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The Employment Systems Change Coalition (ESCC) represents multiple organizations and advocacy groups throughout Kansas who work together across fields of disability to support the common goal of improving employment outcomes for Kansans with disabilities. Members are committed to the long-term process of working together to support not only seeing more people employed, but also addressing systematic barriers to employment for persons with disabilities. This effort has been made possible through the Empower Kansans Grant from UnitedHealthcare.
VALUES

**Employment First**

We support Employment First initiatives and recognize this as a “framework for systems change that is centered on the premise that all citizens, including individuals with significant disabilities, are capable of full participation in integrated employment and community life,” as defined by the U.S. Department of Labor.

**Inclusion**

Regarding systems change, we support a process that is inclusive and considers individuals with disabilities as primary stakeholders. We believe any systems change in Kansas should consider and include feedback from people with disabilities.

**All Fields of Disability**

Although each service delivery system may have challenges unique to its field or funding structure, it is vital for Kansas to have a comprehensive approach to improving employment outcomes for all individuals with disabilities.

**All Stakeholders**

No one entity can truly impact systems change. Research shows top-down and bottom-up strategies both fail in comparison to a system change process that includes all levels of engagement. It is important to include all stakeholders in any change process, including:

- People with disabilities
- Family members
- Guardians
- Disability advocates
- Service providers
- Informal supports/partners
- State agency staff
- State and local government employees
- Government decision makers
- Businesses

**Utilize Proven and Effective Strategies**

The Office for Disability Employment Policy (ODEP) recognizes several key states as high performers and establishes effective practices. Using strategies with a proven record of success will help encourage buy-in by stakeholders.

PROJECT ACTIVITIES

**Constituency Engagement**

Stakeholders were engaged in a significant manner through a variety of methods including focus groups, surveys and interviews. Stakeholder feedback allowed ESCC members to establish a baseline of what is happening in Kansas as well as outline areas of need within the state.

**State Mentors**

Many other states have wrestled with the same employment issues we have in Kansas, and certain states have demonstrated marked success, either in key areas/programs or overall. This creates opportunities for Kansas to learn from other states’ processes in implementing systems change. Coalition members visited the following states to gather information about their processes: Delaware, Iowa, New Hampshire, Oklahoma and Washington.
Recommendations

While there is little opposition to the goals of Kansas’ Employment First law, nothing has led to real, measurable progress since its implementation. In spite of a wide variety of initiatives implemented across state agencies that focus on improving competitive, integrated employment outcomes for people with disabilities, there is still much work needed to make systematic and measurable progress. The Employment Systems Change Coalition (ESCC) has developed recommendations in response to issues and needs presented by Kansans through our constituency engagement process. These recommendations echo a number of existing recommendations from the Employment First Oversight Commission and Kansas advocacy groups in addition to utilizing information from other states and stakeholders to emphasize these areas of need.

Coalition Members

- Mike Burgess, Disability Rights Center (DRC)
- Rick Cagan, National Alliance on Mental Illness (NAMI) - Kansas
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- Stephanie Downey, Skills to Succeed, Inc.
- Martha Hodgesmith, University of Kansas (KU) Research and Training Center on Independent Living (RTCIL)
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Funding

This project was made possible by the Empower Kansans Grant through UnitedHealthcare.

Additional Information

Large print and braille copies available upon request. Additional information regarding this project, its recommendations and/or the data obtained through constituency engagement is available from:

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We are often asked, “What can I do?” by stakeholders, policy makers and others who want to help people with disabilities achieve competitive and integrated employment. This report attempts to answer that question. There is much to be learned from the activities from this project. Focus groups and survey respondents revealed gaps, barriers and opportunities to improve. Each mentor state offered different tools and methods for increasing success in Kansas. These recommendations lay out a positive path forward.

This Executive Summary and report contain recommendations broken out by the following categories: Policy, Funding, Services, Transition, and Transportation. The full report has more details about each recommendation, including the findings and background on each. (See indicated pages.)

The recommendations offered here address key areas of concern noted during engagement with the Kansas disability community. They also represent proven strategies that have addressed the same or similar needs in other states. Many of these recommendations echo what the top disability coalitions and stakeholders have long been calling for. When multiple groups are saying the same thing, it means it is time to listen and act.

**POLICY**

Employment policies should have clear goals and expectations with outlined accountability.
- Leadership is a key component.
- Policies must be enforceable.
- State policies and practice should prioritize improvement in employment outcomes.

**Policy Recommendations** (Page 14)

1. Designate a gatekeeper to increase accountability and progress on Employment First Policy
2. Establish benchmarks for state agencies and require data regarding Employment First
3. Increase funding to Vocational Rehabilitation
4. Ensure adequate funding with no waiting for employment services across all waivers
5. Rebalance the system to transition from subminimum wage to real wages
6. Relocate Vocational Rehabilitation within state government to further improve employment outcomes

**FUNDING**

Kansas should fund desired outcomes to increase competitive and integrated employment of people with disabilities and its budget should demonstrate its priorities.
- A flexible system that builds in long-term support is vital.
- Funding should incentivize services for competitive, integrated employment.
- Funding should be a priority in multiple systems, including Medicaid and Vocational Rehabilitation.
- Competitive rates for services will increase employment outcomes and improve quality of services.
- Funding should include technical assistance and training for persons with disabilities and their families/natural supports, service providers, employers/businesses, etc.

**Funding Recommendations** (Page 19)

1. Incentivize individualized employment services
2. Fund the desired outcome: incentivize competitive, integrated employment
3. Enhance and fund training and technical assistance
4. Implement the “Kansas Roadmap to Employment”
SERVICES

High quality disability services should drive improved outcomes.

- Expectations should be clear among all department and service delivery systems.
- There should be consistent availability and continuity in services to obtain competitive and integrated employment throughout the state.
- Quality enhancements and improvements should address stakeholder experiences.
- Flexible services with an array of options can create a custom solution to individual needs.
- Education and training regarding benefits should be provided for all stakeholders.

Services Recommendations

1. Create lifelong, intermittent and person-centered employment supports
2. Provide benefits planning for all Kansans with disabilities
3. Fund and support best practices in employment services
4. Expand disability entrepreneurship
5. Maximize job training opportunities
6. Recognize employers and providers for best practices in hiring Kansans with disabilities

TRANSITION

Consistent and clear processes should create an effective bridge to adulthood.

- Education for youth, parents, teachers and other school personnel will create understanding.
- Coordination between state departments will ensure continuity.
- Partnerships between schools and the community will ease transition challenges.

Transition Recommendations

1. Require true student-led IEPs
2. Address significant and mass confusion about IEPs and transition
3. Improve and increase Vocational Rehabilitation’s involvement in school-to-work transition
4. Change state policy to ensure IEP teams promote transition to competitive, integrated employment
5. Provide Dedicated Funding for Transition Specialists, Services and Supports
6. Support the new transition work group

TRANSPORTATION

Transportation is a vital component of accessing employment opportunities.

- Availability (both urban and rural) must be addressed.
- Cost and accessibility must not prevent individuals from working.
- Partnerships (services and businesses, crossing over geographic and municipal boundaries, etc.) may ease challenges and create opportunities.

Transportation Recommendations

1. Incentivize transportation for MCOs through KanCare
2. Maximize grant opportunities for transportation
3. Engage businesses and employers in addressing transportation
4. Create transportation for maintaining employment
In an effort to learn more about barriers to employment within Kansas, stakeholders were engaged through a variety of methods, including focus groups, surveys and interviews.

1. Focus groups were held across Kansas (June 2015-August 2015) using a research-based town hall method of engagement. This proven method utilizes actual transcripts versus a summary or notes.
   - 16 sessions in 7 cities, with 320 people in attendance
   - 7 sessions for persons with disabilities, self-advocates and natural supports
   - 7 sessions for service providers, both front line and administration
   - 1 session each at the Self-Advocate Coalition of Kansas (SACK) Conference and the Kansas Disability Caucus

2. Online survey (December 2015 – March 2017)
   - Survey engaged stakeholders in the disability community to obtain diversified survey responses
   - Obtained almost 1,700 survey responses from various constituencies and stakeholders including persons with disabilities of all ages, families, guardians, service providers, state employees, etc.

FOCUS GROUPS – ANALYSIS & TAKEAWAYS

This information reflects the feedback and concerns of participants in the focus groups, who were persons with disabilities, their natural supports and service providers. Although some statements demonstrate misperceptions about programs and services, this is to be expected and reveals opportunities for additional education.

Job Opportunities

- A lack of competitive, integrated job options was reported, particularly in rural areas.
- People with intellectual or developmental disabilities regularly reported working several jobs in different settings, piecing jobs together. Unfortunately, it appeared to be uncommon for a person to work more than 20 hours in an integrated employment setting.
- Underemployment is notable for people with mental health, physical or sensory disabilities.
- There is a lack of support or understanding for creating business partnerships, with some service providers reportedly “begging” employers for jobs.
- A pervasive confusion about benefits (SSI/SSDI, medical, food stamps, housing, etc.) related to employment was noted, including conflicting information provided about agency, state and federal policies that govern benefits.
- Participants cited a lack of incentives to increase work hours combined with fear of losing benefits.

Transportation

- Transportation is noted as a major barrier in both rural and urban areas (limited schedules, routes, access and cost).
- Many people with disabilities do not drive or cannot afford car ownership/insurance.
- Families and service providers provide employment transportation, often at their own cost.

Vocational Rehabilitation (VR)

- Comments demonstrated that concerns with VR services have increased in recent years.
- Staffing shortages, high turnover and lack of knowledge were noted regarding VR staff, as well as longstanding, multiple position vacancies for VR counselors in some areas.
Inconsistent service and procedures were noted, with varied experiences by region, counselor and supervisor.
- People reported not receiving help or waiting for months up to years to receive services.
- Some stated they have “given up” trying to obtain services and report it is difficult to navigate the system.
- Frustration was expressed regarding unused VR funds returned to federal government.
- Questions were raised about VR oversight and departmental location within the state structure.
- Providers expressed concerns about delayed payment for services.
- Participants reported assistance is available for transportation to job preparation classes, but not to the workplace once employed.
- Comments demonstrated positive experiences related to assistive technology.
- Some expressed that if you get an experienced VR counselor who is “one of the good ones” and can keep that counselor, then you can obtain great supports (paying for college, transportation, etc.)

**Transition**

- Transition needs to start earlier, be more proactive and provide more accurate information.
- Schools do not focus on the big picture for lifelong independence. Cookie cutter transition services fail to consider student’s interests, and students do not learn what their own skills are or what type of work is available.
- Some students graduate with job experience, but no jobs are available for them.
- Families report a lack of integration with VR and schools regarding Pre-Employment Transition Services (Pre-ETS).
- Students, parents, teachers and school personnel need additional education about transition.
- Some still believe a person must be 21 to receive HCBS-IDD day services, so the years after graduation (ages 18-21) are often spent “sitting on the couch.”

**Supported Employment and/or Longer-Term/Ongoing Employment Supports**

- Supported employment is considered effective for finding and retaining a job, but services are not widely available.
- Concern exists about the lack of funding for job coaches to work with people for longer-term needs.
- Longer-term supports are considered “mostly non-existent”.
- Inconsistent and inaccurate information is given about supported employment programs. There is notable confusion about what supported employment is and how to access it.
- Supported employment rates do not cover the cost of providing the service; providers must subsidize the service to provide it.

**Medicaid Buy-In Programs**

- Working Healthy and the WORK program are valued by those who qualify and live independently.
- These are generally viewed by participants as program(s) that enable people to earn more, save more, achieve their career goals, and still maintain their health coverage.
- Limitations shared include not being able to access HCBS services under the WORK program, so the person must choose between personal needs and work. There is also a personal cost if the person loses a job and not employed again within the allowed timeframe.

**Businesses/Employers**

- Employer accommodations and understanding are most effective when service providers and consumers work closely with a business to explain the employee’s needs.
- Management changes often result in a person who has previously been successful in the workplace losing his/her job.
- New corporate requirements for cross-training result in job loss when the person is unable to perform all duties.
Disability discrimination exists; some employers are simply not willing to provide accommodations.

Employers need education about workers’ compensation and/or to follow the rules — people have been fired or told to go on unpaid leave for an injury.

### Managed Care Organizations (MCOs)

- Participants reported some care coordinators/administration do not inform consumers about their employment services if they have any.
- Attitude of MCO employees viewed as not productive; care coordinators only want to know if consumer has a job, but not to help. This creates a feeling the care coordinator is “ticking off a box.”
- Requests are denied — e.g., one MCO refused speech therapy for a person when the employer requested it.

### ONLINE SURVEY – ANALYSIS & TAKEAWAYS

In addition to in-person focus groups, an extensive online survey was utilized to obtain stakeholder feedback. The survey was kept open for over a year to allow key agencies to share the online survey with their clients and members to obtain maximum feedback. Notices about the survey were sent to participants by numerous disability providers and stakeholders, including all three managed care organizations in Kansas to their members.

Highlights of this survey are addressed here as well as referenced in the recommendations. Detailed information regarding survey data is available at the end of this report in the appendix.

### Survey Reach and Number of Respondents

The survey was conducted from December 2015 to March 2017. The survey’s reach and the number of respondents was impressive.

- Nearly 1700 Kansans took the survey
- Healthy mix of responses from people with different types of disabilities
- Solid mix of urban, suburban and rural respondents
- Ethnicity breakdown representative of state
- Well-rounded mix of ages from respondents

### 2011 Employment First Law

- 71.6% of all respondents did not know about the Employment First law or its requirements prior to reading about it in this survey. This 71.6% statistic is telling, because the survey was more likely to be shared with those “in the know,” who are either people with disabilities, disability service provider employees, state employees, those on a Listserv of a disability partner or those receiving a disability service (such as KanCare, HCBS Waiver service, etc.).

### Confusion about SSI/SSDI

- 95.8% of the disability community got the answer wrong regarding how much money someone can earn and still receive at least a part of their SSI (Supplemental Security Income) check.
- 69.2% of the disability community fundamentally misunderstand what happens to a person’s SSI disability check when they work and believe they will “never come out ahead by working.”

### Vocational Rehabilitation (VR) Services

- 15% of Kansans with disabilities who took the survey said they were working with Vocational Rehabilitation (VR) services. In Kansas, VR is housed in the Kansas Department for Children and Families.
85% said they were not currently working with VR. When asked for the reason, about half said they “don’t currently need VR services,” while the other half were either not satisfied with VR when they worked with them before, did not know about VR, or were denied or unsuccessful in working with VR.

Of the 11.3% who applied for VR but said they were “unsuccessful” with VR service, over half said they were unsuccessful because of a lack of response from VR or the wait to get VR services was too long.

**Special Education and Transition Services**

- Of those transition-age students with disabilities who receive special education services and have an Individualized Education Program (IEP), the answers show that from the student and parent perspectives, transition planning and services are quite confusing. Respondents point out transition services are often not explained, understood or a focus of the IEP process.
- There often seems to be a significant difference between how the transition-age student with a disability answered a question and how the parents/guardians/educational advocates answered the same question. Students with disabilities were often less informed about transition planning and transition services. This proves much more needs to be done to engage and educate students about school-to-life transition.
- All respondents (transition-age students and their parents/guardians/educational advocates) across the board reported transition planning and services can dramatically improve in Kansas.
- Only 3.6% of respondents from the disability community representing transition-age youth (transition-age students with a disability or their parents, guardians or educational advocates) say they received a letter from VR explaining the services they can provide.
- Regarding an understanding of Vocational Rehabilitation (VR) for transition-age students, only 18.1% of respondents from the disability community and 3.8% of transition-age students report even knowing about VR and its role with transition.
- Direct VR involvement with transition-age students is overwhelmingly limited, with only 5.9% reporting a VR counselor had been assigned to them.

**Benefits Planning, Employment Services and Job Coaching**

- 81.8% either had not or were not sure if they had received benefits planning services. Of those who had not gotten benefits planning services, 45.8% said they would like benefits planning.
- 51.9% said they had not received employment services. Of those, 36% said they would like to receive employment services.
- 60.2% said they had not gotten job coaching. Of those, 35% said they would like to receive job coaching.

**Disability Service Providers**

- The majority of the employees of disability service providers primarily serve individuals with intellectual/developmental disabilities.
- Among the respondents, sheltered workshops are still a hefty percentage of the overall employment services portfolio. Of the respondents, sheltered workshops accounted for a larger percentage of the consumers served than day services.
- 70.9% of service provider employees said that the state does not do enough to incentivize and support competitive integrated employment of people with disabilities.
- Disability service providers do not feel rewarded for keeping people with disabilities employed in competitive and integrated settings.
- Transition to an employment path is not the expectation – 43.6% of disability service providers said they do not believe entry into an employment career path for Kansans with disabilities is the expectation during transition age in high school.
- Little support is present for “follow along” services. Only 16.5% of respondents said the current system set up by the State of Kansas effectively supports “follow along” services for people with disabilities to help them maintain employment.
- Only 11.6% said the current disability employment system supports timely and adequate payments to vendors and disability service providers.
61% of disability service providers said they utilize a subminimum wage certificate to pay people with disabilities less than the minimum wage in a sheltered workshop type setting.

A clear majority of sheltered workshop providers want to offer competitive integrated employment. Of those who pay subminimum wage, 69.1% said they wanted to expand competitive integrated employment and shrink sheltered workshops.

### Employees of State Agencies

A clear majority of state agency employees believe their agency is “making measurable progress” to increase competitive and integrated employment for people with disabilities (64.8%), however, only 30.6% said their agency actually establishes benchmarks or goals regarding numbers of people with disabilities employed in competitive integrated settings.

When asked to rate the improvement in their state agency’s performance of the programs and services in the agency following the passage of the 2011 Employment First Law:

- Greatly improved = 11.1%
- Somewhat improved = 23.2%
- Little improvement = 10.1%
- No change = 9.1%
- N/A = 46.5%

When asked to identify the positive factors impacting employment outcomes for Kansans with disabilities, employees of state agencies rated the top four as:

- Job coaching services (43.9%)
- Training (35.7%)
- Transition services (34.7%)
- Collaboration between disability service providers (29.6%)
Many other states have wrestled with the same employment issues we have in Kansas, and certain states have demonstrated marked success, either in key areas/programs or overall. This creates opportunities for Kansas to learn from other states’ processes in implementing systems change. Coalition members visited the following states to gather information about their processes: Delaware, Iowa, New Hampshire, Oklahoma and Washington.

One common theme noted among all states: in every state where there was considerable progress in employment outcomes, there was a catalyst event or person who drove the change. In some cases, lawsuits changed state policies and activities related to employment. In others, a person in state leadership led the charge with the demand that employment outcomes for individuals with disabilities improve. Kansas needs a champion in state leadership who will accept nothing less than dramatic progress and demands accountability for that change.

Delaware

Delaware’s Department of Labor (which provides oversight to the state’s Vocational Rehabilitation program), Department of Education, and Department of Developmental Disability Services collaborate to braid funds and share data to ensure each youth with disabilities receives continuous services that focus on employment.

Their Early Start Initiative educates high school youth with developmental disabilities and their families about benefits and accommodations. Each youth leaves high school with a written Vocational Rehabilitation Individualized Plan for Employment and long-term supports, if needed, are provided by the state DD agency. To date, 80% attain integrated employment.

Pathways to Employment is a new Medicaid 1915(i) state plan option specifically targeted to youth 14-25 who have physical disabilities, blindness or visual impairment, autism spectrum disorders, Asperger’s syndrome or intellectual disabilities. This new option offers a comprehensive array of supported employment services to achieve competitive, integrated employment and an employment navigator in lieu of a traditional case manager. Pathways to Employment, because it is a Medicaid state plan option, is available statewide, immediately upon determination of eligibility (no waiting list).

Delaware also passed a state law requiring transition services to be reported from the Employment First perspective. In addition to youth programs, Delaware’s Medicaid 1115 demonstration includes a program called
Promise. It is designed to advance adults with Substance Abuse/Mental Health Disabilities out of poverty. The collaboration involves MCOs, state agencies and private providers working together to offer a comprehensive array of services – housing, employment supports, case management, wrap around, etc.

**Iowa**

Iowa has several key factors in common with Kansas, including significant rural areas and a Medicaid system that is moving to managed care. Iowa stands out in its commitment to designing and implementing systems changes to support innovation in employment services largely due to cooperation among state agencies and employment service providers along with a variety of large grants that have accelerated systems change and efforts to improve employment outcomes.

Impacted by Drake University’s Rehabilitation Counselor program, a synergy between professionals, colleagues and educators is noted in the acquisition of grants and the establishment of work groups that have resulted in policy and systems change. Vocational Rehabilitation leadership has worked effectively with Medicaid programs to create partnerships, memorandums of understanding, cost-sharing agreements and policy alignment to ensure Vocational Rehabilitation and Medicaid dollars are fully coordinated, and federal matching dollars are fully leveraged.

Additionally, the state Department of Health Services undertook a project that involved providers and other key stakeholders in a series of forums to provide feedback about existing employment service definitions and rates followed by an intensive stakeholder workgroup process which resulted in updated and improved service definitions and rates that are being implemented to incentivize employment services over segregated and non-employment related services. Regular meetings of various groups and professionals ensure continued progress, cooperation and involvement at all levels.

**New Hampshire**

The opportunity to have in depth conversations with Vocational Rehabilitation leadership provided insight into leadership priorities, focus, and commitment. The key points that drive success in New Hampshire’s employment services start with the location of Vocational Rehabilitation within the New Hampshire Department of Education, wherein there is leadership commitment from the Deputy Commissioner, who is the former State Director of Vocational Rehabilitation. A focus on comprehensive state Vocational Rehabilitation staff development and funding commitments to assure competitive salaries contributes to the effectiveness of Vocational Rehabilitation staff partnerships with consumers, Vocational Rehabilitation service providers, and employers.

The major influences include: The Employment Leadership Award; partnership with the Knowledge Institute for Small Business Development (KISBD); support from the Governor’s Office and the Legislature as evidenced by the passage of a law eliminating the subminimum wage; a varied vendor network that effectively matches to consumers; and a vendor network that is adequately funded and supports delivery of services in amount, duration and specificity to client needs, both initially and over time.

Of additional note is the fact the state adopted a policy change in 1984 that prohibits funding to expand or open new sheltered workshop programs. More recently, the state legislature also passed legislation prohibiting the use of sub-minimum wage.

**Oklahoma**

A lawsuit regarding quality of life for residents of a state institution served as catalyst for Employment First policy in Oklahoma. To comply with the federal court’s 1987 order in the Homeward Bound case, Oklahoma appropriated funding to create a system of community-based services to serve the 950 members of the Homeward Bound class in community settings. The state offered this opportunity to other individuals not included in the class action who also resided in institutions and, as funding allowed, to Oklahomans who wished to remain in the community with appropriate services and supports.
The judge presiding over the Homeward Bound case, in 1993, directed employment services must “reinforce the pursuit of integrated employment of class members, as well as the range of meaningful activities, including recreational activities.” As a result, Oklahoma adopted a policy that all individuals will have a full week of employment supports, with competitive integrated employment as the preferred option. In the same year, the state shifted provider contracting to focus on outcomes, clarifying the expectations and responsibilities of service providers in terms of the outcome to the individual being served, rather than in terms of the activities of the service provider.

This led to the first outcome-based reimbursement of Medicaid-funded supported employment, which began in 1995 and reimbursed providers based on hours worked by individuals supported. Twenty-one years later, this outcome-based reimbursement model remains in place and Oklahoma has been consistently ranked as #2 in the nation in terms of individuals with developmental disabilities working in supported employment.

Today, state agencies and departments maintain regular communication among those entities dedicated to the employment of people with disabilities. The philosophy of Oklahoma is that “we do whatever needs to be done to help people get and maintain employment.” Every available dollar – both state and federal – is leveraged for the benefit of the job seeker. All services in Oklahoma are geared toward employment and independence.

**Washington**

Developing and sustaining the capacity for training and technical assistance (T&TA) is a core function that Washington State has implemented effectively. T&TA resources have been focused on training employers as well as employment specialists and direct care providers, creating an environment for collaboration centered around employers and partners who engage in systems change work with state agencies.

Washington State does not view T&TA as being either limited or obligatory. In fact, they talk about T&TA as being “research and development” dollars, which are integral to advance employment outcomes.

A complementary strategy for success has been funding parents and self-advocate groups to advance employment outcomes and utilize Waiver services toward greater employment of individuals with I/DD. Locally funded advocacy groups have educated legislators on the value of employment and why more dollars are needed to reduce waiting lists.

Initial Vocational Rehabilitation investment in providing an internal supported employment job developer and coordinator utilizing customized employment has created extensive integrated employment opportunities within the City of Seattle local government. This successful, well-established model, in which the City of Seattle permanently employs the supported employment coordinator, is now being replicated to foster supported employment opportunities in state government. The process involves working with individual departments to develop buy-in for the creation of customized positions that meet the unique needs of each department.

Another successful strategy has focused on expanding the pool of benefits planners working to increase employment among individuals with disabilities.
There is much to be learned from all project activities: focus groups and survey respondents reveal overall areas of need as well as more individualized challenges and each state offered different tools and methods for increasing success. It would be overwhelming to address every single concern or to implement every possible tool. These recommendations address key areas of concern noted during constituency engagement and represent proven strategies that have addressed the same or similar needs in other states. Many of these recommendations echo those of advocacy groups in Kansas who have been saying similar things for quite some time. When multiple groups are saying the same thing, it is vital attention is given to implementing recommendations that can positively impact the citizens of Kansas and improve employment outcomes.

**POLICY**

Employment policies should have clear goals and expectations with outlined accountability.
- Leadership is a key component.
- Policies must be enforceable.
- State policies and practices should prioritize improvement in employment outcomes.

**Findings**

Kansas led the nation in establishing the first Employment First legislation, committing to competitive, integrated employment as a priority outcome of publicly-funded services for people with disabilities. The legislation established an oversight and monitoring commission to set the goals and objectives for Employment First. Unfortunately, the Legislature took those powers away from that oversight commission. Since taking away that accountability, Kansas failed to establish a state-level, inter-agency body charged with ensuring full and coordinated implementation of the law. State agencies have not been held accountable to develop their own goals and objectives to show measurable progress to ensure the promise of the Employment First law becomes an everyday reality in Kansas.

Because of this failure, there is not yet a comprehensive and coordinated effort within Kansas state government that can ensure needed energy and resources are being dedicated to the goal of improving employment outcomes for Kansans with disabilities. There are not established data benchmarks or targets to improve upon those measures. There is no effective accountability to ensure the Employment First law is actually being implemented. There is no robust, cross-agency data to show whether competitive, integrated employment outcomes are improving. While there is little opposition to the goals of Kansas’ Employment First law and a wide variety of initiatives across state government do focus on improving competitive, integrated employment outcomes, efforts have not led to real, sustained, measurable progress.

There is a lack of accountability, reporting and data-sharing in Kansas that must be addressed. Online survey results demonstrate a lack of awareness of Employment First law by the state employees who responded; 68.2% reported they did not know about the law and although the clear majority believe their agency is “making measurable progress” to increase employment outcomes, only 30.6% said their agency actually establishes
benchmarks or goals. Most policy-related solutions are listed below in the applicable area of concern, but it is important to note the lack of accountability and outcomes tracking related to Employment First Law. With this in mind, the ESCC offers the following key policy recommendations.

**Recommendations**

1. **DESIGNATE A GATEKEEPER TO INCREASE ACCOUNTABILITY AND PROGRESS ON EMPLOYMENT FIRST POLICY** – As many advocacy agencies have stated over the years, it is vital that Kansas establish a gatekeeper(s) to increase accountability and progress toward full implementation of the Kansas Employment First law, including ensuring Kansans with disabilities better understand the law and how it can help them obtain employment in competitive and integrated settings. Previously suggested gatekeeper options include Community Developmental Disability Organizations, Independent Living Centers or Community Mental Health Centers. The survey results show this important law needs to be better understood. Kansans with disabilities should know the Employment First law requires state services and supports to prioritize competitive, integrated employment. State agencies should be exceeding the requirements of the Kansas law, and this must be monitored. The Employment First law already carries the requirements, framework and policy to make competitive, integrated employment the first option. Now, it is time for Kansas to enforce this law, which includes the following important policy requirements:
   a. “It is hereby declared to be the policy of the State of Kansas that competitive and integrated employment shall be considered its first option when serving persons with disabilities who are of working age to obtain employment.” – KSA 44-1136(b)
   b. “All state agencies shall follow this policy and ensure that it is effectively implemented in their programs and services.” – KSA 44-1136(b)
   c. “All state agencies shall coordinate efforts and shall collaborate within and among such agencies to ensure that state programs, policies, procedures and funding support competitive and integrated employment of individuals with disabilities.” – KSA 44-1137(a)
   d. “All state agencies shall, whenever feasible, share data and information across systems in order to track progress toward full implementation of the act.” – KSA 44-1137(a)
   e. “State agencies are authorized to adopt rules and regulations to implement this act.” – KSA 44-1137(b)

2. **ESTABLISH BENCHMARKS FOR STATE AGENCIES AND REQUIRE DATA REPORTING FOR EMPLOYMENT FIRST** – State agencies can only prove measurable progress on employment first if they both have established benchmarks/goals regarding the number of Kansans with disabilities employed in
3. **INCREASE FUNDING TO VOCATIONAL REHABILITATION** – Kansas must continuously leverage all funding opportunities to maximize employment outcomes. In 2015, Kansas returned $15 million to the federal coffers in federal Vocational Rehabilitation (VR) funds designated for Kansas’ VR program. Unfortunately, reverting these federal dollars has harmed Kansans with disabilities. In reviewing employment rates and progress for people with disabilities, it is clear VR in fact needs more funding to provide more services to Kansans. The federal government matches state funds dedicated to VR services at a four-to-one rate. VR is an excellent resource with the flexibility to provide the individualized tools Kansans need to become employed, which are difficult to be funded anywhere else (examples: a retractable ramp retrofitted to a vehicle so a Kansan can go to work; tuition and books for college or vocational education so a Kansan with a disability can have not just any “job” but rather a career to permanently lift themselves and their family out of poverty; etc.). Unfortunately, many people do not recognize their need for VR services or know how VR can best help them. Rather than returning funds with claims that applications for services are down, VR should instead invest in a responsive system that addresses people’s needs in a timely manner and ensures that Kansans with disabilities are aware of service opportunities. Kansas’ employment rates do not support a decrease in VR services and federal match dollars must be maximized to not only provide quality services, but ensure people know about the service and can access it.

“I am dismayed that the state of KS VR returned money to the feds. I heard that one reason stated was not enough referrals to VR. This is not at all true for our area anyway. We have had many people apply this past year that are still waiting for this process to work for them.”

-Online survey respondent

### KANSAS VOCATIONAL REHABILITATION SERVICE NUMBERS

<table>
<thead>
<tr>
<th>Year</th>
<th>Total # Served</th>
<th># Achieve Stable Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 2013</td>
<td>15,850</td>
<td>1,652</td>
</tr>
<tr>
<td>SFY 2014</td>
<td>14,440</td>
<td>1,554</td>
</tr>
<tr>
<td>SFY 2015</td>
<td>12,114</td>
<td>1,441</td>
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<tr>
<td>SFY 2016</td>
<td>10,427</td>
<td>1,169</td>
</tr>
<tr>
<td>SFY 2017</td>
<td>10,149</td>
<td>1,021</td>
</tr>
</tbody>
</table>

Iowa recognized their various state agencies did not have a functional way to share and report data. They were able to obtain a grant that has funded a cooperative effort with Drake University to establish a method of sharing data. Delaware has also established a mechanism to effectively share data and work across state departments.
The survey results conducted by the ESC Coalition show this huge reduction in capacity caused by sending back millions of federal dollars is creating real-world problems for Kansans with disabilities. The majority of Kansans with a disability do not pursue VR services because they were not successful in applying for VR; they were not satisfied with VR; or they simply did not know about VR. Nearly a third who ended up working with VR indicated a negative experience with the program. Of those who were unsuccessful in applying for VR, the main reason they give for being unsuccessful is that VR never contacted them back or, if VR did contact them, it was too late. This data shows more funding is needed to greatly increase the number of VR counselors and build capacity. VR can and does do incredible things to help people with disabilities obtain employment. With increased funding and accountability, VR can be an even more important agent for positive change by further improving and increasing employment of Kansans with disabilities. However, it is going to take more state funding to maximize federal match dollars to do that.

Mentor states are routinely maximizing federal dollars to impact employment outcomes. Iowa specifically worked across departments to leverage Vocational Rehabilitation dollars available by creating service agreements between Medicaid and Vocational Rehabilitation. Delaware reported they love it when states like Kansas send back Vocational Rehabilitation dollar because they apply to use those extra funds to address their citizen’s needs.

4. ENSURE ADEQUATE FUNDING WITH NO WAITING LIST FOR EMPLOYMENT SERVICES ACROSS ALL WAIVERS – Employment services for Kansans with disabilities should be available with no wait and adequate funding. Currently employment services are not available across all waivers, and when services are available, people often must wait to access them. Waiting for employment services increases dependency on government programs and costs taxpayers more in the long run. Employers will not “wait” to make a hire. Likewise, people with disabilities cannot wait to receive the services and supports they need to become employed. A “wait” for employment services can occur overtly through things like a formal waiting list for HCBS (Home and Community Based Services through Medicaid), or it can be a more covert “wait” because there are not enough Vocational Rehabilitation (VR) counselors or enough system capacity to provide timely and effective services.

“…when we have tried to use Voc. Rehab. services, the wait time for results is extremely long.”

“All people with a disability need to work if able. It really took a lot of calls to DCF until we got the right person to get us started. If I wouldn’t have kept calling over and over, we would have never gotten VR services. Now, he lives on his own, works 15-20 hours/week and has friends at work. Just need to be sure all people know how to get these services.”

-Online survey respondents

Data collected by the ESC Coalition demonstrates ongoing employment services are currently inadequate to support the full employment needs of Kansans with disabilities. Although VR pays for job coaching, if a person needs intermittent or ongoing support after VR services are closed, the reimbursement rate is less than one-third of the job-coaching amount. The current rate forces providers to lose money and results in limited availability. This leaves people with disabilities twisting in the wind without supports to keep their job. VR
cannot be the only provider of employment services, and with current availability and reimbursement in HCBS waiver services, they essentially are the only option for employment services in Kansas.

**Delaware’s Pathways to Employment, because it is a Medicaid state plan option, is available statewide, immediately upon determination of eligibility. Delaware passed a state law requiring transition services to be reported from the Employment First perspective. This new option offers an employment navigator and a comprehensive array of supported employment services to achieve competitive, integrated employment.**

5. **TRANSITION FROM SUBMINIMUM WAGE TO REAL WAGES** – Regarding subminimum wage, we believe the State of Kansas should adopt the following goal: “Kansas will lead the nation by adopting a policy or law or create a specific plan and process to transition away from sheltered workshops and subminimum wage by rebalancing the system to better support people with disabilities to get jobs making minimum wage or above and to eventually eliminate subminimum wage as an option.” This change cannot happen overnight. It will take time to make this transition. But it is absolutely needed. This recommendation aligns with the Kansas Employment First law as well as the federal bipartisan WIOA (Workforce Innovation Opportunity Act) and the Final Settings Rule promulgated by the Department of Health and Human Services. “Subminimum wage” is when a person with a disability is paid less than the minimum wage per hour, many times making mere pennies an hour. Only people with disabilities can still be discriminated against in this manner. Many states are seriously rethinking and moving away from subminimum wage, and some states have already eliminated it altogether as an option or closed the “front door” to subminimum wage sheltered workshops.

**New Hampshire adopted a policy change in 1984, prohibiting funding to expand or open new sheltered workshop programs. More recently, the state legislature also passed legislation prohibiting the use of sub-minimum wage.**

6. **RELOCATE VOCATIONAL REHABILITATION TO FURTHER IMPROVE EMPLOYMENT OUTCOMES** – Kansas should consider relocating Vocational Rehabilitation (VR) Services to enhance communication and cooperation regarding employment services. There is no firm consensus on this issue, but it was noted in mentor states that the location of VR within their state system can serve to enhance cooperation regarding key issues and needs. In some states, VR is located within their Department of Commerce, Education Department or within their Disability Services Department. Kansas houses its VR program in the division of the Department for Children and Families, a department that is currently struggling with a
large variety of issues, none of which enhance a focus on disability employment outcomes. The decision of where VR is ultimately housed should be made with meaningful engagement from stakeholders and should improve cooperation with state agencies and stakeholders, alike all while increasing accountability. VR could be housed within one of several agencies in Kansas, including the Departments of Commerce, Education, or Kansas Aging and Disability Services. Based on current federal requirements for each state to have a strategy and plan for the Workforce Innovation and Opportunity Act, with the expectation of transparency, accountability and collaboration, this coalition believes the Department of Commerce would be a strong contender, however a transition to one of the departments mentioned above could also offer improved outcomes. Whatever the outcome, Disability Determination Services should continue to be housed under VR.

New Hampshire’s employment services start with the location of Vocational Rehabilitation within the New Hampshire Department of Education, wherein there is leadership commitment from the Deputy Commissioner, who is the former State Director of Vocational Rehabilitation.

Delaware’s Department of Labor (which provides oversight to the state’s Vocational Rehabilitation program), Department of Education, and Department of Developmental Disability Services collaborate to braid funds and share data to ensure each youth with disabilities receives continuous services that focus on employment.

**FUNDING**

*Kansas should fund desired outcomes to increase competitive and integrated employment of people with disabilities and its budget should demonstrate its priorities.*

- A flexible system that builds in long-term support is vital.
- Funding should incentivize services for competitive, integrated employment.
- Funding should be a priority in multiple systems, including Medicaid and Vocational Rehabilitation.
- Competitive rates for services will increase employment outcomes and improve quality of services.
- Funding should include technical assistance and training for persons with disabilities and their families/natural supports, service providers, employers/businesses, etc.

**Findings**

Kansas must rebalance and incentivize the systems that help people with disabilities train for and obtain employment to greatly increase competitive, integrated employment. We strongly believe new dollars must be infused into these systems. *However, even if the Legislature does not appropriate new dollars, Kansas must rebalance and incentivize its programs to make the promise of the Employment First Act – specifically that competitive, integrated employment will be the first option – an everyday reality in Kansas.*

“There needs to be funding that will enable the provider to provide long-term support if needed and to be able to ‘step in’ quickly if support is needed. Would like to see funding to assist folks in advancing in a career and support for changes in the job.”

-Online survey respondent
Funding and rates must be competitive and incentivized towards competitive, integrated employment. This includes all systems that help Kansans with disabilities obtain, regain or maintain employment, including Medicaid, HCBS Waivers, Vocational Rehabilitation, KANSASWorks, Special Education, etc.

“While I am not certain what limits things for other organizations, at least for mine, I think that the primary limiting factor is funding. In order to make the full transition, we need to be able focus fully on competitive employment, which equals job coaching and follow ups. Undoubtedly I find that the most difficult portion of this will be transitioning from center based services to true community based and figuring out how to receive funding for the services provided as they are not within the scope of traditional day service funding.”

-Online survey respondent

Provider rates are currently not competitive and do not incentivize integrated employment; current rates incentivize sheltered workshops or congregate settings and outings. On the HCBS I/DD Waiver, the Supported Employment reimbursement rate is so miserably low at roughly $12 per hour that very few Kansans actually receive Supported Employment Services. I/DD providers are forced to take the Day Services Rate for HCBS and “repurpose” it to provide individualized support and customized employment. Forcing I/DD service providers to repurpose the Day Service Rate is an inherent disincentive toward competitive, integrated employment, because it is far easier and more economical to take the Day Rate and use it to serve people with I/DD in group and or segregated settings.

“Funding is the most important factor. It is difficult to pay staff to be one on one with an individual in a community setting.”

“Funding needs to be changed so day service providers are not penalized when an individual works in the community. Should be paid more if get an individual community employment; now they lose day service funding anytime a person is gone which is a disincentive for them to aid IDD persons...working in the community.”

“VR has time limited follow-along and only some vendors will provide this service. HCBS provides within the IDD waiver, but the rate is so low that providers lose money to provide the service.”

-Online survey respondent

Recommendations

1. INCENTIVIZE INDIVIDUALIZED EMPLOYMENT SERVICES – Create incentives by paying more for individualized employment services. Current rates promote segregated, group settings primarily because they do not cover one-on-one services required to support community employment. The following are a few of the ideas developed by past state sponsored workgroups to improve these incentives:
   a. There should be an incentive on top of the hourly reimbursement rate based on the number of hours the person with a disability is paid in competitive, integrated employment.
   b. There should be an incentivized rate for providers who achieve some level of employment-related certification or accreditation (both at the individual and organizational levels). List out those acceptable certifications or accreditations.
   c. The system should offer bonuses to providers for successful placement of persons in competitive jobs in integrated settings (could be based on a percentage of person’s served v. employed)
d. The system should offer bonuses to providers for successful retention of persons in competitive jobs in integrated settings.

e. The HCBS reimbursement model should base payment on outcomes rather than level of disability (i.e. a higher reimbursement for persons in competitive employment services vs. those who are not).

f. The HCBS reimbursement model should incentivize providers who achieve some level of employment-related certification or accreditation (both at the individual and organizational levels).

“My biggest barrier to employment is not being able to hire and keep high quality direct support workers (DSWs) to take care of my extensive daily needs. Under the HCBS PD Waiver the max I can pay is $9.75/hr. It is becoming nearly impossible to find high quality people that are reliable, trustworthy, and sharp enough to understand my needs. Currently I am living in a type of ‘survival’ mode just to get by day to day - I can’t think about employment or higher goals.”

-Online survey respondent

2. **FUND THE DESIRED OUTCOME: INCENTIVIZE COMPETITIVE, INTEGRATED EMPLOYMENT** – Create a true, meaningful incentive toward competitive, integrated employment and away from sheltered subminimum wage employment. As a start, there should be at least a +10% rate incentive toward competitive, integrated employment and a -10% disincentive away from sheltered subminimum wage. Over time, the incentives and disincentives should become more pronounced to further balance the system. It should be a continuum, where the more integrated the employment setting, the higher the reimbursement rate. The less integrated, the lower the rate should be.

a. Ensure all Kansans with disabilities have access to supports and services to obtain competitive, integrated employment across all HCBS Waivers and disability populations.

b. Fix the current employment services on the I/DD Waiver. For example, very few agencies provide the supported employment I/DD HCBS waiver service because of the extremely low rates. This must be rectified. However, any change in the current supported employment waiver must be done carefully to ensure the few people and providers who access it are protected.

3. **ENHANCE AND FUND TRAINING AND TECHNICAL ASSISTANCE** – Funding and rates must include an enhanced level of training and technical assistance for providers, people with disabilities, natural supports and businesses to ensure quality, goal-driven outcomes. This coalition highly recommends a commitment to training similar to Washington State where this training and technical assistance is a key priority. There is openness and interest in this assistance, but it is important to ensure providers are required to receive a minimum amount of annual training along with ensuring the provision of quality trainings and support.

Developing and sustaining the capacity for training and technical assistance (T&TA) is a core function Washington State has implemented effectively. T&TA resources have been focused on training employers as well as employment specialists and direct care providers, creating an environment for collaboration centered around employers and partners who engage in systems change work with state agencies. Washington State does not view T&TA as being either limited or obligatory. In fact, they talk about T&TA as being “research and development” dollars, which are integral to advance employment outcomes. A complementary strategy for success has been funding parents and self-advocate groups to advance employment outcomes and utilize waiver services toward greater employment of individuals with I/DD. Locally funded advocacy groups have educated legislators on the value of employment and why more dollars are needed to reduce waiting lists. A similar investment in providing training and education to disability stakeholders in Iowa has positively impacted employment services and further enhanced legislative advocacy.
4. IMPLEMENT THE “KANSAS ROADMAP TO EMPLOYMENT” – These disability employment issues have been discussed for over a decade with little actual systemic change occurring. Change needs to occur. Therefore, we generally support the adoption of the Kansas Council on Developmental Disabilities’ “Kansas Roadmap to Employment” (developed by Stephen Hall at Griffin Hammis & Associates). We understand implementing this will take time, attention and energy. Therefore, we recommend a stakeholder group, similar to the WISE 2.0 and the Final Rule stakeholder groups, be established to implement this Roadmap.

a. The Roadmap has the greatest amount of specificity of any of the prior recommendations regarding disability employment policy. No set of recommendations is perfect. However, relying on generalities has essentially gotten us nowhere in our quest to create meaningful systems change in disability employment. We believe greater specificity in policy is absolutely needed as a starting point, and then stakeholders must be brought in and engaged to address any issues caused by this change. Let there be no doubt, significant systems change is absolutely needed.

b. Caveat: We do have concerns about unintended consequences with the Supports Waiver as detailed in the Roadmap. Implementation of a Supports Waiver needs to be structured and implemented in such a way that it supports the current comprehensive I/DD Waiver. The Supports Waiver must not create a back door to shut off or reduce future access to the comprehensive I/DD Waiver. Protections must be implemented to ensure any Supports Waiver does not harm the I/DD system or create a “separate but unequal” waiver service system.

SERVICES

High quality services should drive improved outcomes.

− Expectations should be clear among all department and service delivery systems.
− There should be consistent availability and continuity in services to obtain competitive and integrated employment throughout the state.
− Quality enhancements and improvements should address stakeholder experiences.
− Flexible services with an array of options can create a custom solution to individual needs.
− Education and training regarding benefits should be provided for all stakeholders.

Findings

Disability services in Kansas cannot support Employment First principals without first addressing policy and funding barriers. The current system incentivizes and supports services in a congregate, segregated setting. Any recommendations or expected progress in the delivery and impact of services can only be realized with changes in policy and funding.

“| I’ve struggled with answering some of these questions, not sure how to interpret some of them. So I’m not sure if my answers are meaningful. The bottom line is that I feel like we’re on our own trying to figure out how to make our son employable, how to determine what skills he has. There are so many agencies, schools, etc. that regular parents like myself are lost in the bureaucracy. And we’re college educated and have had a home program for 15 years and worked with great people. Can’t imagine what others are going through since it’s so hard for us. Needs to be a single source to help us... Please HELP!!!!!” |

| -Online survey respondent |

Data reveal a sobering lack of knowledge and understanding regarding employment opportunities, employment services, the impact of employment on benefits and much more. This lack of understanding crossed all stakeholders, impacting individuals with disabilities, service providers, state agencies and other related stakeholders. The Big Tent Coalition, the Employment First Oversight Commission, the Employment First Work
Group, Interhab, and others have ardently encouraged strong technical assistance efforts to increase understanding and best practices related to employment.

**Recommendations**

1. **CREATE LIFELONG, INTERMITTENT AND PERSON-CENTERED EMPLOYMENT SUPPORTS** – Kansas will provide for lifelong, intermittent, person-centered employment supports that lead to Kansans with disabilities reaching career goals. This service is currently time-limited. That needs to change. Many individuals need assistance months or years after employment is secured. Without this support, many individuals unnecessarily lose their jobs. The service should be flexible in nature and responsive to the needs of the individual as long as they desire employment. Currently, the system contains barriers and time delays to access services once established in a job.

   **Delaware’s Pathways to Employment, because it is a Medicaid state plan option, is available statewide, immediately upon determination of eligibility (no waiting list). Delaware passed a state law requiring transition services to be reported from the Employment First perspective.**

2. **PROVIDE BENEFITS PLANNING FOR ALL KANSANS WITH DISABILITIES** – Kansas should ensure benefits planning services are promoted to and received by all Kansans with disabilities. The survey data detailed in this report proves there are pervasive and toxic myths regarding having a job and keeping one’s disability benefits. Misinformation is so rampant it creates a gigantic barrier to employment, with the clear majority of Kansans surveyed fundamentally misunderstanding how much they can make from a job and still receive some portion of their disability check. Misinformation and myths stand in the way of improved employment outcomes for Kansans with disabilities.

   The only way to bust these myths is through trained, effective, reliable benefits planners working directly with Kansans with disabilities on an individualized basis. The State of Kansas must lead the nation by greatly expanding the number of benefits planners available to ensure all individuals with disabilities have access to benefits planning to help them navigate the downright maddening process of understanding how employment impacts Medicaid benefits, Medicare, SSDI and SSI disability benefits. The rules are confusing, even for the savviest advocates. With so few Kansans with disabilities accessing benefits...
planning (only around 10%), is it any wonder that so many are confused about how working impacts their disability benefits? If you mistakenly think you will lose your disability benefits if you work, why would you risk working? Within current resources, the small cadre of talented benefits planners cannot effectively serve all Kansans with disabilities who need benefits planning. Kansas is so behind with this issue, there are effectively no wrong ideas. We need lots of ideas to address this huge benefits-planning gap. A few include:

a. Benefits planning could, at a minimum, be a core service for everyone who receives HCBS Waiver services and/or with certain target populations of people with more significant disabilities who do not have a corresponding Waiver option, but who also have significant barriers to employment (ex: Kansans who are Severely Persistently Mentally Ill - SPMI).

b. Benefits planning could be a service rolled into the per member, per month cost of KanCare (which is Kansas’ Medicaid program) and thus would be a required service provided by all Managed Care Organizations (MCOs) through subcontracts with highly-trained benefits planning specialists at Independent Living Centers, Area Agencies on Aging, Direct Service Providers, Advocate and Self-Advocate Organizations, CPRF, etc. Significant quality assurance mechanisms would have to be established to ensure high-quality benefits planning services.

c. Benefits planning could be an administrative match Medicaid service available to all Kansans with disabilities who receive Medicaid (KanCare). Approved organizations with highly trained benefits planners could be funded to provide benefits planning for Kansans with disabilities.

d. Whatever the solution, at a minimum, access to benefits planning must significantly increase. Roughly 10 benefits planning counselors for 105 counties is nowhere near sufficient, particularly given the fundamental misunderstanding of working and benefits held by the majority of Kansans with disabilities.

e. In addition, annual basic training regarding core concepts of benefits and employment should be required for: disability service providers, targeted case managers, managed care organization staff, transition specialists, and certain state agency staff (employment and disability services front line staff).

3. FUND AND SUPPORT BEST PRACTICES IN EMPLOYMENT SERVICES – Service delivery models should support best practices for employment. There is not one best way to support employment for people with disabilities, but there are general, professional best practices and certain methods have demonstrated greater success within certain populations. Current programs that do acknowledge best practice models often force providers to choose one model and then there is a fair amount of red tape and bureaucracy in documenting the use of that process. A responsive system would allow providers, especially those serving across disability fields, to establish the best approach to employment and utilize it based on individual needs.

a. Funding should support established best practice models.

b. Examples of proven strategies include:

   i. Customized Employment/Discovery – a person-centered planning process that involves getting to know a person before supporting them in developing a plan for employment. Evidence-based practice for people with significant disabilities.

   ii. Individual Placement and Support (IPS) - an evidence-based model of supported employment for people with serious mental illness.

4. EXPAND DISABILITY ENTREPRENEURSHIP – Kansas should expand resources and services to support Kansans with disabilities becoming entrepreneurs by implementing and managing their own businesses as well as provide ongoing support to self-employed individuals. People with disabilities are twice as likely as people without disabilities to own their own business. Self-employment gives people with disabilities flexibility over their workplace and schedule, which are common barriers to full-time employment. Entrepreneurship for people with disabilities needs to be supported in an even greater fashion in HCBS Medicaid waiver programs, Vocational Rehabilitation and all other workforce development programs (Department of Commerce).
5. **MAXIMIZE JOB TRAINING OPPORTUNITIES** – There are a variety of models and initiatives that create training opportunities for people with disabilities; Kansas should support and invest in job training that will increase skills and employability for job seekers. In addition to general skill building and/or training, in areas of high demand, sector training (e.g., Project SEARCH) supports people with disabilities in obtaining training and instruction while gaining real work experience in a specific industry sector.

In New Hampshire, the Bureau of Developmental Services has established a revolving sector-based training fund making available $50,000 of Medicaid Waiver Employment funds to each of the state’s 10 area agencies. The funds must be used to support individuals between the ages of 21 and 26 – a critical age for transitioning youth after high school – who then participate in instruction and training in a specific industry sector.

6. **RECOGNIZE EMPLOYERS AND PROVIDERS FOR BEST PRACTICES IN HIRING KANSANS WITH DISABILITIES** – Kansas can promote effective practices and cultivate business involvement by developing an effective recognition program for employers and providers who adopt best practices and consistently achieve good outcomes. This consistent data-based method would publicly recognize providers who are successfully moving persons from non-work to work to independence. Providers could also benefit from incentivized rate for providers who achieve some level of employment-related certification or accreditation (both at the individual and organizational levels).

New Hampshire recognizes the efforts of businesses that are actively implementing disability employment practices at their Statewide Employer Recognition Breakfast and the Employment Leadership Award. They also partner with the Knowledge Institute for Small Business Development (KISBD).

**TRANSITION**

Consistent and clear processes should create an effective bridge to adulthood.

- Education for youth, parents, teachers and other school personnel will create understanding.
- Coordination between state departments will ensure continuity.
- Partnerships between schools and the community will ease transition challenges.

**Findings**

Transition and the services and supports which enable effective transition to adult life are widely misunderstood by students with disabilities, their legal decision makers (parents or guardians), providers, and the general public. According to survey results, parents and students with disabilities do not believe schools are doing an effective enough job of explaining or planning for the transition from high school to adult life for students with IEPs (Individualized Education Programs). Many students do not feel engaged or empowered in transition discussions with IEPs. Both the survey results and the focus groups clearly indicate students, parents, providers, educators and many others are confused about the transition process and the services, which are absolutely needed for an effective transition.

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HAS THE STUDENT BEEN INVITED TO THE IEP MEETING TO DISCUSS TRANSITION?

- Yes: 38.8%
- No: 41.8%
- I don’t know: 19.4%
**Recommendations**

1. **REQUIRE TRUE STUDENT-LED IEPs** – The State of Kansas should change how IEPs (Individualized Education Plan) are structured, administered and implemented to create a new process that is truly and meaningfully a student-led IEP, especially the transition portion of the IEP. “Student-led IEPs” are a buzz word nationally. Kansas students deserve more than rhetoric. The entire system of how IEP meetings are led and administered should be re-envisioned to ensure far better student engagement and understanding. Most students and parents-alike are completely baffled by the IEP and transition planning process. The survey data proves engagement of students with disabilities and their parents must dramatically improve.
   a. This new process must ensure, to the maximum extent possible, that IEPs are truly student-led, not just in name.
   b. To accomplish this goal, disability and parent advocacy stakeholders, educators, administrators, state agencies, key decision and policy makers, student mentors and students themselves must come together to re-envision the entire IEP and Transition Planning/Services process.

2. **ADDRESS MASS CONFUSION ABOUT IEPs AND TRANSITION** – There is significant confusion about transition from school to adult life for Kansas students with disabilities. Typically, the majority of survey respondents fundamentally misunderstood the transition plan, goals, services, what’s in the IEP, the role and importance of Vocational Rehabilitation with transition, etc. These are not minor discrepancies. The misunderstandings are systemic and significant. The opportunity for improvement is great.

> “Despite my son having an IEP in high school, he has been woefully unprepared for adulthood, so I would say the transition plan was a dismal failure -- evidenced by the fact that we know very little about the programs that have been mentioned in this survey. The high school team seemed most interested in how to usher my son out of their institutions more than anything. How are we supposed to get informed about these programs?! Are we just supposed to know intuitively? His therapists never encouraged signing up for an autism waiver or SSI. I am a single parent with a full-time job, but managing my young adult son on the autism spectrum (and now with dual diagnoses of depression, mood disorder, substance problems) is a job unto itself and I feel like I’m failing in all my responsibilities - to my son, to myself, to my own job.”

-Online survey respondent

### IEP & TRANSITION PLANNING

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<thead>
<tr>
<th>Question</th>
<th>Student</th>
<th>Disability Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the student’s IEP contain a written transition plan?</td>
<td>5.0%</td>
<td>53.8%</td>
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<td>Has the IEP team helped write in the IEP what the student with a disability wants to do after high school?</td>
<td>4.2%</td>
<td>48.0%</td>
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<td>Does the student know what he/she wants to do after high school?</td>
<td>8.3%</td>
<td>28.2%</td>
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<td>Have you received assistance researching colleges online? (Student only)</td>
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<tr>
<td>Have you received assistance visiting colleges? (Student only)</td>
<td>6.8%</td>
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<tr>
<td>Has the IEP Team presented college as an option to the student with a disability? (Disability Community only)</td>
<td>33.0%</td>
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</tbody>
</table>
The survey data shows there is a clear and dramatic lack of understanding about most, if not all, aspects of the IEP process, especially those surrounding transition and transition planning. Confusion about transition naturally leads to ineffective transition services. Significant resources and efforts must be directed to establish more robust supports to help students and parents navigate the transition from school to adult life. This includes access to resources, technology and advocates, including but not limited to mentors, who can help with this transition navigation.

Delaware's Department of Labor (which provides oversight to the state’s Vocational Rehabilitation program), Department of Education, and Department of Developmental Disability Services collaborate to braid funds and share data to ensure each youth with disabilities receives continuous services that focus on employment, resulting in an 80% success rate in obtaining employment after school. There is no waiting list for this service.

3. IMPROVE VOCATIONAL REHABILITATION’S INVOLVEMENT IN SCHOOL TO WORK TRANSITION – Kansas must increase Vocational Rehabilitation (VR) involvement and referrals for transition-age students. In 2015, Kansas returned $15 million in federal funds designated for VR. Our online survey often found the vast majority of students with disabilities and their natural supports and legal decision makers (parents, families, guardians, etc.) were fundamentally confused about the role of VR, how it could assist with transition, how VR could help them find a job after high school, etc. VR is a critical player to ensure effective transition. This fundamental lack of understanding about VR in the transition process by the disability community is a huge barrier to effective transition to adult life. If Kansas improved VR’s involvement and engagement in the transition process through added state dollars, it could leverage more federal dollars (4:1 federal match), which would improve the employment outcomes of Kansans with disabilities. Kansas must maximize all funding opportunities for this effort.

Each youth leaves high school in Delaware with a written VR Individualized Plan for Employment and long-term supports, if needed, are provided by the state’s disability providers.

4. CHANGE STATE POLICY TO ENSURE IEP TEAMS PROMOTE TRANSITION TO COMPETITIVE, INTEGRATED EMPLOYMENT – There is clearly an opportunity for the State of Kansas to dramatically increase transition to competitive, integrated employment and dramatically reduce and eventually eliminate transition to subminimum wage employment in sheltered workshops through the IEP process. The survey data shows the largest number of students with disabilities believe their IEP calls for them to transition to a sheltered workshop, where they will make less than minimum wage. However, when asked, where they actually want to work, the overwhelming majority want to work in a competitive, integrated community-based job instead of subminimum wage at a sheltered workshop. The tools are already there to fix this problem:
a. Kansas Employment First Law already requires a preference for competitive, integrated employment over sheltered work at subminimum wages. This law directs “all state agencies” to follow the employment first policy that requires “competitive and integrated employment” to be the “first option” when serving persons with disabilities who are of working age to obtain employment. Students receiving transition services are clearly of working age to be employed. KSDE is clearly a state agency. There should be no hold-up here. The requirements of the Employment First law should immediately be followed and implemented at KSDE and in all K-12 schools.

b. The State Board of Education must ensure the 2011 Employment First law is followed, and that the Board also adopt a state policy for schools and IEP teams to follow that law while also ensuring sheltered workshops and subminimum wages are not considered an acceptable transition in the IEP process.

TWO MANY NO'S! TRANSITION-AGE STUDENTS, THEIR FAMILIES AND ADVOCATES REVEAL LACK OF VR INVOLVEMENT IN TRANSITION

5. PROVIDE DEDICATED FUNDING FOR TRANSITION SPECIALISTS, SERVICES AND SUPPORTS – Kansas must immediately set aside funding to ensure a sufficient number of transition specialists in every school district to support effective transition services and supports for students with disabilities. It was reported entire school districts are making due with one transition specialist or less (i.e. part-time). This is fundamentally opposed to any goal to improve employment outcomes and functionally impossible for any real or effective transition planning to occur.

6. SUPPORT THE NEW TRANSITION WORK GROUP – The new Transition Work Group created under the authority of State Board of Education Chair Jim Porter needs to be supported by state government, schools, nonprofits, the disability community and anyone else who wants to improve school to adult life transition in Kansas for students with disabilities. This work group includes key stakeholders in these communities and has holds the promise to make important and positive changes to improve transition for Kansas students with disabilities.
TRANSPORTATION

Transportation is a vital component of accessing employment opportunities.
- Availability (both urban and rural) must be addressed.
- Cost and accessibility must not prevent individuals from working.
- Partnerships (services and business, crossing over geographic and municipal areas, etc.) may ease challenges and create opportunities.

Findings

Transportation is a challenge everywhere: urban areas, rural areas and all states visited expressed concerns and challenges in this area. Frankly no one state or area had a truly viable solution for this daunting issue. Some areas have creative options in place, but even those tools have limits including geographic boundaries, limits on number of rides, high cost and waiting lists for service due to high demand.

“...the transportation services in the area are not good... If you can get on the ride list (you can only call one week in advance, and then be on hold for over 20 minutes), then there is a 30 minute window for pick up so that the employee could be 30 minutes early or late for work. Transportation is the biggest barrier in my opinion.”
-Online survey respondent

Recommendations

1. **INCENTIVIZE TRANSPORTATION FOR MCOS THROUGH KANCARE** – Incentivize managed care organizations (MCOs) in the state’s Medicaid program (KanCare) to offer functional transportation funding or support as an additional service. Some have offered minimal assistance, but it is typically not functional for supporting ongoing transportation needs.

2. **MAXIMIZE GRANT OPPORTUNITIES FOR TRANSPORTATION** – Create a cross-agency, cross-disability task force to maximize grant transportation opportunities for the state or even particular communities. For example, the City of Olathe offered a taxi coupon program for individuals with disabilities via a federal grant. Although this program still has some limitations, it is remarkably more flexible and affordable than other transportation options in the area.

“Our son worked at a movie theatre taking tickets on the weekend in the small town we had previously lived. He loved his job and was good at it, but transportation was always an issue. Our family’s schedule revolved around his 4 hours of work a week. It just wasn’t feasible.”
-Online survey respondent

3. **ENGAGE BUSINESSES AND EMPLOYERS IN ADDRESSING TRANSPORTATION** – Reward business and employer innovation through grants, funding or tax-credits to encourage the private sector to help address this critical issue. Such transportation innovation will lead to increased employment opportunities. Privatized transportation, reimbursing co-workers for shared rides, creating carpooling options are all ideas that may make businesses more open and supportive of employing workers with disabilities.

4. **CREATE TRANSPORTATION SERVICES FOR MAINTAINING EMPLOYMENT** – Currently the “value added” transportation service under KanCare (Medicaid) is focused on transportation to job interviews.
Transportation to the job interview is good. However, transportation is also needed to help people with disabilities keep and maintain their job after they are hired! This should be a service available until the individual is able to obtain or acquire their own means of transportation (i.e., learning to use the local bus system, carpooling with co-workers, using services such as Uber or Lyft where available, and other means of transportation). Developing a coordinated, interagency or human service agency provided transportation in multiple Kansas Department of Transportation districts would further this recommendation and allow individuals to travel within and between communities for employment and/or civic engagement. A sustainable policy framework is needed for this as well as implementation timeline.

“It would be nice to have a program that people actually can be supported in the evenings and weekends. Most of the people I work with usually end up with a job that is in the evenings or weekends and in our community there is no reliable transportation which limits what jobs they can take. In a small community as this jobs are very hard to come by. It would help if we had a transportation program.”

-Online survey respondent
Thank you for taking the time to review this report and the recommendations included in it. We appreciate your commitment to joining the effort to improve employment outcomes for Kansans with disabilities. As previously stated, the Employment Systems Change Coalition (ESCC) represents multiple organizations and advocacy groups throughout Kansas who work together across fields of disability to support the common goal of improving employment outcomes for Kansans with disabilities. Members are committed to the long-term process of working together to support not only seeing more people employed, but also addressing systematic barriers to employment for persons with disabilities. This effort has been made possible through the Empower Kansans grant from UnitedHealthcare.

Additional Information

Large print and braille copies available upon request. Additional information regarding this project, its recommendations and/or the data obtained through constituency engagement is available from:

Disability Rights Center of Kansas (DRC)
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ONLINE SURVEY DATA

In addition to in-person focus groups, an extensive online survey was utilized to obtain stakeholder feedback. The survey was kept open for over a year to allow key agencies to share the online survey with their clients and members to obtain maximum feedback. Prior to the completion of this online survey, notices about the survey were sent by numerous disability providers and stakeholders, including all three managed care organizations in Kansas to their members. Highlights of this data are presented in “Stakeholder Feedback.”

Survey Reach and Number of Respondents

- The survey was conducted from December 2015 to March 2017. The survey’s reach and the number of respondents was impressive.

- Nearly 1,700 Kansans took the survey
  - 480 individuals with disabilities (28.5%)
  - 520 parent/family members of an individual with a disability (30.9%)
  - 89 legal guardians of an individual with a disability (5.3%)
  - 17 educational advocates for a student with an IEP (1%)
  - 442 employees of a disability service provider (26.3%)
  - 134 state employees (8%)

- Healthy mix of responses from disability communities (% respondents by type of disability):
  - 25.2% Intellectual/Developmental Disability (I/DD)
  - 16.5% Physical Disability
  - 17.9% Behavioral/Mental Health Issue
  - 18.3% Autism
  - 4.1% Brain Injury
  - 3.9% Deaf/Hard of Hearing
  - 1.6% Blind/Visually Impaired

- Solid mix of urban, suburban and rural respondents
  - 38.4% of respondents identified as living in an urban area
  - 31.3% identified as living in a suburban area
  - 30.3% identified as living in a rural area

- Fairly effective mix regarding ethnicity (1st number = % answered Employment Survey; 2nd number = US Census % for Kansas)
  - 5.4% identified as Hispanic or Latino origin (Census = 10.5%)
  - 9% identified Black (African-American) (Census = 5.9%)
  - 2.7% responded American Indian, Native American or Alaskan Native (Census = 1%)
  - 2.5% responded Asian (Census = 2.4%)
  - 0.1% responded Hawaiian (Census = 0.1%)
  - 82.2% responded Caucasian (Census = 83.8%)
  - 4% preferred not to answer
  - 2% responded other or I don’t know

- Well-rounded mix of ages from respondents
  - 0-13 = 8.4%
  - 14-15 = 5.5%
  - 16 = 2.5%
  - 17-21 = 13.1%
  - 22-24 = 7%
  - 25-34 = 17.4%
A note regarding the term the “disability community”: Throughout these survey results, the terminology “disability community” refers to the combined results from individuals with disabilities, parents/family members, guardians and educational advocates.

A vast majority of Kansans do not know about 2011 Employment First Law

- The survey described the Employment First law passed in 2011 and its goals and requirements, then asked respondents if they knew about the law prior to reading about it in this survey.
- 71.6% of all respondents did not know about the Employment First law or its requirements prior to reading about it in this survey. This 71.6% statistic is telling, because the survey was more likely to be shared with those “in the know,” who are either people with disabilities, disability service provider employees, state employees, those on a Listserv of a disability partner or those receiving a disability service (such as KanCare, HCBS Waiver service, etc.). The breakout of those who did not know about the Employment First Law was as follows: when asked if they knew of the law and its requirements, 65.4% answered “no” and 6.2% answered “I don’t know.”
  - 74.7% of individuals with disabilities, parents/family members, guardians or educational advocates said they did not know about the Employment First law.
  - 85.2% of people with disabilities did not know about Employment First Law — the largest percentage from the disability community.
  - Only 47.7% of employees of a disability service provider said they did not know about the Employment First law. Disability service provider employees were the most knowledgeable of Employment First all the subgroups surveyed.
  - 68.2% of State Employees said they did not know about the Employment First law.

A substantial majority of Kansans do not know about the rights granted to children and youth under 21 contained in the federal Medicaid law known as EPSDT (Early Periodic Screening Diagnostic and Treatment). In Kansas this program is called Kan Be Healthy.

- 63.3% of all respondents did not know about the rights granted in the federal EPSDT Medicaid law (Kan Be Healthy). Within this group, the majorities of respondents did not know about the rights granted in EPSDT:
  - 66.8% of individuals with disabilities, parents/families, guardians and educational advocates did not know about EPSDT
  - 53.1% of employees of disability service providers did not know about EPSDT
  - 63.5% of state employees did not know about EPSDT.
  - The single largest percentage of respondents who did not know about EPSDT were individuals with a disability, as a full 72% did not know about EPSDT.

Information about working and living independently

- Most individuals with disabilities live independently or want to live independently
  - 36.5% of individuals with disabilities who took the survey reported they do not live independently (i.e., they currently reside with a family member or in a group home or institution).
  - Of those who currently do not live independently, 61% said they wanted to live independently (for those under 18, they were asked if they wanted to live independently after 18).
- 64.6% of individuals with disabilities who responded were not working.
  - Of the individuals who were not working, when asked to name the top three things that would most help them become employed, the answers that received the most votes were:
    - On-going support to keep the job (15.9%)
    - Other (14.8%)
    - Supports at the workplace (14%)
    - Help finding a job (11.7%)
However, it was telling only 4 answers scored more than 10%. This shows the support needs to get and keep a job are very much individualized.

- Of the 35.4% of individuals with disabilities who were working, 15.1% had two jobs, 0.7% had three jobs and 84.2% had one job.
- Of those who had a job, nearly a majority (47.2%) reported working 19 or fewer hours. Here are the breakdowns:
  - Fewer than 10 hours = 22.9%
  - 10-19 hours = 24.3%
  - 20-29 hours = 19.9%
  - 30-39 hours = 11.3%
  - 40 or more hours = 21.6%

When asked to identify the one person most helpful for the individual with a disability in their search for employment, the answers in order of number and percentage of responses were:
- Friends and family = 29.3%
- Other = 28.5% (respondents could identify the “other”)
- Job coach / employment specialist = 13.9%
- Case manager = 13.7%
- Rehabilitation counselor = 7.1%
- Other service provider employee = 5.5%
- Teacher = 2%

### Substantial barrier to employment: Misunderstanding about their ability to work, keep benefits and how much they can earn while still receiving SSI or SSDI

- 95.8% of the disability community (individuals with disabilities, parents/families, guardians and educational advocates) got the answer wrong regarding how much money someone can earn and still receive at least a part of their SSI (Supplemental Security Income) check. (Only 4.2% knew the correct amount, $1,551 per month).
  - 96.8% of individuals with disabilities got this answer wrong
  - With such a fundamental misunderstanding of the amount of money you can earn and still receive a portion of your SSI check, fewer people with disabilities will affirmatively seek employment.

- 69.2% of the disability community fundamentally misunderstand what happens to a person’s SSI disability check when they work. 69.2% either believe they will “never come out ahead by working” because for every $1 they earn the SSI disability check is reduced by $1, or they will lose their entire SSI check if they work at all, or they do not know.
  - Individuals with disabilities got this wrong more often than parent/family, guardians and educational advocates. 76.4% of individuals with disabilities do not understand how they can work and still come out ahead with their SSI check.
  - Only 13.6% of individuals with disabilities know the truth, that the person with a disability will always come out ahead if they work (for every dollar they earn from a job, their SSI is reduced by less than a dollar).

- The disability community seemed to have similar misunderstandings about the SSDI (Social Security Disability Insurance) program. At the time of the survey, SSDI recipients could earn $1,089 per month from a job and not have their SSDI check impacted (often called the “Substantial Gainful Activity” threshold). Only 28.5% of the disability community understood this.
  - A startling 22% of Kansans with a disability mistakenly thought if they earned ANY money from a job they would lose their SSDI check.

### Vocational Rehabilitation (VR) Services

- 15% of Kansans with disabilities who took the survey said they were working with Vocational Rehabilitation (VR) services. In Kansas, VR is housed in the Kansas Department for Children and Families.

- Of Kansans with disabilities who said they were working with VR, here is how they rated VR’s services:
  - Great = 19.7%
  - Good = 21.2%
  - OK = 15.2%
Not good = 4.5%
Bad = 33.3%

Note: The categories for rating services were specifically chosen to be understood by all, even by those who have a low-grade reading level.
In general, individuals with disabilities gave VR lower marks than did parents, guardians and educational advocates.

85% said they were not currently working with VR. When asked why, about half said they “don’t currently need VR services,” while the other half were either not satisfied with VR when they worked with them before, they did not know about VR, or they were denied or unsuccessful in working with VR. Here is the breakout:
- I worked with VR before, but I was not satisfied with the services = 12.9%
- I do not currently need VR services = 49.2%
- I did not know about VR services = 26.7%
- I tried to apply for VR services, but was unsuccessful = 11.3%

Of the 11.3% who applied for VR but said they were “unsuccessful” with VR service, over half said they were unsuccessful because of a lack of response from VR or the wait to get VR services was too long. Here is the breakdown:
- I was told I was not eligible for VR = 26.5%
- I never got a call back from VR, or if I did it was too late = 44.1%
- The wait for VR services was too long = 8.8%
- Other = 20.6%

Of those who said they do not currently need VR services, 58.7% said they do not need VR because they do not want to pursue employment at this time. The remaining 41.3% said they already have a job.

Special Education and Transition Services

The next section presents responses from transition-age students. As with all the other questions, the survey’s skip patterns ensured that only respondents with the correct first-hand knowledge could answer – in this case, students ages 14-21 with an IEP who are still in school and their legal decision makers (guardians, parents or educational advocates).

Of those transition-age students with disabilities receiving special education services and have an Individualized Education Program (IEP), the answers show that from the student and parent perspectives, transition planning and services are quite confusing.

Respondents point out transition services are often not explained, understood or a focus of the IEP process.

There often seems to be a significant difference between how the transition-age student with a disability answered a question and how the parents/guardians/educational advocates answered the same question. Students with disabilities were often less informed about transition planning and transition services.
- This proves much more needs to be done to engage and educate students about school to life transition.

However, all respondents (transition-age students and their parents/guardians/educational advocates) across the board reported transition planning and services can dramatically improve in Kansas. The following statistics come from transition-age students and their legal decision maker (parents, guardians, educational advocates).
- 52.8% of respondents said the school either did not explain transition plans or services or they did not know or remember whether the school did that (35.8% said the school did not explain transition services, 18.2% said they did not know whether the school did).
- Only 37% said the IEP Team invited the student with a disability to the IEP meeting to discuss transition planning.
- Only 35.2% said the IEP explained the transition services he/she needs including details about what classes and educational services are needed to prepare for adult life.
- Only 53.8% of respondents said the IEP contains a written transition plan.
- Again, students were dramatically less likely to state their IEP contains a written transition plan – only 5% said they believed it did! This again shows Kansas has a lot of room to improve how it engages and involves transition-age youth.
- 67.6% of parents/guardians/educational advocates stated their student’s IEP contain a written transition plan.
Only 48% of respondents said their IEP has written transition goals. Transition goals are an important part of the transition plan, detailing what needs to happen for the Kansan with a disability to transition from high school to adult life.

- Of the respondents, students with a disability again were dramatically less likely to say their IEP has written transition goals (only 4.2% of transition-age students with a disability affirmed this). 61.5% of parents/guardians/educational advocates said the transition-age student has written transition goals.

- There was also evidence in the survey results that the transition planning process did not yield information necessary to allow students to effectively prepare for their transition to adult life.
  - Only 8.3% of students stated they know what they want to do after high school.
  - 28.2% of parents/guardians/educational advocates said their student knows what they want to do after high school. This again shows a stark difference between how the students and parents/guardians/educational advocates answered the questions.

- Communication from Vocational Rehabilitation (VR) for Transition-Age Students – Only 3.6% of respondents from the disability community representing transition-age youth (transition-age students with a disability or their parents, guardians or educational advocates) say they received a letter from VR explaining the services they can provide.

- Understanding of Vocational Rehabilitation (VR) for Transition-Age Students – Only 18.1% of respondents from the disability community representing transition-age youth (transition-age students with a disability or their parents, guardians or educational advocates) “know about the Vocational Rehabilitation (VR) program and what it can do to help transition to adult life.”
  - The percentage of transition-age students who know about VR and its role with transition was abysmally low. Only 3.8% of transition-age students said they know about VR.
  - Once again parents, guardians and educational advocates for transition-age students better knew about VR and its role with transition. However, still only 22.8% of this group knew about VR.

- Lack of effective referrals to VR – Only 17.6% of transition-age students and their legal education decision makers said they had received a referral to Vocational Rehabilitation (VR).
  - 60.8% of said no referral was made to VR
  - 21.6% said they did not know whether the student was referred to VR

- Discrepancy between what the student wants and what the IEP says:
  - Sheltered Workshops – Responses from the survey exposed major discrepancies between whether the student would like work in a sheltered workshop vs. what the IEP has determined regarding a sheltered workshop.
    - 20.9% report the transition-age student’s IEP transition goal states the student will work at a sheltered workshop.
    - Only 4.5% of transition-age students said they want to work in a sheltered workshop.
  - Community Employment Integration – Although 81% of transition-age students say they would like to work in the community, only 15.1% report their IEP states community integrated employment as the goal.

- VR plays a vital role in students transitioning and achieving their employment goals; however the survey results show most have little information about the services offered by VR and how to obtain them.
  - 81.8% respondents ages 16-21 and their decision makers said they did not know VR could help them get a job and reach IEP transition goals.
  - 12.8% of decision maker respondents said they knew how to access VR services. 0% of students said they knew how to access VR services.

- According to the respondents, direct VR involvement with transition-age students is overwhelmingly limited, with only 5.9% reporting a VR counselor had been assigned to them.
  - 0% of seniors involved with VR said they have a signed IPE or knew they should have a signed IPE by the time they graduate.

- The survey indicates schools may not be adequately preparing students with disabilities for college. The results show they often neglect to present college as an option, and do not inform them about disability accommodations they can receive in college.
Accommodations of course are available in postsecondary education to help students with disabilities be successful, and often have specific services to help identify and request accommodations.

- However, 95.5% respondents ages 16-21 and their decision makers said they were not told how to access those services.
- 59.1% said college had never been presented as an option.
- 47.6% of students say they would like to continue their education; however survey results would indicate few respondents receive adequate support and encouragement to continue educational opportunities.
  - Only 10.2% said the IEP team or other high school staff helped research colleges online.
  - 6.8% said they received assistance visiting colleges.

Unlike high school, in college it is the student’s responsibility to address needs and request accommodations. When asked, 85.7% of transition-age students said they do not feel comfortable asking for the supports and accommodations they need in college. This is an opportunity for improvement.

**Benefits Planning, Employment Services and Job Coaching**

Respondents were asked about three important services and supports to obtain and maintain employment – benefits planning, employment services and job coaching.

**Benefits Planning**

- 81.8% either had not or were not sure if they had received benefits planning services.
  - Of those who had not gotten benefits planning services, 45.8% said they would like benefits planning.
- Those who have had benefits planning received the service from:
  - 29.9% Working Healthy
  - 14.3% Independent Living Center
  - 14.3% Department for Children and Families (DCF)
  - 11.7% Community Mental Health Center (CMHC)
  - 9.1% CPRF
  - 25.6% Other
- Overall people who have had benefits planning were satisfied with the service. The following is how they rated the services:
  - 27.8% Great
  - 30.4% Good
  - 24.1% OK
  - 3.8% Not good
  - 1.3% Bad
  - 12.7% Not sure

**Employment Services**

- 36.1% said they had received employment services.
- 51.9% said they had not received employment services.
  - Of those, 36% said they like to receive employment services.
- Overall people who received employment services had varying experiences when receiving employment services. The following is how they rated the services:
  - 17.6% Great
  - 32.6% Good
  - 25.6% OK
  - 12.5% Not good
  - 7% Bad
  - 4.8% Not sure

**Job Coaching**

- 28.4% said they had received job coaching.
60.2% said they had not gotten job coaching.

- Of those, 35% said they would like to receive job coaching.

Overall people had varying experiences when receiving job coaching. The following is how they rated the services:
- 26.5% Great
- 39.8% Good
- 19.4% OK
- 9.5% Not good
- 4.7% Bad

**Survey Responses from Employees of Disability Service Providers**

The survey also asked a series of specific and targeted questions to employees of disability service providers. 442 employees of disability service providers answered the survey (26.3% of the total 1,682 survey respondents).

- The majority of respondents who identify as employees of disability service providers report that they provide services to individuals with intellectual/developmental disabilities. Here is the breakdown of respondents by primary disability served:
  - 55.1% I/DD
  - 24.7% Mental illness
  - 10.1% Physical disability
  - 3% Traumatic brain injury
  - 1.6% Autism
  - 5.5% Other

- Most respondents provide competitive employment (41.89%) and supported employment (51.3%) services in the community.
  - 26.6% said they ran one or more sheltered workshops
  - 12.5% ran an enclave
  - 14.4% ran a mobile crew
  - 39.5% provided day services
  - 30.8% volunteer work
  - 20.9% said these categories were not applicable
  - 13.3% said other

- Of the respondents, sheltered workshops are still a hefty percentage of the overall employment services portfolio. Sheltered workshops made up a larger percentage of the consumers served than day services. Respondents were asked to estimate in rough figures the percentages of consumers with disabilities they had working in different settings (the number had to add up to 100%).
  - Competitive employment in the community 34.89%
  - Sheltered workshop 33.79%
  - Day services 32.83
  - Supported competitive employment in the community 24.65%
  - Mobil crew 10.54%
  - Enclave 7.54%
  - Volunteer work 15.09%
  - Other 47.69%

- The state system is clearly failing to incentivize and support competitive and integrated employment for Kansans with disabilities. 70.9% of service provider employees said they said does not do enough to incentivize and support competitive integrated employment of people with disabilities.
  - 7.5% said yes, the state system does enough
  - 70.9% said no, the state system does not do enough
  - 21.5% said they don’t know

- Disability service providers do not feel rewarded for keeping people with disabilities employed in competitive and integrated settings.
  - 57.7% said they do not feel rewarded for keeping people employed in competitive integrated settings
  - 5.3% said they do feel rewarded for doing this
- 37% said they did not know

- Transition to employment path is not the expectation –
  - 43.6% of disability service providers said they DO NOT believe entry into an employment career path for Kansans with disabilities is the expectation during transition age in high school.
  - 34.1% said they believe an employment career path IS the expectation
  - 22.3% said they did not know

- Little support for “follow along” services –
  - Only 16.5% of respondents said the current system set up by the State of Kansas effectively supports “follow along” services for people with disabilities to help them maintain employment.
  - 83.5% said the current system is either NOT set up to effectively support follow along services, or they did not know whether it was.

- Few believe the system supports timely and adequate payments to vendors and service providers.
  - Only 11.6% said the current disability employment system supports timely and adequate payments to vendors and disability service providers.
  - 88.4% said the system either does NOT do this, or they did not know.

- A clear majority pay subminimum wage in sheltered workshop
  - 61% of disability service providers said they utilize a subminimum wage certificate to pay people with disabilities less than the minimum wage in a sheltered workshop type setting.
  - Only 26.7% said they do not
  - 13.6% did not know.

- A clear majority of sheltered workshop providers want to offer competitive integrated employment.
  - Of those who pay subminimum wage, 69.1% said they wanted to expand competitive integrated employment and shrink sheltered workshops.
  - Only 12.2% said they do NOT want to expand their competitive and integrated employment services while reducing their use of subminimum wage.
  - 21.6% did not know.

- Only 43% of the employees of disability service providers had themselves received technical assistance and support in providing employment services to people with disabilities.
  - 44.4% had not received this technical assistance and support
  - 14.5% did not know if they had

- Of those employees who had personally received technical assistance and support in providing employment services to people with disabilities, here is how they rated that support:
  - Great = 11.4%
  - Good = 38.5%
  - OK = 42%
  - Not good = 6.8%
  - Bad = 1.1%

- Of those who did not receive such technical assistance or support, on 14.9% said they would not like to receive it in the future.

**Survey Responses from Employees of State Agencies**

The survey also asked a series of specific and targeted questions to employees of state agencies. 134 responses were from employees of a state agency (8% of the total 1682 survey respondents). Here were the results:

- A clear majority of state agency employees believe their agency is “making measurable progress” to increase competitive and integrated employment for people with disabilities (64.8%). However, only 30.6% said their agency actually establishes benchmarks or goals regarding numbers of people with disabilities employed in competitive integrated settings.
  - Only 32% said their state agency collects data and tracks disability employment outcomes.
  - Strangely, 60.5% answered that their state agency does collect data and track outcomes specifically about competitive and integrated employment of Kansans with disabilities. This seems to contradict the fact that
only 32% of state employees previously said their state agency collects any data on disability employment outcomes.

- Only 16.7% of respondents said their agency monitors people moving into and out of sheltered workshops.
- Only 35.6% of employees of state agencies said they had “seen evidence that your agency is improving employment outcomes for Kansans with disabilities.”
  - This may suggest a potential knowledge gap between some levels of employees at state agencies. Also, when taken in concert with the figure 64.8% believe their state agency is making measurable progress, this may indicate many employees think their state agency is doing the right thing and making progress, but the evidence of such progress may not have been communicated to them.

- Employees rated the improvement in their state agency’s delivery of programs and services following the passage of the 2011 Employment First Law:
  - Greatly improved = 11.1%
  - Somewhat improved = 23.2%
  - Little improvement = 10.1%
  - No change = 9.1%
  - N/A = 46.5%

- When asked to identify the positive factors impacting employment outcomes for Kansans with disabilities, employees of state agencies rated the top four as:
  - Job coaching services (43.9%)
  - Training (35.7%)
  - Transition services (34.7%)
  - Collaboration between disability service providers (29.6%)
Kansas Statute
Chapter 44; Article 11; Section 36-38
Kansas Employment First Law

44-1136. Kansas employment first initiative act; definitions; policy declaration. (a) This act shall be known as and cited as the Kansas employment first initiative act. As used in this act: (1) "Competitive employment" means work in the competitive labor market that is performed on a full-time or part-time basis in an integrated setting; and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled. (2) "Integrated setting" means with respect to an employment outcome, a setting typically found in the community in which applicants or eligible individuals interact with non-disabled individuals, other than non-disabled individuals who are providing services to those applicants or eligible individuals, to the same extent that non-disabled individuals in comparable positions interact with other persons. (b) It is hereby declared to be the policy of the state of Kansas that competitive and integrated employment shall be considered its first option when serving persons with disabilities who are of working age to obtain employment. This policy applies to programs and services that provide services and support to help obtain employment for persons with disabilities. All state agencies shall follow this policy and ensure that it is effectively implemented in their programs and services. Nothing in this section shall be construed to require any employer to give preference to hiring people with a disability.

History: L. 2011, ch. 102, § 1; July 1.

44-1137. State agencies; competitive integrated employment of disabled individuals; rules and regulations. (a) All state agencies shall coordinate efforts and shall collaborate within and among such agencies to ensure that state programs, policies, procedures and funding support competitive and integrated employment of individuals with disabilities. All state agencies shall, whenever feasible, share data and information across systems in order to track progress toward full implementation of the act. (b) State agencies are authorized to adopt rules and regulations to implement this act.

History: L. 2011, ch. 102, § 2; July 1.

44-1138. Kansas employment first oversight commission; membership; duties. (a) There is hereby established a Kansas employment first oversight commission consisting of seven members. The commission shall consist of the following members who shall serve for a three-year term: (1) Four members who are persons with a disability or who are knowledgeable of disability issues and who are not state employees, of whom: (A) One shall be appointed by the speaker of the house of representatives; (B) one shall be appointed by the minority leader of the house of representatives; (C) one shall be appointed by the president of the senate; and (D) one shall be appointed by the minority leader of the senate; (2) three members shall be appointed by the governor as follows: (A) One member who is experienced with employment service programs; (B) one member who has disability employment experience; and (C) one member with business employment experience.
(b) The governor shall designate one member to convene and organize the first meeting of the commission at which the commission shall elect a chairperson and a vice-person [vice-chairperson] from among its members. The commission shall meet at least four times a year and, additionally, whenever called by the chairperson. A quorum shall consist of four members. All actions of the commission shall be taken by a majority of the members of the commission.

(c) Each member of the commission shall be paid mileage and other expenses as provided by K.S.A. 75-3212, and amendments thereto.

(d) The focus of the commission shall be on increasing the number of Kansans with disabilities in competitive integrated employment. To increase the number of Kansans with disabilities achieving competitive integrated employment, the commission shall work collaboratively with state agencies that provide services specifically to assist Kansans with disabilities to become employed, and privately owned or operated organizations, non-profit organizations and community-based organizations that receive moneys from the state or federal government, or both, to provide services and support that assist individuals with disabilities to obtain, maintain or regain competitive and integrated employment. In addition the commission may promote and educate state agencies and stakeholders regarding the employment first initiative.

(e) At the commencement of each regular session of the legislature, the commission, in the form of an annual report, may make recommendations to the governor, legislature and state agencies on strategies to increase the number of Kansans with disabilities in competitive integrated employment. The lead agency shall cause the report to be published on the internet on the lead agency’s web site.

(f) The governor shall select from the cabinet agencies the lead agency responsible for compiling data and coordinating the preparation of the annual report at the direction of the commission. The activities of the commission and lead agency pursuant to this section shall be done within existing grants and resources.

History: L. 2011, ch. 102, § 3; L. 2013, ch. 84, § 1; July 1.
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<tr>
<th><strong>Terms and Acronyms</strong></th>
<th><strong>Definition</strong></th>
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<tr>
<td><strong>Benefits Counseling</strong></td>
<td>A service designed to help people reach their employment goals by helping them better understand their benefits and how employment can move them forward without compromising their essential needs (i.e. health care, income, etc.).</td>
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<tr>
<td><strong>Competitive Integrated Employment</strong></td>
<td>Work by a person with a disability in a setting where people without disabilities also work for a rate that is minimum wage or higher and comparable to non-disabled workers performing similar tasks.</td>
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<tr>
<td><strong>Employment First</strong></td>
<td>“Employment in the general workforce should be the first and preferred option for individuals with disabilities receiving assistance from publicly funded systems. Simply put, Employment First means real jobs, real wages.” - APSE</td>
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<tr>
<td><strong>Follow Along</strong></td>
<td>Refers to services designed to assist in the maintenance and retention of employment.</td>
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<tr>
<td><strong>HCBS</strong></td>
<td>Home and Community Based Services – These services are provided through Medicaid with the primary goal of meeting a person’s needs in their own home or community rather than an institutional setting. In Kansas, oversight of HCBS waiver programs occurs in the Department for Aging and Disability Services (KDADS) and include services for: Autism (AU), Frail and Elderly (FE), Intellectual/Developmentally Disabled (I/DD), Physical Disability (PD), Serious Emotional Disturbance (SED), Technology Assisted (TA) and Traumatic Brain Injury (TBI).</td>
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<td><strong>IEP</strong></td>
<td>Individualized Education Program – An IEP is a document or plan that is developed for students who qualify for special education services. It establishes educational goals and how the student’s goals and needs will be met, including modifications and services. It is developed by a team of school personnel and the student’s parents; students are to be included “whenever appropriate” and are required to be invited to the meeting when discussing postsecondary goals and transition services.</td>
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<td><strong>KanCare</strong></td>
<td>“KanCare is the program through which the State of Kansas administers Medicaid. Launched in January 2013, KanCare is delivering whole-person, integrated care to more than 415,000 people across the state. Kansas has contracted with three health plans, or managed care organizations (MCOs), to coordinate health care for all people enrolled in Medicaid. “The Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS) administer KanCare within the State of Kansas. KDHE maintains financial management and contract oversight of the KanCare program while KDADS administers the Medicaid waiver programs for disability services, mental health and substance abuse, as well as operates the state hospitals and institutions.” – ks.gov</td>
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<td><strong>MCO</strong></td>
<td>Managed Care Organization – “Kansas contracts with three health plans, or managed care organization (MCOs), to coordinate health care for nearly all Medicaid beneficiaries through the KanCare program. Each Medicaid beneficiary is assigned to one of the KanCare health plans. Beneficiaries in KanCare will receive all the same services provided under the previous Medicaid delivery system, plus additional services. The KanCare health plans are required to coordinate all of the care a beneficiary receives.” At publication, the three MCOs in Kansas are: Amerigroup Kansas, Sunflower Health Plan and UnitedHealthcare Community Plan of Kansas. In 2019, Aetna Better Health of Kansas will replace Amerigroup per state contract.</td>
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<td><strong>ODEP</strong></td>
<td>Office of Disability Employment Policy – This is a federal agency within the Department of Labor. “ODEP’s mission is to develop and influence policies and practices that increase the number and quality of employment opportunities for people with disabilities.” - dol.gov</td>
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<tr>
<td><strong>Sheltered Workshop</strong></td>
<td>A supervised workplace for individuals with disabilities. Typically segregated and wages are often, although not always, below minimum wage.</td>
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<td><strong>SSDI</strong></td>
<td>Social Security Disability Insurance – Typically referred to as “disability”, this benefit provides income for those who have worked long enough and gained enough credits. Adults may also qualify under a parent’s benefit in some cases.</td>
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<tr>
<td><strong>SSI</strong></td>
<td>Supplemental Security Income – This benefit is not obtained through Social Security credits and is based on financial need of individuals with disabilities and the elderly.</td>
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<td><strong>Supported Employment</strong></td>
<td>Refers to services that support individuals with disabilities in obtaining and maintaining competitive integrated employment.</td>
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<td><strong>Transition</strong></td>
<td>Regarding disability employment, transition refers to the process of moving from secondary educational services to post-school activities and services. The transition process should begin at age 14, and by age 16 students should have goals and processes outlined in the IEPs.</td>
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<td><strong>Transition Specialist</strong></td>
<td>School personnel who focus on transition needs of students during secondary education.</td>
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<tr>
<td><strong>VR</strong></td>
<td>Vocational Rehabilitation – Services funded by state and federal dollars to assist individuals with disabilities in preparing for, obtaining and maintaining employment.</td>
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<td><strong>WIOA</strong></td>
<td>Workforce Innovation and Opportunity Act – Signed into law in 2014, “WIOA is designed to help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy. Congress passed the Act by a wide bipartisan majority; it is the first legislative reform in 15 years of the public workforce system.” – U.S. Department of Labor</td>
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<td><strong>WORK</strong></td>
<td>Work Opportunities Reward Kansans - A “program through which people enrolled in Working Healthy receive personal assistance services (PAS). Working Healthy beneficiaries cannot receive Home and Community Based Services (HCBS) waiver services. In addition to PAS, WORK services include Supported Employment/Individual Employment Support Services, Assistive Technology and Independent Living Counseling (ILC).” – KDHE Kansas</td>
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<td><strong>Working Healthy</strong></td>
<td>“Working Healthy is the Kansas Medicaid Buy-In program. Medicaid Buy-In programs are a work incentive, authorized under the Ticket-to-Work and Work Incentives Improvement Act of 1999 (TWWIIA), designed to encourage people to work, increase their income, and accumulate assets in order to reduce long-term reliance on public supports, while not jeopardizing their health care. Working Healthy is specifically designed for people whose health care needs are significant but whose income exceeds the Medicaid limit. This category of Medicaid coverage is called ‘Medically Needy.’ People in this category only receive Medicaid health care coverage once they ‘spend down’ their excess income on medical expenses during a six-month period. Every six months the spenddown period starts over. Working Healthy substitutes an affordable monthly premium in lieu of spenddown, thus incentivizing employment by allowing people to increase their income without incurring higher spenddown or losing their eligibility for Medicaid coverage completely.” – KDHE Kansas</td>
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