Integrating Research, Training, and Knowledge Translation (Bringing Employment First to Scale, Issue No. 1)

ThinkWork! at the Institute for Community Inclusion at UMass Boston

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Background on employment and disability

Since the introduction of supported employment in the Developmental Disabilities Act of 1984 and the Rehabilitation Act Amendments of 1986, there has been continued development and refinement of best practices in employment services and supports. Progress includes demonstrations of creative outcomes for individuals with significant support needs, including customized jobs and self-employment, community rehabilitation providers that have shifted emphasis to integrated employment, and states that have made a substantial investment in Employment First policy and strategy.

What is Employment First?

» States that adopt an Employment First policy focus on employment in individual integrated jobs in the typical labor market as the preferred option for all citizens with disabilities. This means that employment is the priority for funding, individual planning, and the supports an individual receives.

Despite these achievements, the promise of integrated employment has not been realized for many individuals with IDD. The number of individuals supported in integrated employment by state IDD agencies has remained stagnant for the past fifteen years, participation in non-work services has grown rapidly, and individual employment supports are not implemented with fidelity to a consistent model or expectations.¹

What does the data tell us?

There is no direct source for data on labor force participation for individuals with IDD in the general population. However, data from the National Core Indicators Project suggests that, in 2012–2013, only 15% of working-age adults supported by state IDD agencies worked in integrated employment, including both individual and group supported employment, with just 10% working in individual competitive or supported jobs.²

Other ICI survey research estimates that 18% of individuals receiving day supports from state IDD agencies participated in integrated employment services during FY2013. This percent has declined from a peak of almost 25% in FY2001. Those who are employed typically work limited hours with low wages.³ American Community Survey data (2012) shows that people with a cognitive disability who are receiving Supplemental Security Income, the group most likely to include people who have the most significant cognitive disabilities, have the lowest employment rate of all disability subgroups. They are also the most likely to live in a household that is below the poverty line.⁴

How have national and state-level policies responded?

The 2014 Workforce Innovation and Opportunity Act (WIOA) requires that each state public vocational
rehabilitation program focus on transition services and pre-employment services, coordinate with the state agency responsible for administering the state Medicaid plan and with state IDD agencies, and address access to the general workforce development system and One-Stop Career Centers (American Job Centers) for people with disabilities.

In 2011, the Centers for Medicare and Medicaid Services (CMS) released guidance clarifying their commitment to individual integrated employment as a preferred outcome of employment-related services under the home and community-based services waiver program. In January 2014, CMS released new rules about home and community-based setting requirements. The new rules specify that states must prioritize access to community living in the most integrated setting; additional guidance related to the assessment of community-based employment settings is forthcoming.

The U.S. Department of Justice has extended enforcement of the Olmstead decision to address employment outcomes in states including Rhode Island, Oregon, Georgia, and Virginia. This places pressure on all states to move individuals from segregated settings to more community-based models of support. The Rhode Island settlement agreement establishes strong standards for employment participation, quality employment outcomes, and access to integrated community activities during non-work hours.

At least 44 states have some form of Employment First initiative, and 32 have a formal state-level policy or directive, which is nationally recognized as a policy path towards integrated employment for people with IDD. Employment First policy establishes clear guiding principles and practices through state statute, regulation, and operational procedures. Employment First represents a commitment by states to the propositions that all individuals with IDD (a) are capable of performing work in typical integrated employment settings; (b) should receive, as a matter of state policy, employment-related services and supports as a priority over facility-based and non-work day services; and (c) should be paid at minimum or prevailing wage rates.

Six causes of poor employment outcomes

State IDD agencies have inconsistent and competing priorities.

State IDD agencies remain the primary source of long-term funding and service coordination, including managing Medicaid Home and Community-Based Services waivers. The agencies provide, fund, and monitor a wide range of services, including employment supports, facility-based options (sheltered workshops and non-work day habilitation programs), community integration services, and self-directed supports.

State IDD agency investment in integrated employment varies widely, with between 5% and 86% of all individuals participating in integrated employment services. Despite the national mean of 18% in integrated employment, six states report that over 40% of individuals participate in integrated employment, suggesting substantial opportunity for policy change and redirection of resources.
Non-work services are growing and competing with integrated employment.

Survey research found that 16.4% of individuals with IDD participate in community-based non-work services. These services are loosely defined with respect to requirements, activities, populations served, and goals, which further complicates prioritizing resources.

Interagency integration of services is limited.

Navigating employment services is confusing for individuals and families, and not well coordinated by state agencies. Despite mandates for interagency collaboration, research finds that mechanisms for information-sharing and shared service delivery are not well coordinated. There are gaps in service delivery, a lack of agreement about target populations, and differences in culture and resources.

The Government Accountability Office highlighted as barriers the difficulty students and their parents face navigating services across different programs during the transition to adult life, limited coordination across agencies, and a lack of information about the full range of service options available after high school.

Individuals and families lack accurate knowledge to make informed choices.

Young adults with IDD express a strong expectation that they will work in adulthood, and almost 50% of adults served by state IDD agencies who are not working say that they want an integrated job. This preference is rooted in the principles of self-determination and informed choice, and is expressed regardless of the severity of disability. Collectively, self-advocates have made integrated employment (“real jobs”) a stated national policy objective, citing work as a hallmark of inclusion in society.

Families can be influential in the decision-making process. Research has shown that people with IDD are most likely to be employed when their parents want them to and believe they can work, and that parental expectation was the most predictive factor of paid work experience. Despite findings that emphasize family engagement, research shows that parents lacked adequate knowledge to support their child’s transition to adult life. Family factors found to influence outcomes include lack of information about work incentives and fear of losing benefits. In fact, such misinformation negatively impacts the expectations of parents about work in general.

Community rehabilitation providers’ priorities have not re-aligned to emphasize employment.

Community rehabilitation providers (CRPs) and their staff are the primary source of day and employment supports for people with IDD. Survey findings reveal that only 8.7% of CRP staff have time dedicated to integrated employment. Continued service and philosophical variation within the provider community makes the creation of a unified vision for service delivery difficult.

Best practices in job supports are not consistently implemented.

The successful transition of job seekers to employment depends in large part on the knowledge, skills, and abilities of employment consultants to develop, match, and support jobs that meet both the job seeker’s and the employer’s interests and needs. Research suggests that employment consultants inconsistently use established promising practices, including investing in discovery or career planning, spending time with individuals in community settings, working with families, and negotiating job responsibilities with an employer.

Findings also suggest that job developers have limited opportunities for professional development, including both formal and informal chances for learning. However, employment specialists who do receive appropriate training and mentorship improve the number and quality of the jobs they develop.
How will our new center address these issues?

The field of IDD is at a crossroads. More than three decades of research by the ICI has found that integrated employment outcomes only improve if all policies and practices are aligned to support employment as the first goal for service recipients, and if individuals and families have clear and useful access to information and supports.33

To help make integrated employment a real option for all adults with IDD, our new RRTC will integrate research, dissemination, and knowledge translation. The center will:

• Develop and test a comprehensive information, outreach, and support framework for individuals and families.
• Assess a cost-effective strategy for improving employment support practices by integrating online training, data-based performance feedback, and facilitated peer supports.
• Develop and test an evidence-based intervention to support organizational transformation and resource rebalancing across networks of CRPs.
• Analyze state employment systems’ policies and practices and their relationship to individual outcomes at a multi-agency level, and define policies and practices of high-performing state employment systems.

The center is part of a rich network of research and systems change initiatives, including ICI’s consulting relationships with 45 states and the extensive work of partners including The Arc of the United States, the University of Minnesota, the National Association of State Directors of Developmental Disabilities Services (NASDDDS), Self-Advocates Becoming Empowered (SABE), and APSE (the Association of People Supporting Employment First). Participation of a network of advisors and dissemination partners, including people with IDD and their families, will extend the effectiveness and use of our project findings and resources.

What’s next?

For the 2015 project year, products and activities include:

• The launch of a social media campaign and website.
• A webinar series that features innovative and inspiring leaders in our field.
• A detailed review of strategies for individual and family engagement and knowledge translation.
• Qualitative interviews with employment consultants about their use of evidence-based strategies for helping job seekers find employment.
• Policy papers from our partners at NASDDDS and SABE.
• A Delphi panel around organizational transformation of CRPs.

Sources

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Rehabilitation Research and Training Center on Advancing Employment for Individuals with Intellectual and Developmental Disabilities is a project of ThinkWork! at the Institute for Community Inclusion at UMass Boston. ThinkWork! is a resource portal offering data, personal stories, and tools related to improving employment outcomes for people with intellectual and developmental disabilities.

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Introduction

Federal and state policy shifts have opened the doors to meaningful community employment for individuals with intellectual/developmental disabilities (IDD). Progress is apparent across the country: creative outcomes for individuals with significant support needs through customized jobs and self-employment, innovative practices at the provider level, and state investment in an Employment First philosophy.

Despite these achievements, the number of individuals supported in integrated employment by state agencies that serve individuals with IDD has remained the same since 2000.1 While some community rehabilitation providers (CRPs) across the country have transformed their services to focus on integrated employment, including closing facility-based programs,2 most have not yet reallocated resources to promote gainful community employment as a top priority.

What is the level of prioritization on community employment across CRPs?

CRPs and their staff are the primary source of day and employment supports for people with IDD. To understand the extent to which CRPs prioritize employment, we consider two types of data: the percentage or number of direct support staff working in CRPs who provide employment supports, and the number or percentage of people with IDD who receive employment supports from CRPs.

A 2009 ICI survey found that only approximately 9% of CRP staff are dedicated to integrated employment.5 ICI’s 2010–2011 National CRP Survey found that 19% of individuals with IDD participated in individual employment services, only a slight increase from the 18% reported in 2002–2003. The majority of individuals participated in facility-based or non-work services (25% and 43%, respectively), and the largest growth area was in non-work services, from 33% to 43%.

Research suggests continued variation of services and employment philosophies within the provider community. Inge et al. (2009) found that almost 89% of respondents to a national survey of CRP administrators believe that facility-based programs are essential for individuals with disabilities who are having difficulty getting or maintaining real work in the labor force, and less than half of these administrators had a formal plan to expand integrated employment. Providers perceive inadequate funding and community resources to provide individual employment.4

Within the organizations themselves, front-line staff experience confusion about job development responsibilities, do not feel prepared to engage the mainstream business community, and have little training in providing appropriate supports to individuals with IDD in community settings.5

What do we know about CRPs’ organizational transformation?

While research citing the barriers experienced by CRPs is plentiful, findings on the essential elements for providing high-quality CRP programs and services are more limited. The Training and Technical Assistance for Providers (T-TAP) project identified six characteristics of CRPs that successfully expanded employment opportunities:6

1) Clear and uncompromising goals
2) Communication of expectations through policy and outreach activities
3) Reallocation and restructuring of resources
4) Rapid job placement one person at a time
5) Development of community partnerships
6) Planning for the whole person with wrap-around life supports

How will this project support CRPs to evolve their service delivery framework?

Through the work of the Rehabilitation Research and Training Center on Advancing Employment for Individuals with Intellectual and Developmental Disabilities, we propose a holistic evaluation and expansion of the framework for CRP performance to facilitate and measure
large-scale organizational change. This research will support CRPs to reallocate organizational resources toward individual integrated employment.

Building from existing ICI research and technical assistance, this line of research will:

1) create and assess a model framework for building the capacity of CRPs,
2) develop a toolkit to guide organizational transformation to provide high-quality integrated employment services, and
3) demonstrate an efficient scalable strategy (a facilitated, peer-to-peer learning community) for supporting organizational transformation across networks of CRPs.

Project activities will be implemented in collaboration with CRPs affiliated with The Arc, a national leader in disability rights and advocacy.

What’s next?

We will use a Delphi process (a research strategy to obtain a reliable group opinion from a pool of experts) to initially identify, define, and refine the six observable standards for evaluating CRP performance. The goal of the Delphi process is to validate previous T-TAP findings with an expert population in order to increase the fidelity of the framework. Members of the Delphi panel will include self-advocates, family members, researchers, state administrators, and providers.

Once this process is completed in the spring of 2015, project staff will conduct case study research of CRPs that have successfully transformed services to prioritize individual integrated employment. Findings from this research will be used to validate and refine the existing framework.

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What’s the goal?

» Develop a strategy for supporting community rehabilitation providers to rebalance resources to emphasize individual integrated employment.

How will we get there?

» Develop a framework and toolkit to enable CRPs to provide greater access to integrated employment supports.
» Test a scalable facilitated peer learning community as a strategy for supporting CRP self-assessment and organizational change.

Our research questions:

» What are the characteristics of CRPs that have transformed services to emphasize high-quality integrated employment?
» What organizational, state, and community factors influence organizational transformation?
» What is the impact of a facilitated peer network of providers on rebalancing of resources and employment outcomes?