are critically important. Without appropriate authorizing and appropriating legislation, waiting lists for needed adult services can exist, or the range of available services can be restricted.

State departmental oversight of adult services programs to ensure quality and safety can be hampered without proper authorizing and appropriating legislation, and without person and family-centered practices.

Employers are vital for successful community-based employment to occur. Optimally, they communicate frequently with the stakeholders noted above, understanding the value of labor that can be provided by individuals with disabilities and the incentives available for employing them.

Where the expressed goal of participating in post-secondary educational opportunities is the preference of a student with disability, institutes of higher education bear the responsibility of making this goal come to life. Sometimes this requires accommodations and modifications as articulated in state and federal law. When this occurs, the student becomes more competitive in the labor market through the higher education experience.

When all of the above stakeholders are in sync, sound policies are developed, proper levels of funding for adult services are appropriated, person-centered interagency planning for education, transition, and adult services occurs, self-advocates and families feel engaged, employment and community living opportunities are secured, and self-advocates make their own unique contribution to the community in which they choose to reside. This is the preferred future and desired outcome for Oregonians with Disabilities. This is widely understood by many stakeholders in Oregon, but a confluence of all parties has not been easily achieved.

Specific Focus of Concept Paper

The federal and state mandate for public schools to implement proper transition planning for students with disabilities, and cooperative planning between schools, State Departments with oversight of statewide policy and practice for adult services, and community-based service providers is the focus of this document.

Before Oregon can consistently transition students into post secondary employment and education, it must address a number of significant barriers.

First, the **dropout rate** in Oregon. A “dropout” is defined as a student who withdraws from school and does not graduate or transfer to another school that leads to graduation. Dropouts do not include students who are:

- Home schooled,
- Enrolled in an alternative school,
- Enrolled in a Hospital education program,

- Enrolled in a juvenile detention facility,
- Enrolled in a foreign exchange program,
- Temporarily absent because of suspension, a family emergency, or severe health problems that prevent attendance at school,
- In possession of a GED certificate, an adult high school diploma from a community college, or are deceased.

Oregon uses the same dropout calculation to compare all students to students with disabilities; the number of dropouts divided by student membership.

In the school year 2003-2004, 4.6% of students in general education dropout compared to 5.7% of students with IEPs. Results for the school year 2004-2005 will not be available until February 2006.

A second barrier to consistent and effective transition is **the percent of youth with IEPs graduating from high school with a regular diploma compared to percent of all youth in the State graduating with a regular diploma.**

Oregon defines graduation as receiving a regular diploma. The minimum requirements for a diploma are listed in Oregon Administrative Rule. All students within a district, including students with disabilities must meet the same minimum requirements for graduation with a regular diploma. A school district may award an alternative document (e.g. modified diploma, certificate of attendance, certificate of completion) to students who do not meet the requirements for a regular diploma. ***Diploma requirements vary from district to district.***

To determine graduation rates, ODE applies the following formula; the number of students graduating during the current school year with a regular diploma divided by the number of students graduating during the current year with a regular diploma plus all students receiving alternate documents or dropping out during the current year in grades 9 and above. State and district graduation data are published yearly for all students and are available on the ODE website.

In 2002-2003, ODE identified graduation and dropout rates as key performance indicators and added a “leaver” data report (graduation and dropout data report) to the Systems Performance Review and Improvement (SPR&I) database. ODE provided districts with dropout and graduation data for students with disabilities, comparison data for like-districts, and a performance threshold for comparison to the state average. Districts that fell below the threshold were required to provide a written analysis of the data.

An additional priority has been established to **measure how effectively students are prepared for post secondary life** by requiring the State to gather outcome information one year after the student leaves high school. This process involved districts, agencies, and programs. The collaboration resulted in the award of a General Supervisory Enhancement Grant (GSEG) in November 2004.

With the GSEG grant, Oregon is currently building an infrastructure to allow personnel at the district level to interview students during their final year of high school, an again 9-12 months after leaving high school. During 2004-2005, ODE collaborated with Teaching Research Institute (TRI) to **develop a comprehensive data collection system of**

postsecondary employment and educational transition outcomes for students with disabilities.

Teachers around the state are desperate for training in how to produce the best outcomes for students with disabilities, especially in the area of transition. In an effort to build an internet resource for students, parents, teachers and administrators in Oregon the online material already available has been inventoried and examined to locate the best sources and make them easily available to transition minded youth and adults.

There are few good resources on writing transition goals, much less incorporating the course work and other services into good preparation for transitioning youth.

ODE piloted post-school outcome data collection with one school district in 2004-2005. Students completed an exit survey providing information while still in high school about their school transition planning experiences, their goals, and future contact information. Information gathered to date is not representative of the state special education population nor does it include students who may have dropped out of school. In spring 2006, special education teachers in the pilot district will conduct a telephone interview with each student with disabilities or family of the student about the student's competitive employment, postsecondary school, or both, within one year of leaving high school.

ODE is participating in the NPSO/NCSET sponsored Post-School Outcomes Community of Practice, accessing materials and technical assistance from the National Post-School Outcomes Center, and working with TRI to assist in system development.

Parent Education is desperately needed in Oregon. Parents are generally not knowledgeable about transition and what it means for their children. This is true despite the fact that ODE partners with the OrPTI to conduct a series of Transition 1 and Transition 2 trainings across the state (36 in 2005, to date). Adjusting to age of majority has been a significant issue for parents of children who turn 18.

Parents have stated:

- That their child does not have a clear connection between what they are learning in school and expectations on the job. A connection needs to be made between work experience, appropriate work behavior, and student learning.
- There is a lack of interagency collaboration. One example being the absence of key adult service stakeholders at IEP meetings,
- The Work Incentives Act opportunities are missing,
- Curricula and program options based on universal design of school, work and community-based learning experiences is lacking. They have also stated that their child lacks the basic employability skills necessary for career success. Post-secondary education, parents report that my child lacks the support in getting ready for college and working towards their IEP goals and transition plan. What about accommodations at college? Self identify, what is that? Opportunities to meet with colleges.

Desired Outcomes

- ODE will require districts identified as having high dropout rates for students with disabilities to include strategies to decrease dropout rates within district improvement plans. Oregon will decrease their dropout rates for students with disabilities.
- The Transition Advisory Committee (a subcommittee of our State Special Education Advisory Council) will review dropout rates and make recommendations to ODE annually.
- Young adults are involved in individualized futures planning before the age of 16.
- All youth will have access to youth development and youth leadership opportunities.
- Youth will feel empowered to make informed decisions about their future.
- Youth are being connected to support services and how to access them. i.e. mental and physical health services, transportation, tutoring, post-program supports, recreation assistive technologies as needed, financial resources, independent living centers, community-based support service agencies, personal assistance services, including readers and interpreters, benefits-planning counseling, etc.
- Every student shall have a transition plan that is results oriented, focused on improving the academic and functional achievement of the child with a disability.
- All children will have access to an assessment system that includes multiple measures, i.e. career assessment including, but not limited to, interest inventories, and formal and informal vocational assessments.
- Parents, who are accustomed to being in the advocacy role for their child, will be trained to more freely relinquish that responsibility to their children and be comfortable with that change. Only a confident and independently thinking youth will be free to dream and set goals that will guide teachers and the educational system in preparing that youth for a future where he/she will be fully engaged in all life has to offer.

Proposed Strategic Actions

Work with the ODE on a State definition of regular and modified diploma requirements to be used by all districts. Graduation standards that include options.

Timeline: July 2006

Partners: ODE, TAC, SPD, DHS/VRS, OSBA, OEA, COSA, OrPTI, Advocates

Work with the State to define what competitively employed means.

Work based experiences

Timeline: July 2006

Partners: DHS/VRS, Brokerages, OrPTI, ODE, Advocates

Work in collaboration with ODE and OrPTI in designating resources to provide a two-day conference on Post Secondary Transition to employment and college. (Formerly known as *Avoiding Future Shock*).

Timeline: OrPTI establish "Conference Planning Committee", Fall 2005, 2006, 2007

Transition Conference Held, Spring 2006, 2007, 2008

Partners: ODE, TAC, OrPTI, DHS/VRS, Brokerages, IHE, Schools, Transition Coordinators, SPED Teachers, Employers, Department of Labor, Advocates.

Work in collaboration with ODE and OrPTI on development of a Transition Partners Program. This program will consist of training 25-50 volunteers around the state to be Transition Partners. Transition Partners would work with students, parents, and Transition Coordinators through the transition process. The goal of this program is to make sure that all of the appropriate players are brought to the table working in partnership to develop a transition plan that is results oriented.

Timeline: Fall 2005, OrPTI hires a Transition Specialist to run program.

Work with Partners to develop Transition Partners Program, Curricula and criteria, November – January, 2005

Recruit Volunteers statewide to participate in program.

(Must be an active IEP Partner)

January – February 2006, 2007, 2008

Provide 8, 2 day, Transition Partners Training Statewide,

March-June, 2006, 2007, 2008

Partners: ODE, TAC, OrPTI, DHS/VRS, Schools, Parents, Advocates

Work in collaboration with OrPTI to develop a “Building the Dream” mini conference for students and parents across the State. The mini conference would include: mentoring activities, person center planning techniques, information on transition services in their local community, age of majority information, and working with parents to understand the importance of and encourage their children to be self-determined.

Timeline: Develop committee to work with OrPTI Transition Specialist on Development of Program and curricula, Fall 2005

Provide 8 “Building the Dream” mini conference statewide, January –June, 2006, 2007, 2008

Partners: ODE, TAC, OrPTI, DHS/VRS, Schools, Advocates, Parents

Strategize with special education teachers, through Oregon Education Association, on ways to reduce the time they spend on paperwork, thus giving more time for actual instruction. Also plan ways to inform them about best practices and resources for transition planning.

Timeline: April 2006, on-going

Partners: OEA, ODE, OrPTI, WOU/TRI, Advocates

Meet with COSA, OSBA, OEA and WOU/TRI to discuss school administration strategies for recruiting and then retaining highly qualified special education teachers.

Timelines: January 2006, on-going

Partners: COSA, WOU/TRI, OSBA, OEA, OrPTI, ODE, Advocates

Meet with Higher Education Commission (HEC) to discuss training and curriculum for college students who choose to work in education.

Timelines: January, 2006, On-going

Partners: ODE, HEC, OrPTI, Advocates

Develop an online curriculum, for college credit (partnering with a university anywhere in US) and subsidizing the cost for teachers to gain good information on setting transition goals, working with families and agencies, gaining up to date knowledge of best practices.

Timelines: Establish working committee, Fall 2005

Partners: ODE, TAC, OrPTI, DHS, Schools, OEA, COSA, WOU/TRI

Educate employers on the benefits of hiring people with disabilities, to include preparing their workforce, tax benefits, accommodations and how to pay for them.

Timeline: Spring 2006

Partners: DHS/VRS, Brokerages, Social Security Offices, Advocates

Educate students who are of secondary transition age to be a successful employee, including working with others, responsible employment behavior, the culture of a workplace, etc.

Timeline: Fall 2005 and Spring 2006

Partners: ODE, Schools, DHS/VRS, OrPTI

Development of training materials for construction of IEP, ITP, and PCP plans that are effective, measurable, student-centered, and have support from social services, parent/guardian, and potential employers, if applicable.

Timeline: Develop working committee Fall 2005 on-going

Develop curricula, January- March, Spring 2006

Provide on-going statewide trainings, Spring 2006, 2007, 2008

Partners: ODE, OrPTI, DHS/VRS

Policy Implications and Considerations

There are many federal and state level policy implications relative to Youth Transition. Time and space restrictions do not allow us to cover all of them. We focus our attention on the roles of three key entities whose actions can create a considerably more favorable climate for successful youth transition; The Oregon Department of Education, The Oregon Department of Human Services: Vocational Rehabilitation Services, and Institutions of Higher Education.

The Oregon Department of Education should focus additional attention to the following policy issues;

- Through its SPR&I school monitoring system, ensure that effective transition planning that is outcome oriented is taking place. Also, ensure that districts are consistently notifying all agencies and stakeholder about IEP/transition planning meetings.
- There is a great deal of confusion amongst parents regarding age of majority. Working with the State Advisory Council on Special Education,

- ODE should address communication in districts with parents whose children are transition to age of majority.
- Effective statewide training of districts, ESDs, and stakeholders on IDEA 2004 and its new regulations, as well as newly developed state statutes and rules that apply to the new law.

The Oregon Department of Human Services; Vocational Rehabilitation Services should focus additional attention to the following policy issues;

- Ensuring the local representatives of VRS attend all IEP meetings that require transition planning. If unable to attend, at least send some type of report for use in planning.
- More effective training of Oregon employers on benefits under the Work Force Investment Act.
- Training for self-advocates and families on VRS and Brokerages. What they are and how they work. In addition, targeting this group for training on benefits planning, outreach, and assistance.
- Clearly defining a definition for competitive employment.

Institutions of Higher Education should focus additional attention to the following issues;

- Changes in teacher education curricula that place more emphasis on the importance of effective transition planning.
- Educating adequate numbers of teachers and administrators to ensure that Oregon Public Schools have a pool of highly qualified educators from which to recruit.
- World class graduate programs that develop administrators who are well trained on special education and transition planning.

Three-Year Prioritized Proposed Strategic Actions

Priority Area One: Training Opportunities

Work in collaboration with ODE and OrPTI in designating resources to provide a two-day conference on Post Secondary Transition to employment and college. (Formerly known as *Avoiding Future Shock*).

Timeline: OrPTI establish "Conference Planning Committee", Fall 2005, 2006, 2007
Transition Conference Held, Spring 2006, 2007, 2008

Work in collaboration with ODE and OrPTI on development of a Transition Partners Program. This program will consist of training 25-50 volunteers around the state to be Transition Partners. Transition Partners would work with students, parents, and Transition Coordinators through the transition process. The goal of this program is to make sure that all of the appropriate players are brought to the table working in partnership to develop a transition plan that is results oriented.

Timeline: Fall 2005, OrPTI hires a Transition Specialist to run program.
Work with Partners to develop Transition Partners Program, Curricula and criteria, November – January, 2005

Recruit Volunteers statewide to participate in program.

(Must be an active IEP Partner)

January – February 2006, 2007, 2008

Provide 8, 2 day, Transition Partners Training Statewide,

March-June, 2006, 2007, 2008

Partners: ODE, TAC, OrPTI, DHS/VRS, Schools, Parents, Advocates

Work in collaboration with OrPTI to develop a “Building the Dream” mini conference for students and parents across the State. The mini conference would include: mentoring activities, person center planning techniques, information on transition services in their local community, age of majority information, and working with parents to understand the importance of and encourage their children to be self-determined.

Timeline: Develop committee to work with OrPTI Transition Specialist on Development of Program and curricula, Fall 2005

Provide 8 “Building the Dream” mini conference statewide, January –June, 2006, 2007, 2008

Partners: ODE, TAC, OrPTI, DHS/VRS, Schools, Advocates, Parents

Priority Area 2: Teacher Training and Personnel Preparation

Strategize with special education teachers, through Oregon Education Association, on ways to reduce the time they spend on paperwork, thus giving more time for actual instruction. Also plan ways to inform them about best practices and resources for transition planning.

Timeline: April 2006, on-going

Partners: OEA, ODE, OrPTI, WOU/TRI, Advocates

Meet with COSA, OSBA, OEA and WOU/TRI to discuss school administration strategies for recruiting and then retaining highly qualified special education teachers.

Timelines: January 2006, on-going

Partners: COSA, WOU/TRI, OSBA, OEA, OrPTI, ODE, Advocates

Meet with Higher Education Commission (HEC) to discuss training and curriculum for college students who choose to work in education.

Timelines: January, 2006, On-going

Partners: ODE, HEC, OrPTI, Advocates

Develop an online curriculum, for college credit (partnering with a university anywhere in US) and subsidizing the cost for teachers to gain good information on setting transition goals, working with families and agencies, gaining up to date knowledge of best practices.

Timelines: Establish working committee, Fall 2005

Partners: ODE, TAC, OrPTI, DHS, Schools, OEA, COSA, WOU/TRI

LEADERSHIP COUNCIL MEETING
Medicaid Infrastructure Grant Project 2
Office of Vocational Rehabilitation Services/DHS

Wednesday, September 21, 2005
1:30 – 3:30 P.M.
Human Services Building
500 Summer Street, Room HSB-252
Salem, Oregon
503-947-5469

Agenda

- I. Introductions
- II. Review of Leadership Council Membership*
- III. Recap of Grant/Update on Project Activities
 - A. Mission, Goals and Responsibilities
 - B. First Year Objectives
 - C. Progress to Date
- V. Plan for Strategic Plan*
- VI. Discussion of Opportunities, Possible Investments and Challenges
- VII. Other

*Denotes possible action item

Accommodations are available that allow individuals with disabilities to participate in and access this scheduled event. To request an accommodation for this event, please contact Paula Fitch, 503-947-5025 at least 48 hours prior to the event.

This document can be obtained in an alternate format for individuals with disabilities upon request by contacting Paula Fitch at the above telephone number. Available formats are: large print, Braille, audio tape recording, electronic format and oral presentation.

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MINUTES
LEADERSHIP COUNCIL MEETING
Competitive Employment Project/
Medicaid Infrastructure Grant-Project
Office of Vocational Rehabilitation Services/DHS
Wednesday, September 21, 2005

Leadership Council Attendees:

Stephaine Parrish Taylor, Office of Vocational Rehabilitation
Rep. Gary Hansen, House of Representatives
April Lackey, Workforce Policy Cabinet
Steve Paysinger, Brain Injury Treatment Center, Salem Rehab
Martin Loring, Oregon Department of Transportation
Mike Maley, Seniors and People with Disabilities
Clover Mow, Worksystems, Inc.
Scott Lay, People with Disabilities Advisory Committee
Tina Treasure, State Independent Living Council
Doug Zeh, Oregon Advocacy Center
Janice Richards, Oregon Parent Training & Information Center
Frank Synoground, Oregon Commission for the Blind (via telephone)

Other Attendees:

Lynnae Rutledge, Office of Vocational Rehabilitation Services
Molly Holsapple, Seniors and People with Disabilities
Mike Moore, Office of Mental Health and Addiction Services
Mike Hlebechuk, Office of Mental Health & Addiction Services
(attending for David Romprey, Leadership Council member)
Terry Mastin, Office of Mental Health & Addiction Services
S. Travis Wall, Grant/Project Manager
Damon Terzaghi, Grant/Project Research Analyst
Paula Fitch, Grant/Project Administrative Specialist

I. Welcome and Introductions

Stephaine Parrish-Taylor (Administrator of the Office of Vocational Rehabilitation Services) welcomed everyone and asked that we introduce and identify ourselves.

Stephaine went on to share that she had just returned from Turkey. She talked about the opportunities and challenges provided by this project, as she contrasted accessibility issues as they exist abroad and here in the United States. She shared her concern that because things are better around accessibility in this country there is still much to be done around employment. She underscored the opportunities this grant/project provides to do that work.

Mike Maley of Seniors and People with Disabilities joined Stephaine in welcoming us. He said that much of the challenge is in believing what is possible and that not enough people believe they can work, not enough employers believe people with disabilities are employable, and that not enough people believe that persons with disabilities can lead full lives. The challenge we face is changing perceptions and beliefs concerning employment of people with disabilities.

II. Review of Leadership Council Membership

Stephaine asked us to review the list of Leadership Council members that was distributed to us and to consider if there are other groups, organizations and individuals that need to be represented on the Council. She said that we would return to this item at the end of the meeting in order to hear any thoughts and suggestions.

III. Recap of Grant/Update on Project Activities

Lynnae briefly reviewed developments leading up to submission of our proposal for a Medicaid Infrastructure Grant. She noted that a number of Leadership Council members were involved from the outset of this process and that a number of us had met earlier in year, after the Center for Medicare and Medicaid awarded the grant to the Department of Human Services, to begin to consider matters.

Lynnae noted that it was not practical to begin work on the project until recently because uncertainty about the state's budget made it impractical to plan activities before now. She noted that a capable staff has been hired to carry out the project and acknowledged Damon Terzaghi (Research Analyst), Paula Fitch (Administrative Specialist), in addition to Travis Wall, Project Manager.

Lynnae went on to note that the primary responsibility of Medicaid Infrastructure grantees in this, the first year of the grants, is to develop and submit a strategic plan for carrying out grant-funded projects. And that process is now underway.

IV. Plan for Strategic Plan

Travis Wall summarized the anticipated process for developing the project's strategic plan. He noted that the process was developed by a team consisting of Lynnae Rutledge (of the Office of Vocational and Rehabilitation Services), Molly Holsapple (Seniors and People with Disabilities), Michael Moore (Adult Mental Health Services/Office Mental Health and Addiction Services) and Brenda Sheppard (Employment for Persons with Disabilities/Seniors and People with Disabilities), project staff and himself. Key elements of the planning process include:

- Convening nine public or community forums around the state in order to learn what employment opportunities, challenges and issues need to be addressed in order to make employment a reality for Oregonians with disabilities.
- Interviews of "key informants" about what they want, expect and need from the project.
- Development of "issue" papers or briefs on employment-related opportunities and challenges.
- Assembling and utilizing a Leadership Council – this council – in order to provide project staff with guidance in developing the strategic plan and implementing it over the next three years. The council will consist of consumers and survivors, advocates, employer and business leaders, and representatives of governmental agencies and programs that serve and support persons with disabilities.

Travis highlighted the timeline for completion of the plan and noted that various tasks, including the interviews of key informants and preparation of the issue briefs, are already underway.

August 22-October 14

- Interviews of key individuals
- Assess “strategic” opportunities and challenges

September 21

- Leadership Council meeting

September 27-October 13

- Hold Community Forums in Portland, Salem, Gresham, Medford, Eugene, Newport, Bend, Pendleton and Ontario

October 19

- Leadership Council meeting – provide direction and priorities for draft strategic plan

October 24-November 10

- Follow-up discussions with key decision makers, community leaders and regional/national contacts
- Write draft Strategic Plan

November 16

- Leadership Council meeting – review draft Plan and make any needed changes and refinements

November 14-29

- Disseminate draft Plan for public review and comment
- Refine draft Plan

November 30

- Submit draft Plan to Center for Medicaid Services

December 14

- Leadership Council meeting (if needed) – respond to any concerns of Center for Medicaid Services
- Revise and finalize Plan as needed

December 31

- Submit final Plan to Center for Medicaid Services

Travis asked if we had any our thoughts and questions about the planning process and the information he had shared. In response:

- It was requested that the concept papers and key informant interviews be shared with the Leadership Council. Lynnae said the concept papers should be completed within the next month and be available at our next meeting in October.
- It was suggested that we get a concept paper from the workforce side. Staff agreed to try to arrange this.

Travis noted the significant amount of work that we need to accomplish over next several months. He said that may need to meet in December, after the draft plan has been submitted to the Center for Medicare and Medicaid Services (CMS), in the event CMS has additional issues that need to be addressed before the final version of the plan is submitted. Travis identified Wednesday, December 14 as the date that we need to set aside in the event we meet need to meet that month.

VI. Discussion of Opportunities, Possible Investments and Challenges

Stephaine led us through a facilitated dialogue in which she asked us to consider and provide answers to a series of questions she asked in relation to a number of “issue areas” or “domains” related to employment and employment supports of persons with disabilities.

The questions included:

- What opportunities do we have?
- What is working and needs to be preserved or sustained?
- What needs to be refined, changed or modified in order to work better?
- What is needed or missing?

The issue areas or domains related to employment and employment supports included:

- Transportation
- Employee Supports
- Work Incentives
- Employer Support
- Youth and Family (and transition related issues)
- Housing
- Law & Policy

The answers we provided were recorded in a grid or matrix (see attachment).

VII. Next Steps

Travis reminded us of what must be done over the next several months in order for us to complete the strategic plan. In turn, we were asked if we had any suggestions for additional council members. A number were made including representatives of the following groups, programs and concerns: veterans, alcohol and drug abuse, deaf community, OMAP, homelessness, housing and community services, and Department of Education

Several attendees, who are not members of the Leadership Council, voiced an interest in providing input and attending meetings. Lynnae advised that meetings are open and anyone may provide us with input.

We were also asked for suggestions more generally. In response, the following were offered:

- Make the project newsletter less text-intensive
- Send meeting handouts electronically. Travis noted that most information had been transmitted in advance by e-mail and hard copies were also sent by regular mail.
- Glean lynchpin activities from the list of issues we generated through the discussion facilitated by Stephaine.
- Send Leadership Council members a list of council members, participants, e-mail addresses and phone numbers.

KEY QUESTIONS	EMPLOYMENT-RELATED “DOMAINS” or “ISSUE AREAS”							
	Transportation	Employer Supports	Work Incentives	Youth and Family	Housing	Employee Supports	Data Collection	Legislation/Law
What opportunities are there? What is working and needs to be continued or sustained?	- \$ for work transportation (\$3.3 M in new money) - \$ available for '06-'09 for transportation - Learning how to leverage local \$ with federal \$ to increase resources - Getting more info out about transportation (Alabama project)	- Workforce strategic planning - Expansion of Oregon Business Leadership Network - Potential NIDF grant to look at employer incentives - Improvements in technology	- Work is profitable to those on services - Storytelling to overcome fears around work (sustain/conversion)	- Individuals with Disabilities Education Act' performance measures around employment - Person-centered planning (opportunity & need to sustain) - More activities/ classes to support students transition to work - Support parents around children going to work	- Federal attention on connecting housing to employment & disability issues - Improvements in technology - Brokerages as a strategy for persons with psychiatric disabilities	- Person centered planning - Increase in SSI/DI dollars - \$ under Seniors and People with Disabilities' brokerages to keep jobs - Expansion of supported employment through partnership with workforce & peer supports - Activities to prevent people from getting on SSI/out of system - Holistic approach (sustain) - Mental health insurance parity - Self-employment - Linking person-centered planning and service providers	- Incentive for service providers to supply more information - Incentive for person with disabilities to self-disclose - Tracking students with disabilities through K-12 AND collegiate	- Have the state as a model employer - Legislation to use evidence-based practices - Continuation/ expansion of Seniors and People with Disabilities' brokerages
What could work better? What could be refined, modified, converted or improved?	- Look at who can use transportation and lack of its availability in some areas							
What is missing or lacking? What needs to be developed or created?								

Other comments: Need service providers to operate from the belief that people CAN work; identify the concurrent strategic planning efforts & figure out how/where/when to connect/inform those efforts; advances in technology: consider how to identify & exploit new & emerging technologies vis-à-vis housing, transportation and self-employment.

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Minutes
Leadership Council Meeting
Competitive Employment Project/
Medicaid Infrastructure Grant-Project
Office of Vocational Rehabilitation Services/DHS
Wednesday, Oct. 19, 2005

Leadership Council Attendees:

Lucy Baker, Oregon Business Leadership Network
Tracy Callaghan, Social Security Administration
Craig Keyston, Employment Department
April Lackey, Workforce Policy Cabinet
Scott Lay, People with Disabilities Advisory Committee
Raleigh Lewis, Department of Consumer and Business Services
Francisco Lopez, Integrated Services Network
Bill Lynch, Oregon Council on Developmental Disabilities
Mike Maley, Seniors and People with Disabilities
Clover Mow, Worksystems, Inc.
Cynthia Owens, Oregon Council on Developmental Disabilities
Stephaine Parrish Taylor, Office of Vocational Rehabilitation Services
Steve Paysinger, Brain Injury Treatment Center, Salem Rehab
Tamara Sale, Mid-Valley Behavioral Care Network
John Shilts, Department of Consumer and Business Services
Tina Treasure, State Independent Living Council
Mike Volpe, People with Disabilities Advisory Committee
Doug Zeh, Oregon Advocacy Center

Other Attendees:

Sherrin Coleman, Oregon Department of Transportation
Terry Mastin, Office of Mental Health and Addiction Services
Scott Pelham, Oregon Training
Mike Moore, Office of Mental Health and Addiction Services
Howard Klink, Consultant
Jennifer Webster, Facilitator
Lynnae Rutledge, Office of Vocational Rehabilitation Services
Travis Wall, Grant/Project Manager
Damon Terzaghi, Grant/Project Research Analyst
Paula Fitch, Grant/Project Administrative Specialist
Michael Hlebechuk, Office of Mental Health and Addiction Services

I. Welcome and Introduction

Travis Wall (Grant/Project Manager) welcomed everyone and introduced Jennifer Webster, the facilitator for the meeting.

II. Update on Project Progress and Activities

Discussed Community Forums and information gathering techniques such as Key Information Interviews^[DHS1].

III. Informational Binder Review

See attached notebook.

IV. Reviewing of Information Obtained through Community Forums, Key Informant Interviews and Issue Briefs

See attached matrix.

V. Identification of Missing or Additional Strategic Issues and Concerns

What is missing – what are the gaps that aren't weren't brought up in the Key Informant interviews and Community Forums? The following items were mentioned:

- Ticket to Work Changes and how they will affect what we do
- Transportation – Medicaid Buy-in for people who work. Better system, policy change, waiver, leverage with other funds, pilot project
- Measure change in objectives
- Medicaid Part D work disincentives with SSI/SSDI
- Broaden state support of small business to sole owner
- Change PASS – put administrative costs into original budget
- Benefits planning for Youth Transition Program
- Doug Zeh will distribute paper on YTP
- Target education to show youth that they can work. Families afraid of losing benefits.
- Build incentives to work – high benefit gap for people with work built into their plans
- Training for job developers
- Housing – more affordable
- Look at generational differences/issues when marketing ideas

- Cross-agency coordination. Clarify roles across different state agencies – example: Vocational Rehabilitation and Seniors and People with Disabilities
- Loss of Work Initiative means loss of communication between Vocational Rehabilitation and other disability agencies and groups
- Navigator – expand access and make available through Internet
- Explore private business insurance pools

VI. Aligning Project Objectives and Goals with Contemplated Actions, Police Considerations and Strategic Investments

The contemplated actions were posted around the room. The group went through each contemplated action and determined whether it met each objective or goal. See attached list of objectives and goals. Each member was then given 10 dots to place against the activities they felt were the most important activities.

VII. Next Steps

Results from the meeting will be compiled and organized for the Nov. 7 meeting. At that meeting, the activities will be further prioritized.

Doug Zeh will forward a report on Benefits Planning for Youth in Transition for distribution to others.

Grant's new email address: ovrs.mig2@state.or.us was distributed

What can we do better for the next meeting?

- Spell out acronyms and provide technology definitions.
- Distribute information electronically before meeting; provide a summary of the meeting.
- Continuation of Leadership Council through life of grant.
- Requested community forum feedback based on forum regions. This would be useful to bring back to government; partners to address issues which may not be able to be addressed by the grant.

LEADERSHIP COUNCIL MEETING

Competitive Employment/Medicaid Infrastructure Grant Project
Office of Vocational Rehabilitation Services/DHS

Wednesday, October 19, 2005
12:00 P.M. – 4:30 P.M.
Human Services Building
500 Summer Street, Room 137A&B
Salem, Oregon
503-947-5469

Agenda

- I. Welcome and Introductions
- II. Update on Project Progress and Activities
- III. Informational Binder Review
- IV. Reviewing of Information Obtained Through Community Forums, Key Informant Interviews and Issue Briefs
- V. Identification of Missing or Additional Strategic Issues and Concerns
- VI. Aligning Project Objectives and Goals with Contemplated Actions, Policy Considerations and Strategic Investments
- VII. Next Steps

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LEADERSHIP COUNCIL MEETING

Competitive Employment/Medicaid Infrastructure Grant Project
Office of Vocational Rehabilitation Services/DHS

Monday, November 7, 2005
12:00 P.M. – 4:00 P.M.
Salem Inn, 1775 Freeway Court NE
Salem, Oregon
503-588-0515

Paula Fitch
503-947-5469 (office)
503-931-2306 (cell)

Agenda

- I. Welcome
- II. Project Update
- III. Review of Mission, Values and Objectives
- IV. Environmental Scan/High-Level Resource Map
- V. Overview of Activities Document
- VI. Analysis of Proposed Activities
- VII. Values Discussion
- VIII. Next Steps

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MINUTES
LEADERSHIP COUNCIL MEETING
Competitive Employment/Medicaid Infrastructure Grant Project
Office of Vocational Rehabilitation Services/DHS
Monday, November 7, 2005

Leadership Council Attendees:

Lucy Baker, Oregon Business Leadership Network
Tracy Callaghan, Social Security Administration
Sherrin Coleman, Transportation Department
Scott Lay, People with Disabilities Advisory Committee
Francisco Lopez, Integrated Services Network
Bill Lynch, Oregon Council on Developmental Disabilities
Mike Maley, Seniors and People with Disabilities
Michael Moore, of Mental Health and Addiction Services
Clover Mow, Worksystems, Inc.
Cynthia Owens, Oregon Council on Developmental Disabilities
Steve Paysinger, Brain Injury Treatment Center, Salem Rehab
Janice Richards, Oregon Parent Training & Information Center
David Romprey, Oregon Consumers/Survivors Coalition
Tamara Sale, Mid-Valley Behavioral Network
Kurt Shovlin, Worksystems Inc.
Tina Treasure, State Independent Living Council
Mike Volpe, People with Disabilities Advisory Committee
Doug Zeh, Oregon Advocacy Center

Other Attendees:

Paula Fitch, Grant/Project Administrative Specialist
Howard Klink, Facilitator/Contractor
Sarah Long, caregiver for Mike Volpe
Terry Mastin, Office of Mental Health and Addiction Services
Scott Pelham, Oregon Technical Assistance Corp./Contractor
Damon Terzaghi, Grant/Project Research Analyst
Travis Wall, Grant/Project Manager
Jennifer Webster, Facilitator

I. Welcome

Jennifer Webster described the process planned for the day.

II. Project Update

Travis Wall described what staff had been doing since the last meeting and what steps were being taken for the Strategic Planning process.

III. Review of Mission, Values and Objectives

Handouts of the Mission, Values and Objectives were distributed. Members were asked to look them over, take them with them and decide what ours should be.

IV. Environmental Scan/High-Level Resource Map

A draft environmental scan was handed out, but no work was done on the scan because of time restraints. It was decided to email each member the scan/map and ask them to add/delete/revise it between meetings and then email it back to staff.

V. Overview of Activities Document

Paula's notes:

People were divided into groups to
Identify activities to be eliminated
Rank list of items
Be prepared to report back

They were reminded of their roles and responsibilities:

Advisory body
Guidance and Direction
Project – ultimate responsibility is Department of Human Services

Broke into groups and ranked and prioritized the activities listed in the Proposed Strategic Plan Activities handout^[DHS1].

Group 3 – Benefits and Incentives

Doug Zeh, Scott Lay, Mike Volpe, Tracy Callaghan, Tamara Sale, Michael Moore

- 1) In coordination and collaboration with SPD and stakeholders, identify and support a process or processes for:
 - a. Reviewing, refining and strengthening the EPD program.
 - b. Identifying and resolving inequities in offset rules and practices.
 - c. Identifying and addressing benefit requirements and limits that hinder persons with disabilities from obtaining or maintaining employment while preserving assets obtained during periods of employment.
 - d. Educating EPD recipients, prospective recipients, Case Managers, VR & MH staff, etc, about the program, its benefits and rules.
 - F. Evaluate and promote external programs to enhance EPD such as PASS and IDAs.-*
- 2) In collaboration and coordination with OAC, SILC, the Oregon Law Center, Disability Navigator program and other advocacy groups, facilitate a process for:
 - a. Identifying and analyzing the availability and effectiveness of existing benefits planning services and supports.
 - b. Identifying best benefit planning practices and reviewing the available literature on benefit planning. **(Remove this – it's been done and done again)**
 - c. Promote access to WORKBENEFITS. Change to Market & promote access to Workbenefits.org
 - d. Develop and implement a strategy that will:
 - i. Expand the availability of benefits planning services and supports to a targeted number of persons with disabilities.
 - ii. Sustain and increase the availability of benefits planning services and supports.

Identify and analyze availability and effectiveness of benefits planning services and supports; promote access to Workbenefits.org. Delete (b) identify best benefit planning practices – has been done to death.

3) In coordination and collaboration with the Office of Vocational Rehabilitation Services, Office of Mental Health & Addiction Services, Seniors and Persons with Disabilities and others, identify a process for identifying practices, trends and reforms on the provision of public and private health insurance to persons with disabilities, and disseminating this information to persons with disabilities, their families and policymakers -- identify and disseminate sources of information for Health Insurance Practices.

4) Develop policy recommendations about how assist persons with disabilities who are seeking employment or are employed can obtain or maintain health insurance.

Convene a process for determining how best to utilize proposed changes to the Ticket-to-Work program to increase employment of persons with disabilities and expand the availability of supported employment services and supports.

Eliminate this, or put on the back burner and then review and disseminate information for further consideration once the changes are actually made. Ticket To Work. Wait until SSA changes come through then re-evaluate it.

Eliminate altogether (16) Establish and advisory board of persons with disabilities to provide the Project with guidance.

Group 1 – Services and Supports

Steve Paysinger, Mike Maley, David Romprey, Francisco Lopez, Kurt Shovlin, Sherrin Coleman

They declined to prioritize their grouping

A. Named groups – targeting activities for each group. Example – Evidence based practice for Mental Health. Also should be generic activities for all groups. Staff person should look at resourcing this.

Page 6 – Peer Mentoring

Added A – put in what is happening in Peer Mentoring now. Training for Peer Mentors?

Peer mentoring should be defined. Everyone has a different idea. Development of Peer Mentors could happen in coffee shops, could be less structured.

Transportation – Be creative on fund matching strategies. Don't forget natural supports such as neighborhoods, churches/networks – enhance those.

Group 2 – Education and Training

Lucy Baker, Tina Treasure, Terry Mastin, Raleigh Lewis, Cynthia Owens, Clover Mow, Janice Richards

- 1) In collaboration with Oregon Department of Education, Oregon Council on Developmental Disabilities, Office of Vocational Rehabilitation Services and Oregon Parent Training & Information Center, sponsor a conference on post-secondary transition to employment and college for teachers, students/self –advocates, families and employment/rehabilitation professionals, with a focus on “best practice” transition planning.
- 2) In collaboration with Oregon Department of Education, and Oregon Parent Training & Information Center, support development of a transition partners program through which 25-50 volunteers who are currently trained on IEP processes and have at least one year of volunteer experience in the area of transition. Transition partners will work with students, parents, and school transition coordinators in order to facilitate collaborative, results-oriented transition plans.
- 3) In coordination and collaboration with OBLN, Northwest ADA and IT Center, WCD, BOLI and the Project's stakeholders, develop and implement a comprehensive educational and marketing strategy to promote employment of persons that addresses the following elements:
 - a. Identifies or maps:
 1. Existing educational and marketing efforts and materials.
 2. “Best practice” workplace accommodations, and existing and emerging assistive technologies.

3. Financial incentives and employer supports for hiring and retaining persons with disabilities, including return-to-work programs.
- b. Evaluation of what employers “want” and “need” in order to hire and retain persons with disabilities; and, the effectiveness of current educational and marketing efforts and materials in addressing these concerns.
- c. Evaluate the effectiveness of current educational, marketing, and employer efforts
- d. Development of educational and marketing materials that:
 1. Speak to employers’ needs and wants.
 2. Debunk myths and stereotypes that employers have about persons with disabilities and their capacity to be productive and dependable employees
 3. Are tailored to large and small, urban and rural, and private and public employers,
 4. Address the diversity of issues and needs of persons with different internal and external disabilities.

Eliminate xxx: Collaborate with Oregon Parent Training & Information Center in sponsoring mini-conferences on transition, mentoring, and person centered planning

Elimintae xxx: In collaboration with Oregon Parent Training & Information Center, Oregon Department of Education and others, support development of an online transition curriculum.

Did not have time to prioritize and vote on the revised activities. The revised activities will be emailed to all participants for voting along with the Resource Mapping information and Ideas for Guiding Values, Principles and Philosphy.

Parking Lot:

- Outside Resource – post information ...host website
- Issue Papers
- Full-time/Part-time?
 - How to look at related issues
 - Email – Resource map to participants

- Check in with Employment Network System Frequently
- Clover Mow will provide Cultural Compatibility Information to Travis
- Scott Pelham has issue paper on Ticket to Work in the Pacific Northwest he will pass on to Travis for distribution.

LEADERSHIP COUNCIL MEETING

Competitive Employment/Medicaid Infrastructure Grant Project
Office of Vocational Rehabilitation Services/DHS

Monday, November 16, 2005

12:00 P.M. – 4:00 P.M.

Red Lion Inn, 3301 Market St. NE, Jefferson 1 Room
Salem, Oregon
503-370-7888

For assistance contact:
Paula Fitch, Administrative Specialist
503-947-5469 (office)
503-931-2306 (cell)

Agenda

- I. Welcome
- II. Project Update
- III. Review of Strategic Plan Values and Principles, and Resource Map
- IV. Review of and Further Prioritization and Clarification of Strategic Plan Activities
- V. Review of Other Elements of Strategic Plan
- VI. Next Steps

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LEADERSHIP COUNCIL MEETING

Competitive Employment/Medicaid Infrastructure Grant Project
Office of Vocational Rehabilitation Services/DHS
Wednesday, Nov. 16, 2005

Leadership Council Attendees:

Lucy Baker, Oregon Business Leadership Network
Tracy Callaghan, Social Security Administration
Sherrin Coleman, Transportation Department
Craig Keyston, Employment Department
Scott Lay, People with Disabilities Advisory Committee
Bill Lynch, Oregon Council on Developmental Disabilities
Mike Maley, Seniors and People with Disabilities
Clover Mow, Worksystems, Inc.
Cynthia Owens, Oregon Council on Developmental Disabilities
Steve Paysinger, Brain Injury Treatment Center, Salem Rehab
Janice Richards, Oregon Parent Training & Information Center
David Romprey, Oregon Consumers/Survivors Coalition
Tamara Sale, Mid-Valley Behavioral Care Network
Stephaine Parrish Taylor, Office of Vocational Rehabilitation Services
Tina Treasure, State Independent Living Council
Mike Volpe, People with Disabilities Advisory Committee

Other Attendees:

Terry N. Mastin, Office of Mental Health and Addiction Services
Howard Klink, Facilitator/Contractor
Scott Pelham, Contractor
Jennifer Webster, Facilitator
S. Travis Wall, Grant/Project Manager
Damon Terzaghi, Grant/Project Research Analyst
Paula Fitch, Grant/Project Administrative Specialist

I. Welcome

Jennifer Webster welcomed and reviewed agenda

II. Project Update

Travis Wall reviewed the project status and reported on highlights from Chicago National consortium for Health Systems Development Conference Nov. 1-2.

III. Review of Strategic Plan Values and Principles, and Resource Map

Travis Wall restated the Mission and project objectives. (Handout)
Members were asked to develop a list of “Values and Guiding Principles” for the project as a tool for measuring the projects activities. Ideas were presented and changes made to the “Values” created by the state of California. (Handout)

Suggestion: need of a preamble to the values and goals – an umbrella statement

A revision of the Values and Guiding Principles will be sent out for review again.

IV. Review of and Further Prioritization and Clarification of Strategic Plan Activities

Results from the prioritizing for proposed strategic plan activities were distributed and discussed.

Elimination Votes – Top Three

- #12 Sponsor mini-conferences on transition
- #13 Development of an online transition planning curriculum
- #20 Develop and implement culturally & ethnically...

Stephaine Parrish Taylor and Travis Wall discussed how #20 should not be eliminated.

Comments on 20 by others:

Build into activity #1 —→ employment supports

#1 (A) (Expand supported employment for person with disabilities, with an emphasis on groups historically underserved, including persons with severe psychiatric disabilities, traumatic brain injuries, and developmental disabilities.)

Include ethnic racial minorities into above #1 (A)

Lucy Baker mentioned that Native Americans, Latinos, African Americans have a higher disability rate than Caucasians.

Break

A document “Development of Strategic Plan” document was distributed for review.

A draft of the Issue areas was passed out and wall charts were posted. Members broke into three groups and reviewed the proposed issue areas for the grant with the following requests

Goal: Competitive employment for people with disabilities.

Process: review each issue area, goals, proposed activity and ask:

- Is it doable? Best strategy?
- Can we provide/do with resources available or leverage other resources.
- Promote through education, training or technical assistance
- Pursue through the development of recommended changes to policy/rules/legislation

The input from this meeting will be put together and distributed by early next week for a final review by members. They will be asked to return their comments for consideration for the Nov. 30 draft of the Strategic Plan.

V. Debriefing

Comments:

Many of the activities have already been done and need resurrected or are being done and need pushing. Or they are the responsibility of others. Nothing is really new.

Much of this is too much for this grant – how can we work with others – think out of the box – pick one theme and how do the other items fit in with it.

The project seems to have low expectations for business. We aren't asking anything of them.

Benefit planning was mentioned in three different areas. Can they be connected together?

Hard to prioritize without knowing how much can be done by staff and with resources realistically.

Staffs' role is to decide what can be done – to make the call and linkages

Would like stories to show what happens with people as a result of this grant.

Can we pair some of these things – coordinate with other grants.

Travis Wall discussed the Resource Map and asks members to add to the map.

Are we tracking relational resources that would include a concern in their agenda?

Gene-o-grams are suggested for Relational Map

Each member was given 30 seconds for a comment. See attached comment sheet.

Activity Debriefing notes are also attached.

Final Debriefing

What was “good” at meeting

- Travis and team
- Big sheets – liked the visual
- All input valued and honored
- Pushing us to do work between meetings
- Good meeting space
- Interactive – mixing group up
- Toys and candy

What was “bad?”

- Tough taking big document (lots of information) and digesting it
 - Would be better to receive documents in advance

- Rush process
- Goals – how to measure

Parking Lot

(what members would like)

- Glossary of terms
- Culture Competency Research
 - Prevalence of Disabilities & Assoc. Health conditions among adults vs. 1999 MMWR 2001
- Send out latest version of Resource Map for more input
- Relational Map – whom can we get to share our concerns/projects? (gene-o-gram)
- Outcomes information

30 Seconds Comments

- Continue paradigm shift – make sure people have the same access
- Drink lots of peppermint tea
- Help the families and individuals with sustainability and replication
- Get the \$ to individuals, not just tied up in grant administration
- Continue to build upon collaboration between agencies
- We need a united front on one theme to get us closer to an outcome
- Get the systems working together
- Let's actually do stuff and be successful; not just research
- Measure the mission statement – how was our \$ spent?
- Keep taking steps forward; don't sputter or stall
- Look at Performance measures – use as a filter for decision making (can we track this?)
- Have a strategy for sustainability
- Size the information down into a workable summary document for later use
- Tie our efforts into individual stories.
- How are we changing lives for people with disabilities in our state?
- Encourage staff to go back to concept papers
- Hold the Business community more to task – tell them not ask
- Don't reinvent the wheel
- Remember, VR is not in this alone – collaborate / coordinate as much as possible

- Education for the disabled
- White papers are a good source of what can be added
- Leverage with this – all keep track – assistance and help
- Things not being done for lifetime of grant – this goes beyond the 4 years. Leave a legacy.
- Don't lose persistence & courage – be mindful we are addressing systemic & societal issues

LEADERSHIP COUNCIL MEETING

Competitive Employment/Medicaid Infrastructure Grant Project
Office of Vocational Rehabilitation Services/DHS

Wednesday, December 14, 2005
12:30 – 4:30 P.M.
Human Services Building
500 Summer Street, Room 137A&B
Salem, Oregon
503-947-5469

Agenda

- I. Recap –
 - Where we have been
 - Where we are now
 - Where we are going
- II. Presentation of Final Draft Plan
- III. Review of Workplan and Budget
- IV. Role of Leadership Council Group
- V. Celebrating our Success!

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Draft
MINUTES
LEADERSHIP COUNCIL MEETING
Competitive Employment/Medicaid Infrastructure Grant Project
Office of Vocational Rehabilitation Services/DHS
Wednesday, December 14, 2005
12:30 – 4:30 P.M.
Human Services Building

Attending were:

Members

Sherrin Coleman, Oregon Department of Transportation
Craig Keyston, Employment Department
April Lackey, Department of Community College Services and Workforce Development
Scott Lay, People with Disabilities Advisory Committee
Raleigh Lewis, Department of Consumer and Business Services
Bill Lynch, Oregon Council on Developmental Disabilities
Mike Maley, Seniors and People with Disabilities
Michael Moore, Office of Mental Health and Addiction Services
Clover Mow, Worksystems, Inc.
Cynthia Owens, Oregon Council on Developmental Disabilities
Steve Paysinger, Brain Injury Treatment Center, Salem Rehab
Janice Richards, Oregon Parent Training & Information Center
Tamara Sale, Mid-Valley Behavioral Care Network
Stephaine Parrish Taylor, Office of Vocational Rehabilitation Services
Tina Treasure, State Independent Living Council
Mike Volpe, People with Disabilities Advisory Committee
Sarah Long, Mike Volpe's assistant
Doug Zeh, Oregon Advocacy Center

Others

Howard Klink, Consultant
Jennifer Webster, Mediator
Molly Holsapple, Seniors and People with Disabilities

Staff

Travis Wall, Project Director
Damon Terzaghi, Project Research Analyst
Paula Fitch, Project Administrative Specialist

I. Recap –

Travis Wall briefed the council on the Strategic Planning process from where we started, where we are now and where we are headed.

II. Presentation of Final Draft Plan

Copies were distributed and discussed.
High Level Comments

Page 10 – Systems Challenges

- Does not reflect all of issue areas
- Clarity of introduction...

Page 12 – Challenges identified in 2004

Employment Person Centered Planning

- A part of a lot of activities
- Throughout
- Benefits Planning and employment PCP – married together
- Be more explicit

Penalization when a person can't work

Incentives – collectively

Youth Transition Planning

- Strategies

III. Workplan & Budget Plan Review

Copies were distributed. Discussion followed:

- Highlighted areas – Staff Involvement
- Concept Papers – Literature search in advance before actions take place
- Contact other states for their concept papers
- Supported employment pg 26 on the plan – strategic pace absent. All populations referenced, but this needs to be evaluated and flushed out for effectiveness
- Match strategies from the workplan to the strategic plan
- Are people with physical disabilities included in the supported employment?
- Other states have ways to generate income to support people with TBI – ticket, and other strategies
- Changing the medical waiver (?)
- The three developmental Strategies:
 - B: Label not for persons with DD but for all groups.
- Strategy for leverage \$
- The local planning teams: are they going to be able to support all populations or just DD? SHOULD they support all pops?
- The word “expand” in Item #3 (customization of employment) might be an issue. System, not people.
- A-4 → sustainable funding? Follows workgroup process
- Education and marketing -- \$ amount – look at the previous federal grant (metro grant) – had a strategy ready to go (no need to re-survey) – contact Bill Lynch
- BLN usage is ok, but also engage the workforce more closely
- Transportation: there's not much there.
 - Better use of funds is to leverage match, not write grants
 - Need more detail
 - Talk to Sherrin
- MIG staff – constantly be on the lookout for Fed \$/actions in all areas to bolster our activities

IV. Role of Leadership Council Group

Ongoing MIG Process

1. LC Role
 - a. Review policy & program
 - b. Request info, data, etc.
 - c. Make recommendations
 - i. OVRs
 - ii. DHS
 - iii. ODOT
 - iv. EPD, etc
2. MIG Project Staff & Project/Program specific work groups
3. Statewide input & accountability process
 - a. Key Informants
 - b. Forms & Focus Groups
 - c. Surveys
4. MIG staff will
 - a. Synthesize information
 - b. Recommend strategies/activities/refinements/mid-course corrections

Parking Lot

Navigators

- 7 in the state right now
- Benefits Planning
- Person Centered Planning

Part of capacity building

Train the trainer

Define their role and involvement (Clover Mow)

Look at ways to compensate advocates (travel, overnight, etc (Mike Volpe)

People in Counties...See where they are with sustainability

V. Celebrating our Success!

Congratulations and cake.