

MG&A

***The Meaning of Choice:
Implications for Systems and Providers***

A report for:

***The Presidential Task Force on Employment of Adults with
Disabilities***

Becky Ogle, Executive Director

Prepared by:

Michael Callahan

Marc Gold & Associates

June 2000

This report was commissioned by The Presidential Task Force on the Employment of Adults with Disabilities and prepared under contract with the US Department of Labor. The opinions in this report reflect the author's efforts to capture the perspectives of the Choice Task Force relating to the RSA Choice Demonstration projects and do not necessarily reflect the position of the Presidential Task Force or the Department of Labor

***The Meaning of Choice: Implications for Systems and Providers
Executive Summary***

The National Choice Demonstration by the Rehabilitation Services Administration of the US Department of Education lasted from 1993 to 1998, with a majority of the seven projects using an extension year in 1999 to assist participants in spending down their resources. The goal of the demonstration was to examine strategies to increase the role of informed choice in the rehabilitation process. The sites selected represented a cross section of public and private agencies, disability impact, geographic regions and approaches.

RSA had commissioned a quantitative evaluation of the impact of the Choice Demonstration by InfoUse, a firm specializing in analysis of governmental projects. The project directors of the seven sites felt that an additional analysis was needed that addressed the qualitative lessons of the experience and its impact on future services. This report, commissioned by the Presidential Task Force on Employment of Adults with Disabilities reflects the experiences and perspectives of personnel involved with four of the seven demonstration projects. These former project directors and associated staff have remained in close contact since the end of the demonstration and they all participated in the development of this report. Of the three remaining sites that are not included, changes in organizational status, retirement or job changes of administrative staff precluded their participation.

The results of the demonstration were dramatic. Across all sites, 3,148 persons received services. Of that number, 2,069 chose to fully develop individualized plans for employment. By the end of the projects' services in 1999, 1,362 (66%) of the participants who made plans were successfully employed. A particularly important finding relates to the number of persons who chose self-employment as an outcome. Two hundred and thirty (230) of the participants who became employed started businesses of their own (11% of the total participants who made plans). Across all projects, participants worked from 19.3 hours per week on average (UCP project) to 30.0 hours (Washington State project) and made \$5.39 per hour in wages (UCP, based on pre-\$5.35 minimum wage rate) on average to \$11.62 per hour (Washington).

This report provides a reflection of those experiences and lessons felt to be the most significant by the persons most closely involved with the project's implementation. It is also designed to be a companion report to John O'Brien's "Another Look at Choice", a paper also commissioned by the Presidential Task Force that offers perspective from the point of view of the participants who received choice-based services and outcomes.

MG&A

Choice Task Force Members

Christopher Button
Presidential Task Force on Employment of Adults
with Disabilities
Washington, DC

Joe Skiba
UCPA and Employment for All
Woodhaven, MI
Representing the Choice Access Project

Michael Callahan
Marc Gold & Associates & UCPA
Gautier, MS
Representing the Choice Access Project

Nancy Sullivan
Empowerment Network Unlimited, Inc
Little Rock, AR
Representing Arkansas Rehabilitation Service's
Commitment to Client Choice

Michael Collins
Vermont Div. of Vocational Rehabilitation
Waterbury, VT
Representing the Consumer Choice Project

Zanne Tillman
Rehabilitation Services Administration
Washington, DC

Abby Cooper
Washington State Div. of Vocational
Rehabilitation
Seattle, WA
Representing the Participant Empowerment
Project (PEP)

Rosemary Gallagher
Washington State Division of VR
Olympia, WA
Representing the PEP Project

John O'Brien
Responsive Systems Associates
Lithonia, GA

Susan Linders
Sharp Visions
Pittsburgh, PA
Representing the UCPA Choice Access Project

Norciva Shumpert
United Cerebral Palsy Associations
Gautier, MS
Representing the Choice Access Project

About the Author:

Michael Callahan is a native Mississippian and has consulted throughout the US, Canada and Europe in the area of employment for the past twenty years. He has worked with Marc Gold & Associates (MG&A) for twenty-one years, and United Cerebral Palsy Associations (UCPA) for the past thirteen years. He and three colleagues are forming a new private, non-profit organization, Employment for All. This organization is dedicated to the full participation in employment by all persons with disabilities. He is also an editor/co-author of two popular "how-to" books on employment for persons with severe disabilities, *Getting Employed*, *Staying Employed* and *Keys to the Work Place*. He has written numerous articles, chapters,

MG&A

manuals and curriculums pertaining to employment. He can be reached at 4101 Gautier-Vancleave Rd. Ste. 102, Gautier, MS, 39553 Phone: 228-497-6999, Fax: 228-497-6966, e-mail: Micallahan@aol.com.

Table of Contents

Reflections on the meaning of choice 1

Introduction 2

Shared components 3

Unique Project components 5

Methods used to develop this report 7

Limitations 8

The results of the Choice Demonstration 9

Critical issues of the Choice experience 11

The assumptions and lessons of Choice 16

Early questions 25

Questions and challenges as yet unaddressed 31

Recommendations for action 36

Choice resources and references40

Reflections on the Meaning of Choice:

Choice is control by the end user of services: control of resources, control of selecting providers, control in targeting outcomes, control of deciding what is relevant. Personal budgets, individual accounts, direct cash payments and other innovative mechanisms containing the public resources allocated to each individual, reflect the best monetary control strategies that match with choice.

The amount of resources each person receives should be individualized to meet unique and specific needs.

Choice and personal responsibility are opposite sides of the same coin, though responsibility should be encouraged rather than mandated.

Choice does not make traditional employment roles redundant, but it requires new learning, new attitudes and new relationships from all those traditional to employment services, therefore, choice is new, we have not done this before.

Choice means having access to options, supports and outcomes from outside the current traditional system. Real choice is available only when a participant has the prerogative to make the “wrong” decision from good information.

Choice is not just about what people say, it’s about who they are, how they feel and how they behave, therefore, *all* persons can indicate choice.

Choice goes beyond choosing providers and controlling resources; it also involves determining the degree of privacy, disclosure, outside participation and personal effort one wants to embrace in order to become employed.

It is necessary to “live into the answers”, that is, to actually implement choice based services, to fully understand choice-based services

The Meaning of Choice: Implications for People and Systems

Introduction

This report provides a reflection on the implications for systems and providers from the experiences associated with the Choice Demonstration Grants funded by the Rehabilitation Services Administration (RSA) of the U.S. Department of Education from 1993 through 1998. In 1992, as a result of the Amendments to the Rehabilitation Act of 1973, Congress directed the Department of Education to fund a national demonstration. The amendments mandated that the Secretary of Education “promulgate regulations to enable individuals with disabilities to select rehabilitation services and service providers directly, consistent with the IWRP (Button, 1992).” This directive resulted in a request for proposal from RSA to the disability field. Over seventy proposals were submitted from across the country and seven projects were funded.

The seven projects began services in October of 1993 and continued until September 30, 1998. Due to changes in EDGAR (Education Department Grants and Regulations) by Congress in the mid-nineties, projects with remaining funds were also able to extend services for a period of up to one year to complete project activities until September 30, 1999. Grantees included three state rehabilitation agencies and four private, non-profit organizations: Arkansas Rehabilitation Services’ *Commitment to Client Choice*; Vermont Division of VR’s *Consumer Choice Demonstration*; Washington State Division of Vocational Rehabilitation’s *Participant Empowerment Project*; United Cerebral Palsy Association’s (UCPA) *Choice Access Project*; The Southwest Business, Industry and

Rehabilitation Association's (SWBIRA) *Client Choice Project*; The Berkeley Center for Independent Living's *Client Enhancement and Empowerment Project*; and The Development Team, Inc.'s *Career Choice Project*.

Each of these projects targeted groups of individuals with disabilities who were related to the culture and focus of their sponsoring agencies. The projects associated with state VR agencies tended to serve persons typical for counselor caseloads. The project managed by the Berkeley independent living center focused on people who typically used the center. SWBIRA traditionally ran PWI projects (Projects with Industry) and thus targeted those individuals. The Development Team concentrated on persons with mental health issues, persons with HIV/AIDS and people with physical and sensory disabilities. UCPA focused on persons with physical disabilities, especially cerebral palsy, who experienced a life impact in the areas of communication, manipulation *and* mobility.

In addition to variation among persons served by the different projects, the strategies used to offer choice varied significantly. Because of this diversity, tight comparisons among and between projects were difficult to assess. According to InfoUse, the organization contracted by RSA to evaluate the effectiveness of the demonstration, comparisons were difficult due to: a) the fact that projects were not required to establish control groups with traditional approaches to rehabilitation and b) project services, measures of participant demographics, costs and participant outcomes varied widely across projects (Stoddard, Hanson & Temkin, 1998).

The projects began with a set of shared components contained in the request for proposal (RFP) that framed the shape and extent of choice-based services. During the course of the demonstration, we refined these general components in a manner that put a sharper focus on each of the original items.

Consumer direction required projects to implement strategies that assured participants actually directed the services they received. We came to understand that planning centered around and directed by participants was the foundation of a customer directed approach. Most projects also embraced a form of personal discovery, as opposed to a total reliance on traditional assessment procedures, that underpinned planning, as a further indicator of consumer direction. Consumer direction also took the form of personal budgets, individual accounts and direct payments that provided the financial resources for purchasing services. These budgets were controlled and directed by participants.

Informed choice addressed the issues related to the information, options and opinions that were available to participants to be used as the basis for decision-making. We assumed that individuals would need access to accurate and unbiased information in order to make informed choices, as required by the RFP. In the course of the projects, we discovered that information was a valuable commodity that was not always available in modes easily understandable and accessible to participants. Projects sought to offer information in a variety of formats in ways that did not necessitate a new “feasibility test” for those participants who had difficulty in dealing with complex information.

Customer satisfaction was to be determined in relation to both the process of choice and the outcomes participants received. We learned that satisfaction was not only an important consideration in the evaluation of whether or not choice was to be a defining characteristic of employment services but also that satisfaction should

drive payments for providers and determine the relevance of the outcomes obtained.

Qualified providers were necessary to meet federal guidelines that seek to protect participants from fraud and to assure them of quality services. We tried to strike a balance between the system's need for assurances that providers chosen by participants were qualified to deliver requested outcomes with the participant's need for flexibility and say-so in choosing from a variety of providers. We learned that if the requirements for providers were reasonable and open to all, that both current and non-traditional providers could participate and that outcomes were similar between these sources of service.

Complete separation from VR services was required in order to assure that participants did not access both choice and regular VR funds at the same time. It was necessary to assure that participants did not have a current Individualized Written Rehabilitation Plan (IWRP, now IPE) as a client of VR. The separation also allowed the three projects that were part of state VR agencies to distance themselves from the traditional policies that might constrain full choice for participants.

Each project had to incorporate these features into their proposals. In addition to these required components the projects were also unique one from the other in relation to a set of features embraced by each project.

Arkansas Rehabilitation Service's *Commitment to Client Choice*

Targeted persons with significant disabilities from diverse and underserved populations.

Located project in a rural area with high unemployment.

Used Community Connectors as linkages between participants and community services.

Developed 151 new vendors.

Used person-centered planning and “Go for the Gold” empowerment training to assure informed choice.

United Cerebral Palsy’s *Choice Access Project*

Targeted persons with significant physical disabilities (98%) -- mobility, communication and manipulation impact.

Allowed funds to be controlled by participants.

Used discovery strategies in place of traditional assessments.

Encouraged participants to hire Advisors for informed choice.

Used employer-directed support plans.

Vermont DVR’s *Consumer Choice Project*

Targeted a group of participants that replicated a typical caseload for VR.

Empowered counselors to write checks to speed up services – used direct cash payments to participants.

Implemented expedited eligibility and “fast track” planning.

Shifted counselor roles from clinical to educational approach.

Focused on participant “ownership” of information, the process and outcomes.

Washington State DVR’s *Participant Empowerment Project*

Targeted persons similar to those served in local counselor caseloads.

Authorized immediate acceptance for participants by project counselors.

Allowed participant control of decisions and resources.

Used rehabilitation teams comprised of participant, counselor and others chosen by participants for planning and informed choice.

Increased the flexibility offered by traditional system.
Conducted comparison studies between choice and traditional system.

All seven choice project directors met on a regular basis by teleconference, typically monthly, during the last half of the project. These calls provided a critically important forum to raise issues in the implementation of project services and to discover areas of consensus and difference based on our experiences.¹

We worked with our contacts within RSA to advocate for a conference or other venues to disseminate our findings and recommendations. A major national symposium, Choices 2000, was held on August 7 – 8, 2000, to address the findings and future implications of the Choice Demonstration and the role of choice within the rehabilitation field. Project directors also identified issues and wrote position papers on a number of topics crucial to choice (see references). We disseminated our perspectives by presenting at conferences and trainings across the nation. Finally, the author of this report made a proposal to the Presidential Task Force for Employment of Adults with Disabilities (Task Force) for funding to gather the information and perspectives from these projects.

Methods used to develop this report

A proposal was submitted to the Task Force describing the primary outcomes of gathering the critical perspectives, experiences and recommendations that reflected the Choice Demonstration. Along with the paper provided by John O'Brien, *Another Look at Informed Choice: Lessons for a Changing Workforce*, this report provides the additional perspectives that we felt needed to be captured in order to fully understand the meaning of the choice demonstration. In developing this report to the Task Force, the following activities were conducted:

¹ The project directors wish to thank Zanne Tillman of RSA for her assistance in organizing the monthly calls with project directors and for her efforts to extend the importance of the Choice Demonstration throughout the VR system. We also want to thank Pamela Martin of RSA for her role as grant officer for all seven projects.

1. A small task force consisting of project directors, system personnel, a Task Force representative and other persons with knowledge about choice was identified and recruited to participate in this process.²
2. All final reports, papers and issues developed by the various projects were collected, copied and disseminated to members of the report's task force.
3. A preliminary, one day planning meeting was held in Chicago in December of 1999. At this meeting, ten members reviewed the information collected on the projects and made recommendations for a "Think Tank" on the projects' implications to be held in early 2000.
4. A two-day Think Tank was held in New Orleans in February 2000, to synthesize the information resulting from the choice demonstration projects and to identify, analyze and discuss the critical issues and lessons. Seventeen persons were invited to attend and eleven participated.
5. Recommendations for this report were made as a result of follow-up phone calls and teleconferences between this report's author and members of the project's task force.
6. This report was written in May and June of 2000 by Michael Callahan, using input from Think Tank members, final reports and papers written during the project.

In addition to these activities, as described in the proposal to the Task Force, numerous phone calls, teleconferences and materials review were conducted. The author also participated as a member of a related "think tank" funded by the Task Force, *Real Choice, Real Jobs, Real Pay: Employment for the 21st Century* conducted by the RRTC associated with Community Options, Inc.

Limitations

² Task force members included Christopher Button, Michael Callahan, Michael Collins, Abby Cooper, Rosemary Gallagher, Susan Linders, John O'Brien, Norciva Shumpert, Joe Skiba, Nancy Sullivan, and Zanne Tillman.

Participation by former choice projects was limited to the four projects and their former directors, identified above, that maintained contact with each other following the end of the extension year in 1999. It is important to note that this partial representation four of the seven projects in this report reflects only the reality of the difficulty in maintaining access to and contact with those who operate on “soft money”. There were no efforts to exclude input. Of the three projects that did not participate one is no longer in business, another’s director retired and yet another’s director left the organization to pursue new employment. Therefore, the perspectives in this paper are based on project final reports and focus primarily on the four participating projects whose project directors were currently available. However, the issues identified and the reports and papers reviewed were developed during the course of the demonstration with input from all projects.

Furthermore, this report is not intended to represent an evaluation of the projects or to answer questions based on statistical trends of data in the mode of the InfoUse report. Rather, along with the compatible report being developed on the experiences of participants in the demonstration, the report is a reflection of that information and those experiences presumed to be important to those who were most closely involved with its implementation in relation to the perspectives of systems and providers.

The Results of the Choice Demonstration

The results of the demonstration provide important insight for future change. Overall, 3,148 persons received services across the seven national projects. Of that number 2,069 chose to develop and complete individualized plans for employment. A total of 1,362 persons (66% of those who made plans) became successfully employed as a result of choice-based services. Of the 1,362 persons who made plans, 230 (11%) became self-employed.

MG&A

Of the four projects represented on the task force, 1,387 persons were served. Of that number 1,067 participants chose to complete individualized plans for employment. A total of 719 persons (67% of those who made plans) became successfully employed. Of the persons who made plans, 135 (13%) chose self-employment as their option and started their own businesses. Of those employed (135 of 719) self-employment represented nearly 19% of all employment outcomes.

The number of persons who chose self-employment represented an unexpected finding of the choice experience. The percentage of persons in the traditional VR program who achieve self-employment outcomes is far lower – typically 1% – 2% of closures. It is clear that when offered real choice and control, persons with disabilities will expand their options for employment in ways that approximate or exceed the general population. The Small Business Administration (1997) reports that approximately 8.4% of working Americans own their own business.

For a detailed perspective of the quantitative results of the Choice Demonstration, readers are encouraged to review the InfoUse report (1999). Beyond the data on hours, wages, demographics and satisfaction, the core of the true meaning and relevance of the choice experience was the degree to which the projects were willing to follow the dreams and aspirations, the deepest preferences, of the participants. The types of jobs and businesses sought by participants varied in a manner that represented the choices of people rather than the traditional categories of work so often assigned to persons with disabilities. An example of the range and scope of employment outcomes obtained by participants include (from project final reports):

Regular employment

Security officer
Dental assistant
Pretzel twister
Baker

Photographer
Mortgage broker
Security door installer
Advocate
Software packager
Sales clerk

MG&A

Factory worker	Espresso cart owner
Property manager	Farrier (horse shoer)
Paralegal	Therapist
Diesel mechanic	Sign maker
Accountant	Custom card maker (2)
Jewelry store manager	Used clothing store
Lab assistant	Auto detailing
Data entry clerk	Photography service
Bilingual customer service	Computer sales
Reservation clerk	Scanning service
Roller rink manager	Sandwich delivery
	"Background artist" for greeting cards
<u>Self-Employment</u>	Cabinet maker
Rare book finding service	Laundry service
Clowning service	A/V rental and meeting taping service
Caterer of kosher foods to prison	Vacuum repair service
Personal assistance agency	

Of course participants also chose more traditional jobs such as food preparation, general laborers, floral assistants, cooks, laundry assistants and all the other types of work that represent typical entry-level employment. The difference in the jobs obtained through the choice demonstration from those jobs traditionally associated with persons with disabilities was that, regardless of the job, the outcomes represented the choice of participants far more than arbitrary openings in the labor market or relationships between job developers and employers. Participants received the *custom home* version of rehabilitation as opposed to the *tract house* outcome.

Critical Issues of the Choice Experience

(Note for layout/design person: This section needs to be boxed as a separate section in this general area)

Beginning in the fall of 1996 an identification and consensus process was undertaken by the project directors to capture a common set of issues facing all projects and to use those issues as a springboard for additional writing and as a development process for identifying strategies for their resolution. In March of 1997 the following list of issues and accompanying questions was developed

and presented to RSA representing the feelings of all seven project directors (Callahan & Cooper, 1997). No order of importance or preference was implied.³

1. Fundamental/Underlying Issues: The basis of choice

Motivational Issues

Is it possible to empower people, with assistance, or must they empower themselves?

Are choice services about teaching one how to choose or about enhancing the opportunity to make choices or both?

Attitudinal Issues

Why does it remain difficult for both the recipient of services and for the bureaucracy to embrace choice?

How can VR look at the basic desire for choice as a non-threatening opportunity?

Shouldn't we consider enabling people to become empowered throughout their lives rather than just through employment and rehab?

Values

What are the assumptions concerning one's ability to choose?

What are the factors of reciprocal trust between the system and the service recipient?

What is the role of reciprocal respect in balancing the power between the bureaucracy and the service participant?

Legislative and Advocacy underpinnings

What is required by federal legislation in the area of choice: The Rehab Act, WIA, ADA, Welfare reform, IDEA, TWIA, etc.?

2. Control of Money

Is control of resources by participants a defining element of choice?

³ The final reports available from each project (see Choice Resources, appendix) provide in-depth discussions of each project's experiences with these and other issues.

What are the issues associated with the range of options for personal control of one's service dollars such as vouchers/tickets, personal budgets/individual accounts, direct payments to participants, debit cards, peer lending? What factors must be in place as mechanisms for implementation? Where in the system is flexibility necessary? What are the security & safety issues?

3. Consumer Empowerment

What is the range of options available to participants? What is the definition of empowerment? What are our findings/successes/pitfalls relating to empowerment?

4. Planning

What is the range of options regarding planning alternatives? Do participants have to plan before implementing choice? What needs to be in place, regardless of the planning process to be utilized, in order for the individual to be listened to? How do we make choice a natural part of the planning process rather than simply an outcome at the end of the process? Who makes the decisions concerning the range of choice to be authorized within a plan?

5. Job Accommodations and Modifications

What is the range of options in obtaining job accommodations and modification within a personal budget? How have different projects accomplished this? How do we structure services so that people can tell us what they need and want in this area? How does information and knowledge concerning job accommodations and modifications increase the opportunity for true choice?

6. Self-Employment

How much do the projects' high outcomes of self-employment represent a factor of true choice and how much is a result of the general societal trends in that direction?

Is there a sequence of steps or strategies, which should be followed in perusing self-employment?

Who decides if and how a person should follow such steps?

7. Provider Issues

Why do providers seem so reluctant to participate in choice-based employment services?

What are their training needs?

Can providers survive in a choice environment?

How do providers need to change their recruitment, development and management techniques to respond to individual customers?

What are the differences and distinctions among providers: traditional vs. independent; vendor vs. service provider; agency vs. individual?

8. Gatekeeper Issues

What are the reasonable restrictions on informed choice and control?

What is the impact of state VR agency's policy and practices?

How do you track and assign accountability in a choice system?

Who is the beneficiary of gatekeeping decisions?

What is the role of traditional concepts - eligibility, employability and presumed ability -- with a choice approach?

From whom can participants purchase services and products?

How does the system safeguard participants by qualifying, expanding or limiting the pool of available providers?

9. Funding justification/Relevance of Outcomes

Who determines the relevance of outcomes identified in a plan or as a result of a service?

Who determines the fair and reasonable cost of services?

What are the issues associated with the use of fixed cost vouchers vs. individually determined budgets?

10. Role of Advice in Informed Choice-making

What is the difference between informed choice vs. “good” choice or “poor” choice?

What are the best strategies for getting advice: team, peer group, friend, paid advisor, counselor, professional?

Where is the proper source of advice: inside system/project vs. outside/independent sources?

11. Degree of Control by Professionals and the Relevance of Professional Expertise

What is the relevance and extent of professional expertise in relation to a participant’s informed choices?

When is it necessary/permissible for professionals to limit choice?

What is the proper role of parents, spouse, friends, peers in relation to a participant’s informed choices?

12. Funding Assumptions

How are services and outcomes determined?

How much money is available to be spent by customers?

How much can be spent for certain services?

What are the restrictions on what can be purchased?

13. Process/Service Capacity

Are there “universal” benchmarks towards achieving employment, which should be considered by all?

What happens if no provider is skilled enough to get the customer what is wanted?

Is it possible to balance the need for qualified providers with the need for flexible and available options for participants?

14. Customer Responsibility and Accountability

What is the proper degree of personal responsibility that participants bring to a choice approach?

What happens if participants default on loans, misuse funds or have businesses that fail?

Do participants need to share in the investment of a personal budget?

15. Impact on Public Rehabilitation Agencies and Broader Employment Systems

How do choice and personal budgets affect the traditional role of the rehab counselor and the relevance of the role of the state agency?

What is rehab's role to assure choice within WIA one-stop centers, TWIA and welfare to work?

The answers to these questions constitute much of the most important information discovered in the choice demonstration and addressed in the final reports. These issues also spurred project directors to write a series of articles pertaining to a number of these critical issues. Articles were written on advice and information, provider issues, options for qualifying providers, self-employment (4 papers), personal budgets, choice and the WIA, persons with intellectual disabilities and other topics (see Choice Resources in the appendix).

The Assumptions and Lessons of Choice

At the outset of the Choice Demonstration project, the four projects represented in this report felt that the system was offering minimal choice and little or no control by participants. Even though Rehab law and publicly-stated intent by the system often implied that participants' choices would be considered in the development of plans for employment and in targeting outcomes, people with disabilities and their advocates felt otherwise. Counselors and employment providers often positioned themselves in a manner that they were presumed to know what was best for participants. In order to explore the implementation of a choice based approach to employment and rehabilitation. Each project embraced a set of assumptions that differentiated the projects from traditional rehabilitation services. The following section provides a listing of

the assumptions generally accepted by the projects and lessons learned based on the choice experience.

1. *We insisted that employment outcomes must be derivative of a person-directed planning process based on discovery of participants' preferences, needs and life situations.*

Each project embraced a form of person-centered and person-directed planning that was based on non-traditional ways of discovering who a participant was in relation to the employment they wanted. This meant a significantly decreased reliance on standardized assessment procedures and an acceptance that participant's life experiences, wishes and passions represented most of the critically important information necessary to develop an individualized employment plan. Arkansas VR and UCPA used a participant profile process that narratively characterized each person to be used as a basis for planning. Washington VR recruited a team of people, chosen by the participant, to provide background information for planning. Vermont relied on re-defined roles between participants and counselors to successfully explore the life circumstances and wishes of participants. The critical ingredient of each approach was a belief that the lives of persons with disabilities, as opposed to their performance on arbitrary standardized evaluations, provided the best context for planning for employment and careers. Our experiences affirmed the usefulness of starting with the person in a manner that accepts information from life as valid and necessary for successful employment planning.

2. *We felt that information and advice, commodities traditionally owned by the system, needed to be transferred to the ownership of the participant.*

At the outset, each project worried that traditional counselor/client roles would detract from rather than enhance the possibilities of choice. This concern was particularly

important in the area of information. We felt that participants had to be empowered, like all savvy consumers, with the best possible information. All projects had to assure that participants exercised informed choice. It was therefore, critical that background information, ramifications and alternatives be available for decision making. More importantly, information had to be provided in a manner suitable for each participant. It was not enough for an employment counselor to simply verbally describe a participant's rights or for a coordinator to hand out policy and procedure manuals. Efforts were made to personalize the complex information associated with each project, specifically, and with the exercise of choice, generally.

All projects offered a form of on-going empowerment and information training throughout the course of the demonstration. The importance of this issue continued throughout the life of the projects. Each new generation of participants had to learn a new way of becoming informed and project personnel had to continually assess their own behavior in relation to their status as professionals and their willingness to accommodate information to the needs of participants. We all came to realize how important relationships are to trust and how import trust is to the acceptance and understanding of information.

3. *We predicted that independent, outside perspectives, not connected to any traditional funding source, were needed to assure participants' ownership of information and advice.*

Since we predicted that information was to be a valuable commodity within a choice approach to employment, all projects proposed a form of independent advice owned by participants, not by the system. The Vermont and Arkansas VR projects and the UCPA project suggested that participants pay individuals from a pool recruited and trained by the projects, but not associated with them in any way. The names varied -

Mentors (VT), Community Connectors (AR), Employment Advisors (UCPA) – but the roles were similar. Their job was to offer additional information, options and advice, if asked, to assist participants to make informed decisions.

Washington VR relied on peer support, chosen by participants, and on a deeper relationship between counselors and participants. Through the demonstration they learned that access to outside advice represented only one avenue to assuring participant’s ownership of information and advice. This project found that the dynamic created by the participant-selected *rehab teams*, along with a new form of personally-focused professional relationship between project staff and participants allowed personal responsibility to develop without hiring additional supporters.

Vermont’s project experienced a decreasing reliance on these outside advisors over the duration of the demonstration in favor of increased counselor recognition of the importance of framing information from the participant’s perspective.

UCPA and Arkansas found that, while participants expressed satisfaction related to their independent supporters, that there is much to learn about the complexities associated with recruiting, training and “managing” a cadre of independent advisors.

4. *We elevated participant satisfaction to be a critical component of service design and evaluation as well as an indicator of the relevance of all outcomes achieved.*

Each project was charged with the responsibility of determining participant satisfaction in relation to both the services of the project staff and the discrete employment outcomes received from providers and vendors. Some in the rehabilitation field undoubtedly saw this satisfaction as the litmus test of whether a choice-based approach was better

than the traditional counselor-directed, individualized approach. Even though the choice projects were relatively unconcerned with these comparisons, the InfoUse report (1998) indicates that choice participants were generally more satisfied than persons in the traditional "110" rehab program (Stoddard, Hansen & Timkin, 1998). In that same report, participants indicated overwhelming satisfaction (about 75% were satisfied or extremely satisfied) with the services associated with the project staff and design.

The most important lesson associated with satisfaction was far deeper than the statements by participants associated with services. We began to understand that a truer test of satisfaction related to the degree to which participants were able to determine the relevance of their employment outcomes. Systems have traditionally set parameters of "acceptable" employment indicators in terms of hours worked, wages earned, and other factors. In the choice projects we found that acceptable indicators related far more to a match between what participants said they wanted in their plans and what they actually received as a result of services.

A challenge occurs when participant goals and system goals are at odds. Many participants chose to park at the edge of a benefits cliff in a way that did not always meet SSA's hopes that they would attain SGA (substantial gainful activity) or VR's assumption that higher hours and days worked indicated quality in employment.

5. *We recognized that new avenues to employment needed to be opened if many more persons with disabilities were to benefit.*

It was apparent to all projects from the beginning that a choice approach to employment would entail individualizing employment relationships between employers and employees in a manner not consistent with traditional labor market relationships. We knew that if persons with personalized

notions and significant disabilities were to achieve the employment outcomes they wanted that job duties would have to be customized. This is much the same way that customized houses reflect the wishes and needs of the homeowner rather than the builder. Most projects embraced job-restructuring techniques to open new avenues for participants.

However, the changes did not stop there. Self-employment emerged as an unexpected avenue for customized employment. The Vermont project was the first to notice this trend and services were adapted to accommodate the wishes of participants, consistent with a cultural trend of entrepreneurship within that state. By the end of the project, it began to be apparent that, given choice and permission, that persons with disabilities would opt for self-employment at the same rate as or higher than the general population (see project final reports for a full discussion of the data). This trend caused projects to identify new strategies and resources to enable participants to successfully start their businesses.

6. *We insisted that staff needed to embrace the idea that choice was more than “business as usual” and that roles and relationships with participants would need to shift dramatically in order for choice to work.*

An early assumption common to virtually all projects in the demonstration was to acknowledge in project design, mission, training, materials and services that we were truly undertaking a different way of doing business. It was not acceptable to consider that Choice was simply the way we had always functioned, perhaps with a heightened sense of focus on listening to consumers. The projects, each in their own context, examined and shifted traditional relationships and strategies in relation to meet the demands of choice. As the demonstration matured, it remained clear that this acknowledgment was critical to a successful shift to choice based services.

7. *We predicted that a broad array of new providers of service, as well as those currently in business, would be needed to be available to participants for choice to work.*

At the outset of the demonstration, it is accurate to say that, while we knew that new providers would likely be needed, we had confidence in the willingness of traditional providers to step up and take on the challenge of choice. We were naive. It turned out that our expectation was somewhat like a local community expecting that its cadre of tract house developers would quickly become custom builders solely as a result of an influx of new money for house building. We found traditional providers to be reluctant to become involved and found that we had to pro-actively recruit and support new, non-traditional providers for project participants. Three of the four projects had to spend considerable time identifying and incubating potential new providers (AR, WA & UCPA). Arkansas developed 151 new providers and UCPA incubated 64 new, non-traditional providers throughout the course of the demonstration.

At the same time, we also had to assist traditional providers to accommodate their practices, relationships and expectations to meet participant rather than system needs. We learned that traditional providers were often unwilling to re-assign or target staff specifically to respond to participants. Provider staff would be often expected to meet all regular duties and then find time to do job development and other services for choice participants.

8. *We assumed that well-funded participants would provide sufficient incentive for providers to successfully customize and deliver employment services in the project.*

It is fair to say, at the beginning of the demonstration, that we each felt that the money allocated to participant's budgets

MG&A

would create a sufficient critical mass to attract providers in a manner similar to a competitive market. It was quickly apparent that the demonstration represented only a very small percentage of the employment resources in a local community and that the provider community was continuing to respond to traditional demands and expectations.

The response to this problem took us in a number of directions. First we assessed the rates being negotiated and approved between participants and tried to assure that choice services were not shackled by restrictions on the rates that could be negotiated between participants and their providers. We also sought to broaden the market by the actions described in Assumption #7, above. Finally, we realized that, until choice became the typical way business is done in rehabilitation, providers would remain reluctant to accept the demands of the participant who wants the custom job.

9. *In accordance with federal requirements and conventional wisdom, we felt that a firewall was needed between the projects and vocational rehabilitation services.*

“The difficulty lies not so much in developing new ideas but in escaping the old ones. (John Maynard Keynes)”

The federal request for proposal (RFP) that announced the competition for the choice demonstration required that all services provided in the projects be separate from those offered in the traditional VR “110” program. This restriction was instituted, no doubt, as a way to more accurately compare the choice experience from regular VR services. If participants had access to both choice *and* VR funds they would be expected to be more satisfied than if they had access to only one source. The irony of this separation was that the RFP did not require projects to adhere to a design that would have allowed a comparison with the regular VR program. Beyond the need to separate resources, each project recognized the need to initially establish an identity for choice that signaled to participants that these services were truly different than those they might have previously experienced. This was easy for the four projects that were managed by private, non-profit organizations. Their services were already provided outside the VR system.

The three projects associated with state VR agencies had a more difficult task of defining their services in a manner discrete from the larger system. Vermont’s project was probably the first to realize and react to this forced, yet seemingly necessary, separation. In the course of the demonstration Vermont’s state VR agency began to adopt the lessons of choice into its entire “110” program.

Additionally, Michigan Rehabilitation Services began a pilot replication of the UCPA project design based on its relationship with the UCPA project site in Detroit. We were learning that if choice is to be embraced by larger systems, the efforts to

implement choice services must be owned by those systems, rather than held separately in the form of a lab experience.

In the final reports from both the Arkansas VR and Washington VR choice projects, the separation from the larger system was seen as problematic in relation to the likelihood that the lessons of the demonstration would be accepted and integrated into broader system replications.

10. *We predicted that counselor and coordinator roles for choice would be sufficiently similar to traditional roles if staff were willing to give up power and say-so and become directed by participants.*

Each of the choice projects used personnel whose job duties were similar to counterparts in the traditional system. Even though the choice staff often had different job titles than traditional employment related staff, the scope and focus of their jobs were very similar. The first lesson we took from this similarity was that the staff roles for choice were sufficient for the task. No project reported the need for significantly more staff than we had available.

The second lesson was that choice is more about staff attitudes, system expectations and relationships with participants than about job titles and changed duties. That is to say, the role of counselors is as important than ever, perhaps even more so. The difference comes in the perception by counselors and other employment staff as to who is the driver of services. In the past, the driver has been a professional process negotiated between the counselor and provider on behalf of participants. In choice the driver is the individual participant with the counselor acting as a support to assist participants to get the services they need from the providers they choose.

Early questions

At the outset of the Choice Demonstration, in addition to the preceding assumptions, we were committed to discovering the answers to a number of questions that represented the concerns of many professionals and system personnel.

We wondered if the actual costs of service would be prohibitively expensive compared to traditional costs.

We learned that participants who were successfully employed actually spent less than we anticipated in virtually every instance. UCPA provided a set budget amount of \$9,466 per participant and the average expenditure of those who were successfully employed was \$8,360. This means they did not spend over \$1,100 in public money that was actually allocated to them for purchases (Callahan, 1999).

In Arkansas it was estimated that the average cost per successful closure would be \$10,000 per participant. The actual cost was \$5,623 -- a \$4,377 savings from anticipated rates (Sullivan, 1999).

In Vermont the average expenditure for services was \$3,257 across all persons using the "110" program. In the choice demonstration, with a matched representation with the regular program, the average costs were \$1,753, a savings of over 46%. Vermont also issued direct payments to participants and found only one case out of 400 in which a participant made a purchase outside those agreed to between the counselor and participant (Collins, 1999).

In Washington the anticipated cost for each participant was \$3,300. In a study conducted by that state VR agency, it was found that the average cost per successful closure was \$1,552 per participant as opposed to \$1,786 in the regular program. Seventy-nine participants were matched from each program in

relation to location, age, disability and ethnicity (Cooper, 1999).

We debated whether participants would treat employment funds as their own and be frugal with public resources.

As the discussion, above, indicates it is clear that participants tended to spend less than anticipated when they became successfully employed. Few participants asked for luxury items, higher priced services or exhaustive lists full of adaptive equipment, computers, or job-related frills. In fact, in the most successful situations, participants took ownership of public funds in a manner similar to their own bank accounts. They were quite frugal in their requests and tried to negotiate (sometimes with necessary supports) for less expensive options.

However, at least one project, Washington VR's Participant Empowerment Project (PEP), learned that when counselors and participants became uncertain of how to achieve outcomes and began to struggle in relation to successful employment, that costs actually began to mount. According to the PEP project director, Abby Cooper, the average cost for *unsuccessful* closures was approximately \$3,600 while the cost of *successful* closures averaged \$2,800. She sees at least two reasons for this occurrence. First, when the process towards employment begins to wander from a straightforward course, she felt that both counselors and participants began to cast about for a variety of solutions that might work, hence raising the cost of services. But secondly, and in her opinion, more importantly, Cooper sensed that some participants and their counselors who were struggling had not successfully embraced the idea that the public resources actually belonged to the individual, not the system. It's always easier to spend someone else's money than it is your own.

MG&A

While the other projects represented in this report did not report data on this issue, it reflects an important lesson. As individually controlled funds become more common in the future, it will be crucial to adopt strategies and attitudes that assist participants to feel ownership of public funds as if they were their own.

We weren't sure whether participants, families and non-paid supporters would begin to take responsibility for services previously provided by counselors and employment staff.

Each project reported a significant investment in the rehabilitation process by participants and, as appropriate, family members and other non-paid supporters when those persons were welcomed into the process. This is not to say that this willingness was automatic. Careful consideration had to be given to strategies to encourage individuals, particularly those with more significant disabilities, to take control of and to become active participants in getting their desired outcomes. All projects instituted some form of training that taught the skills associated with becoming an active and empowered customer. But beyond classes, the projects also had to redefine and continually reassess traditional staff roles that shifted helping and “doing for” roles into facilitating and supporting roles.

We worried whether there might be fraud or coercion in the interactions between providers and participants that took place in people's homes and workplaces, outside the view of project staff.

In a review of all of the four projects included in this report, across a total of 1,614 persons served, there were virtually no reports of fraud or coercion between providers and participants. The UCPA project dealt with two instances (out of 260 persons served) of providers signing “request for payment” forms for participants who were unable to write their names. This was resolved by instituting a witness signing

process that clearly stated that a provider could not sign for a participant *and* that the participant wished to approve the purchase. In those two cases, the services charged for had been provided to the participant. In another case in the UCPA project a participant who could not speak or write clearly claimed a signature mark on a payment form was not hers. An investigation revealed a misunderstanding between provider and participant that was successfully resolved in the project's conflict resolution process.

Vermont identified one case out of 400 in which a participant spent public resources outside the agreement with the counselor. No problems were reported by Arkansas or Washington. The bottom line is that, even though choice relies often on private interactions between providers and participants, it is possible to offer that flexibility without sacrificing prudent fiscal management.

We weren't sure if it would be possible to individualize a participant's budget amount as opposed to providing a pre-determined amount.

At the beginning of the choice demonstration, three of the four projects in this report felt that the only way to assure that participants would exert control over their resources was for the project to confer an average, anticipated rate to each person in the form of a voucher amount. If participants needed more, they could request additional funds. If they used less than requested, the remaining funds could be used for other participants. Vermont, alone, had envisioned an individualized budget amount from the outset. It is fair to say that the other three projects wanted to individualize budget rates from the beginning, but, at that point, were unclear if it was possible and still meet commitments to future participants.

MG&A

Each project was responsible for estimating the average cost of services at the beginning of project services in 1993. We each used historical data of traditional costs associated with the individuals targeted by the various projects. The projects connected with state VR agencies in Vermont and Washington used average case closure rates from their states: \$3,257 in Vermont and \$3,300 in Washington State. The Arkansas VR project anticipated a much higher than average rate due to the conditions of the geographic area and the anticipated impact of the participant's disabilities. That project estimated a cost of \$10,000 per participant. UCPA used supported employment data from 1987 – 1990 and added anticipated costs for rehabilitation technology for a budget rate of \$9,466. Actual expenditure rates are discussed above.

As project personnel became increasingly familiar with the actual costs that were incurred by participants, we became more confident that individualized participant budgets, on average, could be as predictable as traditional average costs. Participants were spending less than anticipated in every project and less than historical averages. This is not to say that we can prove that choice based services are cheaper than traditional services. We simply learned that true participant control of resources and individualized budgets are consistent with sound fiscal planning and control procedures. This form of individualizing budgets is also consistent with the requirements of the Rehab Act, which specifies that fiscal practices should not set any arbitrary limits on the nature and scope of VR services (34 CFR 361.50).

We wondered if self-employment would find a better fit within choice as compared to its tentative acceptance by the broader rehabilitation field.

Common sense would indicate that options restricted within traditional systems would enjoy more expression under a choice based approach. That is exactly what we learned about

self-employment. Although no project anticipated that self-employment would become as important as it did within the demonstration, each project adapted to the wishes of participants who wished to become self-employed. Of the 1,067 participants who successfully completed plans in the choice demonstration, 135 participants became self-employed (O'Brien, 2000). This represents nearly 13% of the total, a figure that is more than half again the percentage of those who are self-employed within the general population (8.4%; Small Business Administration, 1997). The lesson from choice for self-employment is that a service that is designed to be directed by the wishes of the participant is likely to provide a better fit for entrepreneurial efforts than more rigidly designed systems.

From a policy perspective, we wondered if federal and state rehab bureaucracies were truly committed to choice as a valued target for change or if they were treating choice as an open question that might be answered negatively.

This might seem to be a curious question for demonstration projects to pose during the implementation of a service related effort. However, from the earliest days of the choice experience, project directors sensed that the current system was uncomfortable with the idea that one day the entire rehab system might resemble the choice demonstration. Even though the 1992 amendments to the Rehab Act of 1973 clearly required that choices were to be made available to individuals served by VR and the *Findings and Purposes* of the Act identified choice as an “individual right” of all persons, the degree of control and power offered to participants within the choice demonstration seemed to create anxiety for many representatives of the traditional system. This observation was not so much a criticism of the system (certainly any system would be cautious of such fundamental change) as it indicated our uncertainty as to whether the lessons related to our experiences would ever receive serious consideration.

At this point, nearly two years after the formal end of the demonstration, it appears that choice-based services have a life of their own. RSA convened a national choice conference for the summer of 2000. This conference followed the first International Conference on Self-Determination (choice outside rehab) by one week. RSA is currently developing a policy brief for all state agencies that will give direction in the implementation of informed choice. The President's Task Force on Employment of Adults with Disabilities has set a goal to "increase choice and self-determination for adults with disabilities in securing community-based employment and training opportunities" (Task Force, 1999). The Choice Think Tank supported by the Task Force was clear in its belief that choice is here to stay and that the system is slowly embracing the issues and strategies addressed here.

Questions and Challenges as yet unaddressed

Throughout the course of the Choice Demonstration, many complex questions were answered during the implementation of employment services. However, even after six years of experience, there are still questions that require further examination.

Can providers survive in a competitive, market-based economy without certainty from funders as to who will be served?

The coming decade will likely see a significant increase in the number of persons who have control of their share of public resources. They will be choosing from among various providers in a manner much different than the current "assignment" system so common today. As provider agencies are forced to adapt to a competitive market approach, will they be able to exist in a manner similar to that as they currently enjoy? Undoubtedly, providers will have to make significant changes to become customer responsive in the ways that choice demands. As providers become threatened with change, it is

likely that they will oppose choice as a means of survival and as a way to keep the control of employment services.

Can any direct employment services be offered “off budget” by the system/providers without compromising the basic value intent of choice?

As providers seek to maintain a degree of control similar to that in current system and as the shape of the generic One-Stop system begins to unfold, there will likely be tough questions. Can any direct employment services be offered by the system or by providers, outside a participant’s budget and their control and still remain true to the covenant of choice. The answer to this question will, in many ways, become a litmus test for how seriously systems and providers are willing to embrace choice. The fewer services that are provided off budget, the more choice. As more services are arbitrarily provided by the system as a form of “core” service, less choice is available to participants.

At this point, it is likely that VR state agencies will fight to hold onto the planning and approval aspects of employment, as mandated by current VR law. This issue becomes sticky when other entities such as One-Stop centers, Mental Health services, Developmental Disabilities services and Social Security become involved as co-funders to a participant’s budget. These other systems, along with new third parties and traditional providers, will likely position themselves to own the planning process. Beyond planning there are numerous other discrete employment services that have been owned by the entities other than participants: discovery/evaluation, job development, job analysis, job site supports, personal assistance services, training and education services, etc. Participant choice hangs in the balance as decisions are made concerning services that may be chosen and those that are offered by the system.

Will providers become more enthusiastic about working with persons with disabilities as customers with money as choice becomes the norm in employment services?

In his report to the Task Force, “Another Look at Choice”, John O’Brien (2000) discovered from participants a problem already identified by project directors in their choice final reports -- that providers were unexpectedly reluctant to enter into contracts with participants who wanted custom jobs that met their needs and preferences. As the idea becomes more commonplace, will this reluctance recede? Consistent with the experiences of the projects, O’Brien suggests starting with a partnership forged between participants and “skilled people within the current system”. This new partnership is necessary because choice places new demands not only on the funders but on service providers as well. If providers are not willing to align with customers who have money, they are likely to compete for the control of that money by withholding the needed services. If providers are willing to view participants as their funders, as the source of their livelihood, new alliances can be forged that could sustain choice services well into the future.

Will generic employment services such as those available through the One-Stop system that typically focus on macro-economic, labor market concerns, be willing to accept an individualized, participant controlled framework?

This question not only raises an important distinction between federal labor law and rehab law, it suggests that choice offers a strategy for disability-focused services to influence generic labor policy. As the Workforce Investment Act of 1998 now stands, individualization within generic, federal employment policy is secondary to labor market needs and demands. There are few requirements within WIA that push local workforce boards to individualize employment. As a required partner of the new One-Stop system, VR brings clear mandates for

individualization within its separate title of WIA. If state VR agencies were willing to use One-Stop centers as a clearing house for persons with disabilities to get access to a personal budget comprised of funds blended from all the categorical funding sources available to each individual, a new and even more valued role for VR could emerge.

Will vocational rehabilitation services in states accept full participant control of resources and make the cultural and behavioral changes necessary to provide true choice to customers?

As choice evolves to become the way in which services are provided, VR will be under increasing pressure to go beyond the current mandates of the Rehab Act and to accept participant control of resources as a defining indicator of choice. This shift has profound impact for virtually all the questions and challenges addressed here. If VR embraces participant control, it will set a course as an innovative system prepared to meet “new economy” demands with stronger alliances with persons with disabilities. If VR resists this shift, it is possible that it will be caught in power struggles with provider groups aligning with participants for control of VR’s resources on one side and local and state workforce boards clamoring for VR money on the other. If rehab aligns with participant control, however, it may be possible to have choice-based employment redefine a new and stronger role for VR in the future.

Will diverse funding sources become willing to participate in personal budgets for individuals by allowing their funds to be blended with those of other agencies?

All government funding sources experience a shortfall of the resources necessary to fully fund the demand by service recipients. This is especially true for VR, whose state agencies are sometimes forced into an “order of selection” as a means of allocating scarce funds to those most in need. This problem

is often compounded by restrictions on rehab funds in relation to “comparable services” from other sources. Other funds must be spent first, before VR monies are available. While it might seem that this allows VR to harbor precious resources, the net result leads more often to restrictive funding than to real savings. While few memoranda of understandings have been successful in blending diverse funds at the state level between large bureaucracies, personal budgets in choice might be the answer. In early demonstrations funded by the U.S. Department of Labor in One-Stop centers in two states, VR funds are blended with funds from workforce, mental health, developmental disabilities and other sources to comprise a participant’s budget. Since the individual’s budget allows for funds to be targeted specifically towards allowable costs for each source, the usual problems associated with blending funds can be avoided.

What effect will choice have on the best of the traditional commitment and community capacity offered by provider agencies as services are purchased by participants?

Too often the choice experience casts a negative light on the role of providers. They were often reluctant, skeptical or simply not available. But, as O’Brien (2000) pointed out in his report to the Task Force, they were not malicious or vindictive. Providers are caught in the same pressures created by the shift towards choice as everyone else. In fact, the projects were unanimous in their feelings about the critically important role of providers in relation to the capacity necessary to assist participants to become successfully employed. What is less clear is what will become the nature of the relationship between people with disabilities and service agencies, agencies that have traditionally viewed participants as service recipients rather than true customers with money and prerogative to spend where they like. Will a new partnership be forged that raises both providers and participants to a new level of respect and importance? Will a power struggle ensue, with traditional

allies fighting for control? Choice is such a powerful concept that some form of fundamental change is virtually inevitable.

What will be the rationales of various supporters of choice services in the future: well-intentioned partnership, subtle control, self-interest?

Implicit in this admittedly skeptical question is a concern that choice will create a bandwagon onto which many will jump for a variety of reasons, some good, some possibly not. Anytime a system is in a state of deep change there will be some degree of chaos as well as great opportunity. The choice project directors feel in some way an ownership of the lessons and strategies associated with choice, which we know we cannot really claim. But we worry that as hard as choice was to implement – the effort was indeed humbling – that any effort by entities to benefit from the change by solely increasing their power will result in a weakening of power for individuals with disabilities. This concerns calls for all players – funders, participants, providers, advocates and third parties – to reflect on their shared responsibilities to advance the highest aspects of our nation’s disability policy.

Is it possible to find a common ground between the money saving values associated with managed care and the individualized, person-controlled values of choice?

On the face of the issue, choice and managed care are at opposite ends of a value and practice continuum. They are both ascendant strategies that address the need for systemic change. They both reflect a certain dissatisfaction with the current system from either an economic or a service recipient perspective. At this point it seems likely that these two diverse service values are headed on a collision course, with persons with disabilities and others in employment caught in the middle. If there is to be any common ground between these two concepts, personal budgets might offer the solution. As

long as capitated rates are a factor within an individually determined and controlled budget, there might be a chance for the necessary fiscal savings of managed care to coexist with the personalized values of choice. If not, choice and managed care will create an irresolvable conundrum for states and the cause with the strongest constituency emerging as the winner.

Recommendations for Action

Overall Recommendation across Systems:

Begin immediately the process of shifting all funding to personal budgets controlled by individuals with disabilities, and their families as appropriate, by funding demonstration projects at all levels of employment services and supports.

Develop systems with dual or shared accountability: funders to person; person to funders; counselor to participant; participant to counselor; provider to participant; participant to provider.

Redefine the role of providers and their importance in driving the rehabilitation and employment system.

Send a clear message to individuals with disabilities, family members and advocates that a new expectation should be developed regarding the personal control of public resources.

Offer technical assistance for providers to assure that the necessary capacity to respond to the individualized needs and preferences of persons with disabilities is available when needed.

For the Rehabilitation Services Administration:

Continue to broaden strategies to provide informed choice so that all persons with disabilities who wish to direct their own employment search may do so.

MG&A

Embrace participant control of resources as the preferred strategy for achieving employment outcomes.

Encourage personal budgets as a vehicle to cooperate in blended funding approaches with other entities – One-Stops, MR/DD services, Mental Health services, Medicaid.

Influence One-Stop Career centers to with capacity and values to become a clearinghouse for personal budgets for persons with disabilities.

Commit to the development of a new partnership with participants and redefine the traditional partnership with providers.

Accept outcome measures set by individuals as measures of counselor productivity.

Identify and allow more flexible approaches to provider qualifications for persons using personal budgets.

Fund a permanent repository or web site for choice materials and references.

For Office of Special Education

Encourage school districts to offer personal budgets for students with disabilities age 18 – 21 for employment experiences.

Prepare students and families to control public resources, direct employment services and make informed customer choices

For the Administration on Developmental Disabilities

Encourage states to adopt personal budget funding strategies through state planning councils and projects of national significance.

MG&A

Encourage state planning councils to participate in blended funding pilots with other funding sources, including acting as a voluntary partner in local One-Stops.

For the Social Security Administration

Clarify ways to use the Ticket to Work within a personal budget.

Promote PASS plans as a feature of personal budgets to pay for both regular employment services and self-employment.

For Health & Human Services: Medicaid

Revise or clarify Medicaid regulations to allow participant control and personal budgets

Encourage State MR/DD, Medicaid and Mental Health to participate in state and local workforce development boards and to allow funds to be used in personal budgets developed in One-Stops.

For the US Department of Labor

Fund projects to investigate the needed flexibilities surrounding the use of Individualized Training Accounts (ITA's) by persons with significant disabilities and to institute alternatives to ITA's that are compatible with personal budgets.

Fund a national technical assistance initiative for one-stops to recruit persons with disabilities in relation to choice, control of resources and blended funding.

Offer technical assistance to providers around individualized employment at above the minimum wage.

For the Small Business Administration

MG&A

Fund an initiative to assist persons with disabilities who have personal budgets to develop micro-enterprises.

Providers of employment services

Re-examine organizational missions to assure alliance with participant driven outcomes

Restructure employment service organizations to respond to individualized services and outcome-based services.

Develop individualized costs, contracts and customer satisfaction procedures to allow for effective negotiating with persons who control their own budgets.

References and Choice Resources

Button, C. (1992). Rehab Special Report. *Word from Washington*. Washington, DC: United Cerebral Palsy Associations.

Callahan, M. & Cooper, A. (1997). A Consensus List of Issues of the Choice Demonstration Projects. Submitted to Zanne Tillman, Rehabilitation Services Administration.

Callahan, M. (1999). *Choice Access Project*. Final Report. Washington, DC: United Cerebral Palsy Associations.

Choices 2000 web site: www.RCEP7.org (follow link to Choices 2000 for papers and reports on Choice in employment.

Collins, M. (1999). *The Vermont Consumer Choice Demonstration Project: Final Report*. Waterbury, VT: Vermont DVR.

Cooper, A. (1999). *Participant Empowerment Project: Final Report*. Olympia, WA: Washington State DVR.

O'Brien, J. (2000). *Another Look at Informed Choice*. Washington, DC: The Presidential Task Force on Employment of Adults with Disabilities.

Stoddard, S., Hanson, S. and Temkin, T. (1998) *Promising Practices in the Choice Demonstration Projects: An Operations Manual*. Berkeley, CA: InfoUse.

Stoddard, S., Hanson, S. and Temkin, T. (1998). *An Evaluation of Choice Demonstration Projects, Final Report*. Berkeley, CA: InfoUse.

Sullivan, N. (1999). *Commitment to Client Choice*. Final Report. Little Rock, AR: Arkansas Rehabilitation Services.

The Presidential Task Force on Employment of Adults with Disabilities (1998). *Re-charting the Course*: First Annual Report to the President.

The Presidential Task Force on Employment of Adults with Disabilities (1999). *Re-Charting the Course: If Not Now, When?* Second Annual Report to the President.

MG&A

The Rehabilitation Act of 1973 as amended in 1998 as Title IV of the Workforce Investment act of 1998. P. L. 105-220.

US Small Business Administration. (1997). Statistics on self-employment among worker in the United States.

Articles on Choice

Callahan, M. (1997). *Advice and Information: Helping people be become informed and to make effective decisions concerning employment*. Informational Memorandum, RSA-IM-98-03, by the Rehabilitation Services Administration, U.S. Department of Education.

Callahan, M. & Mank, D. (1997). *Choice and Control of Employment for People with Disabilities*. An article for the Institute on Disability's Self-Determination Project, University of New Hampshire.

Callahan, M. (1998). *Options for Qualifying Providers and Assuring Quality Employment Services*. Informational Memorandum, RSA-IM-98-18, by the Rehabilitation Services Administration, U. S. Department of Education.

Callahan, M., Shumpert, N. & Mast, M. (In press, 2000). Self-Employment, Choice and Self-Determination. *The Journal of Vocational Rehabilitation*.

Callahan, M. (In press, 2000). Personal Budgets: The future of funding? *The Journal of Vocational Rehabilitation*.

Collins, M. (1998). *The Option of Becoming Self-Employed: An emerging reality within Vermont Vocational Rehabilitation*. Informational Memorandum, RSA-IM-98-16, by the Rehabilitation Services Administration, U.S. Department of Education.

Cooper, A., Gallagher, R., Holt, E., Kay, D., Larson, J. & Shook, J. (1997). *Comparison Study to Determine Best Practice Implications*. An internal study by Washington State Division of Vocational Rehabilitation, Olympia, WA.

Cooper, A. (1997). *Impact of Informed Choice on Providers*. Informational Memorandum, RSA-IM-98-03, by the Rehabilitation Services Administration, U.S. Department of Education.

MG&A

Sullivan, N. & Cooper, A. (1998). *Innovation, Entrepreneurship and Rehabilitation: A good partnership for the twenty-first century*. Informational Memorandum, RSA-IM-98-16, by the Rehabilitation Services Administration, U.S. Department of Education.

Watson, L. & Herkimer, T. (1998). *Expanding Small Business and Self-Employment Opportunities*. Informational Memorandum, RSA-IM-98-16, by the Rehabilitation Services Administration, U.S. Department of Education.

U.S. Department of Education. (1997). *Support Services for Individuals with Cognitive Disabilities and Others Who Need Assistance in Implementing Informed Choice*. Technical Assistance Circular, RSA-TAC-98-01, by the Rehabilitation Services Administration, U.S. Department of Education.

U.S. Department of Education. (1997). *RSA Demonstration Projects to Increase Client Choice- Description of the seven choice projects*. . Informational Memorandum, RSA-IM-97-08, by the Rehabilitation Services Administration, U.S. Department of Education.