

State Employment Services that Support Competitive Integrated Employment
to Individuals with Complex Disabilities Including Blindness/Visual Impairments

Dissertation

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By

Ann A. Pilewskie, M.A.

Graduate Program in Education: Teaching and Learning

The Ohio State University

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Dissertation Committee

Dr. Tiffany Wild, Advisor

Dr. Melinda Rhoades

Dr. Christopher Zirkle

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Abstract

This research attempted to begin to examine the problem of why youth and consequently, adults with complex disabilities, are not being employed in competitive, integrated environments. As policy, WIOA mandates this status with few exceptions. The study asked, “who and/or what state, and local agencies provide services that mean to support employment and community access?” The study also questioned what services are successful in providing employment supports to consumers with complex disabilities, as well as the barriers to providing supports.

The study used a theoretical framework that combined a Stages-Heuristic policy model and Organizational Niche Theory in which to view the problem. A qualitative research design was used along with descriptive statistics of an electronic survey sent to 123 VR, DD agency and Blind/VI services personnel. A Focus Group was facilitated to expand on survey responses and help discover or add to emerging themes from open-ended survey questions.

The results of the survey were limited, with only 17 participants responding to questions. The Focus Group with three members, was also limited in geographical regions, as well as representative agencies. Therefore, it was impossible to answer the main questions regarding what state agencies provide specialized services to individuals with complex disabilities for the purpose of competitive, integrated employment.

However, the open-ended questions/responses gave good insight into what services are provided, which are successful, and what barriers the responding agencies have in providing specialized services. The Focus Group discussion added to the survey responses, and several themes were apparent. The responses also reinforced much of the current literature (of which there is little) around employment attainment for individuals with significant disabilities.

Dedication

In loving memory of my parents,

Edward G. Pilewski (1927-1989) and Gloria J. (Nathal) Pilewski (1925-2017).

Acknowledgments

I would first like to thank my advisor, Dr. Tiffany Wild for her support, patience, and belief in me as a doctoral student. Dr. Wild valued my work as the Transition Coordinator at the Ohio State School for the Blind and introduced me to the National Leadership Consortium in Sensory Disabilities as well as promoted my application to the NLCSD Fellowship.

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Vita

2015 - 2019	NLCSD Scholar, The Ohio State University
1995	Master of Arts, The Ohio State University, Department of Educational Services and Research, Special Education Supervision
1980	Bachelor of Science in Education, Clarion University of Pennsylvania, Major: Special Education
2007 – 2015	Transition Coordinator, Ohio State School for the Blind
2004 – 2007	Director of Autism Services; Autism Coordinator; Ohio Center for Autism and Low Incidence (OCALI), Ohio Department of Education
1986 –2004	Columbus Public Schools, Columbus, OH: Special Education Coordinator; Consultant, low incidence special education programs; Special Education Teacher of students with moderate/severe developmental and multiple disabilities, elementary and middle schools
1980 –1986	Special Education Teacher of students with severe emotional/behavioral disabilities; Special Education Teacher of students with profound developmental and multiple disabilities, Board of Education of Washington County, Hagerstown, Maryland

Publications

- Pilewskie, A. (2017) A Discussion about the Evolving Roles of Teachers of Students with Visual Impairments. *Journal of Visual Impairment and Blindness* May/June 2017.
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Fields of Study

Major Field: Education: Teaching & Learning
Education of Students with Visual Impairments
Transition
Complex Disabilities
Public Policy

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Chapter 1: Introduction

Background

Secondary Transition Planning is defined by the Individuals with Disabilities Education Improvement Act (IDEIA) as:

“A set of coordinated activities...designed to be within a results oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation; is based on the individual child's needs, taking into account the child's strengths, preferences, and interests; and includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and if appropriate, acquisition of daily living skills and functional vocational evaluation.”
[34 CFR 300.320(b)] [20 U.S.C.1414(d)(1)(a)(i)(VIII)(aa) - (bb)]

The Local Education Agency (LEA) is responsible for coordinating services with the state Vocational Rehabilitation (VR) agency. This first occurs as a referral for services or by an invitation to an Individualized Education Plan (IEP) meeting. The IEP is a collaborative, written document that plans for a student with disabilities specialized, individualized supports and services needed for a free and appropriate public education. Once a relationship is established between the LEA and the VR agency, activities can be developed to support the employment goal for the student. These activities might include assessments, career exploration, skill development, job shadowing, employability skills, summer work experiences, among others.

The Workforce Innovation Opportunity Act (WIOA) passed in 2014, replacing the Workforce Investment Act (WIA) of 1998. States were required to develop an implementation plan of the WIOA by 2016. WIOA added new areas to the prior WIA including transition services for students with disabilities. WIOA provides that 15% of federal Vocational Rehabilitation (VR) funding to the states support transition age students, ages 14-22. The intent is for VR and Education agencies to work together to provide employability or vocational services to students who are typically un- or under-employed. The new requirements contained in the WIOA specifically support integrated, competitive employment for any person, regardless of the severity of her/his disability, as well as policies that support community inclusion, self-determination, person-centered planning, Employment First philosophy, and others promoted by disability advocacy organizations (Section 7(11) of the Act, as amended by WIOA; §361.46(a)(1), of implementing regulations, RSA, 2015; Winsor, J., et al., 2021).

The Individuals with Disabilities Education Improvement Act (IDEIA) of 2004, requires that all students with an Individualized Education Plan (IEP) have a transition plan included in their IEP beginning at age 16. Several states, mandate that the transition plan is initially developed by age 14. The transition plan must address three main goals for which the local education agency (LEA) is responsible. These goals are: 1.) post-secondary education or training; 2.) employment; 3.) independent living skills.

As stated in IDEIA, and reinforced by WIOA, competitive, integrated employment (CIE) is the goal for *all* students with disabilities. This is a paradigm shift for many educational professionals as well as vocational rehabilitation counselors. The

Office of Special Education and Rehabilitative Services, wrote in *A Transition Guide to Postsecondary Education and Employment for Students and Youth with Disabilities*, “Both school and VR program staff are now responsible for providing documentation of completion of specific services and actions prior to referring a student with a disability to subminimum wage employment (2020, p. 31).” This was not applicable prior to the passage of WIOA. Geisen et al. discussed what needs to happen for students who are blind/VI to access competitive employment, “...vocational rehabilitation agencies must provide individualized programs that incorporate advances in technologies and that will motivate and enable youths with visual impairments to participate more fully in the economic mainstream (2012, p. 486).” Again, WIOA and IDEA supports this need and is a shift in prior attitudes by service providers. In an article by Wehman, et al., (2018, p. 133) describing supported employment (as CIE) for individuals with the most significant disabilities, the authors stated, “Supported employment was clearly a dramatic paradigm shift from providing vocational services in day programs and sheltered workshops to ensuring support at a community integrated job site with training and support from a qualified employment specialist (2018).”

Individuals with significant, multiple, or complex disabilities, such as those with sensory disabilities, (blindness/visual impairment, deafness/hard of hearing, deafblindness), autisms spectrum disorders (ASD), orthopedic or physical disabilities, or intellectual and developmental disabilities (IDD) have often been left out of community employment. Most of these individuals if employed, are employed in sheltered workshops, which are segregated and pay sub-minimum wages (Winsor, J., et al., 2017,

p. 7). Sheltered workshops pay piece-rates, sometimes only cents an hour, rarely minimum wage (Rogan & Rinne, 2011). WIOA requires that individuals with disabilities are employed alongside people without disabilities (including supported employment and self-employment) and make at least minimum wage.

The employment rate for individuals with cognitive disabilities, ages 18-24 who live in the community (versus institutional living) is 33.6% and those with ambulatory disabilities is 26.4% according to the 2023 Annual Disability Statistics Compendium (Paul, 2023). Individuals with self-care disabilities and independent living disabilities are employed at 15.7% and 20% rates, respectively. The rate for those with visual impairment, without secondary disabilities is 47.9% (Paul, 2023). Although these employment rates have increased since the 2016 Annual Disability Statistics Compendium, there continues to be an overall 35.9% employment gap between individuals with disabilities and those without disabilities (Paul, 2023). As in past reporting, there was no reporting for those individuals with multiple disabilities or complex disabilities. “Most available indicators suggest that a relatively small proportion of adults with severe intellectual disabilities, autism, or multiple disabilities access paid work experiences in their local communities” (Boeltzig, Timmons, & Butterworth, 2008; Butterworth, Smith, Hall, Migliore, & Winsor, 2010; Cimera & Cowan, 2009; National Organization on Disability, 2010; Rusch & Braddock, 2004; Verdonchot, De Witte, Reichrath, Buntinx, & Curfs, 2009; Carter, Austin & Trainor, 2012). Obviously, there is much work to do.

Once students with complex disabilities graduate and they are unemployed, what do they do? Rarely are post-secondary education programs available for them to attend. Some universities have inclusive programs for students with intellectual disabilities that also support employment skills, but even most of those programs serve students with more mild to moderate intellectual disabilities (Wong, 2016; Grigal, et al, 2015).

Private vendors are closing their sheltered workshops, since they are no longer receiving federal funds due to WIOA mandates, so they are rarely an option anymore (APSE, 2021). Day-habilitation programs that provide recreation and socialization opportunities are available in some communities and provide activities and sometimes essential skills for young adults but are not available in all areas. Day-hab programs are not work and rarely provided daily. So as a result, many young adults with severe or multiple disabilities sit at home doing nothing, most collecting Supplemental Security Income (SSI). Another outcome after students graduate, unless they work or attend day-hab programs, is that they lose their social circle of friends. Individuals with multiple disabilities have many fewer social interactions and community engagements than those with higher incidence disabilities (Newman, et al, 2011).

Theoretical Framework: Organizational Niche Theory within the Stages-Heuristic (Policy Process) Model

While public policy is in place to support persons with disabilities, specifically the IDEIA and WIOA, the policies may be implemented in different ways in different states. Although this study focuses on a very small or *niche* disability population of individuals with complex disabilities, the problem of competitive, integrated employment must be framed within a policy process, specifically policy implementation. Numerous

theories and frameworks exist within the policy arena that attempt to describe the muddiness of the policy process. Policy theorists have debated over decades and will continue to debate about which framework is the most accurate in its description of the policy process. Most of these policy process theories overlap due to the “multi-dimensional nature of policy making (Theodoulou, 2013, p.124)”. Theodoulou argues:

“Thus the choice between theories, models, and frameworks is not an either-or proposition. The challenge is to utilize the approaches where warranted, derive analytical value from them where applicable and understand that the policy process is intrinsically complex.” (p.124)

There are a few policy frameworks for which this problem could be addressed, specifically Schneider and Ingram’s Policy Design and Social Construction of Target Populations and especially, Ostrom and colleagues Institutional Analysis and Development Framework (Theodoulou, 2013). Perhaps these theories would support future studies in the disability-employment arena. For purposes of this study, a simpler policy framework developed first by Charles Jones in 1970 and later by Harold Lasswell that considers the policy decision process as being developed in stages, the *Stages-Heuristic Model* (Theodoulou, 2013; Lasswell, 1971), will be used for this study.

Within the policy framework of which this study is viewed, it is important to consider the specific niche population relative to the *Stages-Heuristic Model*. Individuals with complex disabilities, as the niche population, are viewed through Gray and Lowery’s (1996), *Niche Theory of Interest Representation*. Since this study examines the lack of competitive integrated employment for individuals with complex disabilities, it is necessary to view this specific population through a *Niche* theoretical lens. Once

individuals with complex disabilities are defined as the niche population within the total population of individuals with disabilities (Consumers) seeking CIE, these individuals must be considered within the *Stages-Heuristic Model*, specifically at the *Policy Implementation Stage*. Thus, both theoretical frameworks are combined into one lens from which the study problem is viewed.

Problem

This research examines the problem of why youth and consequently, adults with complex disabilities, the niche population, are not being employed in competitive, integrated environments, and most not employed at all. As policy, WIOA mandates this status with few exceptions. Who and/or what federal, state, and local entities provide services that mean to support employment and community access? The IDEA mandates that public education systems must develop a transition plan that supports employment and training for each student with an IEP. The mandate includes that the LEA must coordinate with the necessary VR agency, and WIOA has provided some funding, guidance, and leadership to state agencies to work together. The directives are stated in both education and workforce law, so what is the essence of the lack of competitive, integrated employment for individuals with complex disabilities?

Within the theoretical framework, IDEA/IDEIA is policy that has been implemented and reauthorized many times since the original Education for All Handicapped Children Act 94-142, in 1975. WIOA is new as policy but has also been updated many times since the original Workforce Investment Act (WIA) of 1998.

Considering the two policies together, specifically focusing on the *Policy Implementation* stage of WIOA, the problem of the *niche* population can begin to be studied.

Besides employers and the labor market, two entities, Education and VR, must be considered as responsible parties. The transition plan in the IEP, along with its subsequent activities, are meant to create a *seamless* movement between school and work and community life. As in a relay, transition is meant to be like a baton, in which one participant passes it to the next—education passes to VR or other support agencies. For the hand-off to be successful, both parties must be in sync and cooperative. It is imperative that both parties work well together. However, education and vocational rehabilitation are two very different entities, specifically in qualification for services and service delivery. This does not mean that the agencies are incompatible and cannot work together, but that each agency must shift their understanding and knowledge of the other.

Education, within IDEIA policy/law must continue to develop, implement, and evaluate current and best practices in transition, including employability skills and disability specific education, particularly for those students with complex disabilities. But once the transition baton is ready to be handed off, what agencies are available and prepared to provide appropriate and necessary supports and services to young adults with complex disabilities to engage in competitive, integrated employment? This, arguably, is the crux of the problem.

Rationale

Specialized supports, accommodations, services, and specific skill training are a few imperatives to the successful employment outcomes for individuals with complex

disabilities. The scholarly literature contains some studies on best practices for employment of individuals with IDD, multiple disabilities, ASD, and other significant disabilities. However, there were no research articles found that addressed best practices for individuals with complex disabilities—defined here as those individuals with a significant disability concomitant with a sensory disability, including deafness/hard of hearing, visual impairments including blindness, and deafblindness. This study focuses specifically on complex disabilities that include visual impairments/blindness concomitant with IDD, ASD, physical disabilities, emotional disabilities, other significant disabilities, and deafblindness. Research on employment skills and services for individuals with visual impairments has been published, and VR services are available for those with visual impairments, usually through separate VR agencies for the blind, or private commissions for the blind (funded by VR). Individuals with significant or multiple disabilities, IDD, and ASD, are provided employment services through state VR agencies or Developmental Disability (DD) agencies.

Employment First is a collaborative process of state agencies that advocate for and provide services to individuals with IDD and other disabilities. VR, DD, mental health, education, among others, are most often the agencies that participate in Employment First. Employment First, which exists in almost every state, could possibly be the entity that provides services to individuals with complex disabilities, but currently there has been nothing published in that regard.

Individual states provide VR services through a variety of agencies and means. Some state VR systems provide services directly to consumers, while others contract out

to local private Commission on Accreditation of Rehabilitation Facilities (CARF) agencies. VR services for those with sensory disabilities are often served through specialized VR entities, either public or private that provide disability specific supports. Again, DD and Employment First provide vocational services to individuals with complex and multiple disabilities. Until it is known how each state provides VR services to individuals with complex disabilities, we will not know which entities provide the best practices to support community employment. Hopefully, the percentage of the population of individuals with complex disabilities employed in each state, will correlate to specific services or other variables provided by VR agencies. Once this preliminary information can be studied, research can be conducted to determine best practices and ultimately replicated in other states to provide optimum services, and increase competitive, integrated employment for individuals with complex disabilities. But first, it must be determined how each state currently provides VR services to the focus population.

Research Questions

1. Which states provide specialized VR services to individuals with complex disabilities including those who are blind/VI?
2. What agencies in particular serve consumers with complex disabilities in each state?
3. Of the agencies providing VR services to individuals with complex disabilities, what services are provided?
4. How many individuals have accessed the specialized services? Is there a waiting list for consumers to access services?

5. Are services linked to transitioning high school students before they graduate from school?

Significance of the study

As previously stated, little to no research has been conducted that studies VR services and best practices to support the employment of individuals with complex disabilities. This study would be the initial study that could pull the virtual thread from educational transition to VR agency to appropriate and necessary services that supports competitive integrated employment for individuals with complex disabilities.

Work is an integral component in the fabric of American culture (Terkel, 1974). Most adults spend the majority of their day at a job or occupation. Americans attend school, then go on to post-secondary education or seek employment. Like education prior to 1975, many people with disabilities have been left out of the workforce, too. Pre-determined ideas that individuals with disabilities could not work or be productive (especially those who were blind), were common. Individuals with disabilities had to advocate and fight for services to support their employment in the community. After a long and arduous history of fighting for their civil rights, people with disabilities were provided with services and protections in the law, culminating with the passage of the Americans with Disabilities Act (ADA) in 1991, and continued revisions to workforce acts as in the WIOA.

Individuals with complex disabilities are guaranteed the same rights, but often appropriate and needed supports are not provided. Individuals with significant or complex disabilities often are idle at home, or in group homes or other residential

facilities. Vast sums of funds, i.e., Supplemental Security Income (SSI), Supplemental Security Disability Income (SSDI) that support idle and/or non-productive living, or underemployment, is often provided. When interviewed, most adults with disabilities want to work and be employed in the community. Individuals with disabilities have the right to work and more importantly, most want to work. Inclusion in education, in the general education classroom is the first step to community engagement and belonging. Workforce inclusion in the community must be next.

Need for the Study

As previously suggested, this study could be the impetus for subsequent studies to determine best practices for the provision of VR services to individuals with complex disabilities to be employed in the community. There is virtually no research on this specific population and hopefully the results would be the initial step in determining why individuals with complex disabilities are infrequently employed.

Definition of Terms

ADA: Americans with Disabilities Act: “The Americans with Disabilities Act (ADA) is a federal civil rights law that prohibits discrimination against people with disabilities in everyday activities. The ADA prohibits discrimination on the basis of disability just as other civil rights laws prohibit discrimination on the basis of race, color, sex, national origin, age, and religion. The ADA guarantees that people with disabilities have the same opportunities as everyone else to enjoy employment opportunities, purchase goods and services, and participate in state and local government programs.”

(<https://www.ada.gov/topics/intro-to-ada>)

AFB: American Foundation for the Blind: “Since 1921, AFB has been a leader in addressing the most pressing needs of people with visual impairments and their families, breaking down societal barriers, and promoting broad systemic change. Publisher of the *Journal of Visual Impairment & Blindness* for over a century and counting, AFB is also proud to steward the accessible Helen Keller Archive, honoring the legacy of our most famous ambassador. AFB’s mission is to expand pathways to leadership, education, inclusive technology, and career opportunities to create a world of no limits for people who are blind, deafblind, or have low vision.” (<https://www.afb.org/about-afb>)

ASD: Autism Spectrum Disorders: “Autism spectrum disorder (ASD) is a developmental disability caused by differences in the brain. People with ASD often have problems with social communication and interaction, and restricted or repetitive behaviors or interests. People with ASD may also have different ways of learning, moving, or paying attention.” (<https://www.cdc.gov/ncbddd/autism/signs.html>)

Accommodations: a change to the environment, or tool to give support in the environment for a person with a disability to access the environment or its content

Blind: (Total) is the complete lack of light perception and form perception, and is recorded as "NLP," an abbreviation for "no light perception." (AFB, 2018)

Legal blindness: A visual acuity of 20/200 or less in the better-seeing eye with best conventional correction (meaning with regular glasses or contact lenses). (AFB, 2018)

BSVI: Bureau of Services for the Visually Impaired; the subgroup of vocational rehabilitation services provided by the state vocational rehabilitation agency. In Ohio, it is OOD, Opportunities for Ohioans with Disabilities. BSVI is part of the larger agency, it is not a separate agency of its own.

CARF: Commission on Accreditation of Rehabilitation Facilities, CARF International is an independent, nonprofit accreditor of health and human service, including disability services (2020 CARF International website <http://www.carf.org/About/WhoWeAre>).

State VR and DD agencies contract with local CARF agencies to provide employment services to individuals with disabilities, according to their IPEs.

CVRT: Certified Vision Rehabilitation Therapist: “Vision rehabilitation therapists instruct persons with vision impairments in the use of compensatory skills and assistive technology that will enable them to live safe, productive, and interdependent lives. Vision rehabilitation therapists work in areas that enhance vocational opportunities, independent living, and the educational development of persons with vision loss, and may include working in center based or itinerant settings. <https://www.acvrep.org/certifications/cvrt>

COMS: Certified Orientation and Mobility Specialist: A COMS Provides instruction in movement, mobility, safety, directionality, travel, transportation, special awareness, to individuals who are blind/VI. “A Certified Orientation & Mobility Specialist (COMS) is

a highly trained expert who specializes in working with individuals who are blind, low vision or who have functional visual limitations, and empowers them to achieve their life goals for education, employment, avocation and independence. A COMS may be blind, partially sighted or sighted. COMS are engaged in a comprehensive approach to orientation & mobility addressing nonvisual, visual, physical, cognitive, and psychosocial aspects related to mobility training for individuals of all ages, as well as diverse needs and abilities.” (<https://www.acvrep.org/certifications/coms>).

Complex Disability: for purposes of this study, complex disability refers to a multiple disability for which one of the disabling conditions is sensory, such as visual impairment or Deaf/hard of hearing, concomitant with another significant disability including Intellectual and Developmental Disability (IDD), orthopedic impairment, serious emotional disturbance (SED), autism spectrum disorders (ASD), etc. It also includes deafblindness.

Competitive Integrative Employment: “Employment Outcome —Basis for Change

- The extensive emphasis on competitive integrated employment throughout the Act as amended by WIOA
- Section 102(b)(4) of the Act, as amended by WIOA, and §361.46(a)(1) of the implementing regulations require that the IPE include a specific employment goal consistent with the integrated employment.
- Section 7(11) of the Act, as amended by WIOA, specifically includes customized

employment as an “employment outcome.”

Competitive Integrated Employment— Components of Definition

To satisfy the definition of “competitive integrated employment,” which is one of the types of employment outcomes permitted under the VR program, the employment must satisfy the requirements for all three components:

- Competitive earnings;
- Integrated Location; and
- Opportunities for advancement.

This means that if an individual’s employment fails to satisfy any one of the above components, the employment will not meet the definition of “competitive integrated employment.” (RSA)

Consumer: In the context of this study, consumer refers to the individual with a disability who is accessing VR services.

Deafblind: “means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for children with deafness or children with blindness” (Ohio Operating Standards for the Education of Children with Disabilities, 2014).

Employment First: Employment First is a process and commitment to the belief that **all** individuals, regardless of the severity of his/her disability, “(a) are capable of performing work in typical integrated employment settings, (b) should receive, as a matter of state policy, employment- related services and supports as a priority over other facility-based and non-work day services, and (c) should be paid at minimum or prevailing wage rates (Butterworth et al, 2015; APSE, 2014; Kiernan et al, 2011; Moseley 2009). Employment First is intended to be a collaboration of many state agencies and systems in both policy and funding, including DD, VR, workforce development and education, along with peripheral supports such as housing and transportation (Butterworth et al, 2015).

Employment Outcome: An employment outcome means an individual entering, advancing in, or retaining:

1. Full time, or if appropriate part-time, competitive integrated employment;
2. Supported employment that meets the definition of competitive integrated employment;
3. Other types of employment in competitive integrated settings consistent with the individual’s employment factors, including customized employment, self-employment/business ownership and telecommuting.

(<http://www.acces.nysed.gov/vr/01000-employment-outcome-policy>)

The definition, as implemented by §361.5(c)(15), differs from prior §361.5(b)(16) by:

- Adding a specific reference to customized employment as a form of competitive integrated employment;
- and Eliminating uncompensated outcomes, such as homemaker and unpaid family workers, from the scope of the definition for purposes of the Vocational Rehabilitation (VR) program.

^[1]_{SEP}(<http://www.acces.nysed.gov/vr/01000-employment-outcome-policy>)

Employment Supports and Services: VR services include: job placement, on-the-job support, on-the-job training, maintenance, other services, information referral, and diagnostic and treatment services.

Expanded Core Curriculum (ECC): specific to pre-school and school age children and youth with visual impairments. Much of the curriculum also supports employment.

Areas of the expanded core curriculum: verbatim definitions from Phil Hatlen, (Points of Interest, AFB, 2009):

Compensatory access skills: “Skills that students who are visually impaired need to access all areas of the core curriculum. Mastery of compensatory access skills usually means that the student has access to learning in a manner equal to that of his or her sighted peers. Examples: Concept development, communication modes (calendar systems, braille, print), organizational skills, needed accommodations (Hatlen, 2009).”

Social interaction skills: “Individuals who are visually impaired cannot learn social interaction skills in a casual and incidental fashion. They learn them through sequential teaching and modeling. Examples: Social concepts, physical skills, social integration,

parallel and group play, eye contact, tone of voice (Hatlen, 2009).”

Recreational and leisure skills: “These skills must be deliberately planned and taught to students who are visually impaired and should focus on the development of lifelong skills. Examples: Hobbies, sports, games, orientation, physical fitness (Hatlen, 2009).”

Assistive technology and technology skills: “Assistive technology devices provide access to the general learning environment. Technology enhances communication and learning and expands the world of persons who are visually impaired in many ways. It makes information that is typically inaccessible readily available. Examples: Media literacy, technical concepts, selection of appropriate assistive devices, media needs, accessibility to information (Hatlen, 2009).” Examples of assistive devices: Notetaker: in this reference, an electronic braille device in which the user can take notes, make files, access the internet, send email; Screenreader: software installed on computers that reads the screen to the user: the user must manipulate the keyboard to move around the screen. O&M skills: “O&M emphasizes the fundamental need and basic right of people who are visually impaired to travel as independently as possible, enjoying and learning to the greatest extent possible from the environment through which they are passing. Examples: Body image, travel, spatial awareness, safety, directionality (Hatlen, 2009).”

Independent living skills: “This area, often referred to as daily living skills, consists of all the tasks and functions that people perform, according to their abilities, to live as independently as possible. As with the skills of social interaction, students who are visually impaired cannot learn these skills without direct, sequential instruction.

Examples: Hygiene, food preparation or retrieval, money management, time monitoring, dressing (Hatlen, 2009).”

Career education: Career education is vital because here, too, general instruction assumes a basic knowledge of the world of work that is based on prior visual experiences.

Examples: Exploring interests, areas of strength, job awareness, planning, preparation, placement, work ethic (Hatlen, 2009).”

Sensory efficiency skills: “Systematically training students to use their remaining functional vision and tactile and auditory senses better and more efficiently is vital.

Examples: Visual, auditory, and tactile learning: environmental cues and awareness, personal attributes, sensory attributes, use of low vision devices (Hatlen, 2009).”

Self-determination skills: This area is based on the premise that students who are visually impaired must acquire specific knowledge and skills and have many opportunities to practice them to become successful. Examples: Sense of self, decision making, problem solving, goal setting, personal advocacy, self-control, and assertiveness training (Hatlen, 2009)”

IDD: Intellectual and Developmental Disabilities: “IDDs are differences that are usually present at birth and that uniquely affect the trajectory of the individual’s physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems.

Intellectual disability starts any time before a child turns 18 and is characterized by differences with both:

- Intellectual functioning or intelligence, which include the ability to learn, reason, problem solve, and other skills; and
- Adaptive behavior, which includes everyday social and life skills.

The term "developmental disabilities" is a broader category of often lifelong challenges that can be intellectual, physical, or both.

"IDD" is the term often used to describe situations in which intellectual disability and other disabilities are present.

“(https://www.nichd.nih.gov/health/topics/idds/conditioninfo)

IDEIA: Individuals with Disabilities Education Improvement Act (2004): “The Individuals with Disabilities Education Act (IDEA) is a law that makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children.

The IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 7.5 million (as of school year 2020-21) eligible infants, toddlers, children, and youth with disabilities.

Infants and toddlers, birth through age 2, with disabilities and their families receive early intervention services under IDEA Part C. Children and youth ages 3 through 21 receive special education and related services under IDEA Part B.

Additionally, the IDEA authorizes:

- [Formula grants](#) to states to support special education and related services and early intervention services.
- [Discretionary grants](#) to state educational agencies, institutions of higher education, and other nonprofit organizations to support research, demonstrations, technical assistance and dissemination, technology development, personnel preparation and development, and parent-training and -information centers.

Congress reauthorized the IDEA in 2004 and most recently amended the IDEA through Public Law 114-95, Every Student Succeeds Act, in December 2015.”

(<https://sites.ed.gov/idea/about-idea>

IEP: Individualized Education Program: From Section 1414 (d) (1) (A) (i) of IDEA (2019)

[\(i\)](#) In general

- The term “individualized education program” or “IEP” means a written statement for each child with a disability that is developed, reviewed, and revised in accordance with this section and that includes—

- (I) a statement of the child's present levels of academic achievement and functional performance, including—
 - (aa) how the child's disability affects the child's involvement and progress in the general education curriculum;
 - (bb) for preschool children, as appropriate, how the disability affects the child's participation in appropriate activities; and
 - (cc) for children with disabilities who take alternate assessments aligned to alternate achievement standards, a description of benchmarks or short-term objectives;
- (II) a statement of measurable annual goals, including academic and functional goals, designed to—
 - (aa) meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum; and
 - (bb) meet each of the child's other educational needs that result from the child's disability;
- (III) a description of how the child's progress toward meeting the annual goals described in subclause (II) will be measured and when periodic reports on the progress the child is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards) will be provided;

- [\(IV\)](#) a statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided for the child—
 - [\(aa\)](#) to advance appropriately toward attaining the annual goals;
 - [\(bb\)](#) to be involved in and make progress in the general education curriculum in accordance with subclause (I) and to participate in extracurricular and other nonacademic activities; and
 - [\(cc\)](#) to be educated and participate with other children with disabilities and nondisabled children in the activities described in this subparagraph;
- [\(V\)](#) an explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class and in the activities described in subclause (IV)(cc);
- [\(VI\)](#)
- [\(aa\)](#) a statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on State and districtwide assessments consistent with section [1412\(a\)\(16\)\(A\)](#) of this title; and

- [\(bb\)](#) if the IEP Team determines that the child shall take an alternate assessment on a particular State or districtwide assessment of student achievement, a statement of why—
- [\(AA\)](#) the child cannot participate in the regular assessment; and
- [\(BB\)](#) the particular alternate assessment selected is appropriate for the child;
- [\(VII\)](#) the projected date for the beginning of the services and modifications described in subclause (IV), and the anticipated frequency, location, and duration of those services and modifications; and
- [\(VIII\)](#) beginning not later than the first IEP to be in effect when the child is 16, and updated annually thereafter—
 - [\(aa\)](#) appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills;
 - [\(bb\)](#) the transition services (including courses of study) needed to assist the child in reaching those goals; and
 - [\(cc\)](#) beginning not later than 1 year before the child reaches the age of majority under State law, a statement that the child has been informed of the child’s rights under this chapter, if any, that will transfer to the child on reaching the age of majority under section [1415\(m\)](#) of this title.

Integrated Job Setting: A work environment that is inclusive of individuals with disabilities. Individuals with disabilities work alongside co-workers without disabilities. This does not include enclaves, sheltered workshops, or other secluded work environments. It does include customized employment.

IPE: Individual Plan for Employment: “An Individualized Plan for Employment (IPE) (also known as an Individualized Employment Plan [IEP]) is a contractual agreement between an individual with a disability and a state office of vocational and rehabilitative services. IPEs help inform the individual regarding what services they will receive and help them make informed choices regarding their vocational training. This information includes the cost, duration, and accessibility of potential services. This document is written collaboratively between the client and vocational rehabilitative counselor. The IPE must contain the following information: (1) the date that services begin and the date by which the vocational objective is to be achieved; (2) the specific services that are to be offered to the client or consumer; (3) objective criteria, evaluation procedures, and schedules for determining progress toward goals; and (4) a description of the Client Assistance Program (CAP) (Vision Aware, [2010](#)).” (VanBergeijk, E. 2013).

Job coach: “offer(s) on-the-job support to clients to help them adjust to the workplace. As clients become more proficient at their jobs, the job coach spends less time on-site, but continues to monitor the employee and offers support when needed (Miller, n.d.).”

Job Developers: “A vocational service that assists an injured worker in returning to work by uncovering the hidden job market (i.e., unadvertised positions) and/or creating a job that matches the injured worker’s vocational skills and abilities.” (OOD, 2018)

Multiple disability: “means concomitant impairments (such as mental retardation-blindness or mental retardation-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. “Multiple disabilities” does not include deafblindness”. (Ohio Operating Standards for the Education of Children with Disabilities, 2014).

NPTP2: National Plan for Training Personnel To Serve Children with Blindness and Low Vision.

“[A] national strategic plan for preparing capable and qualified personnel to educate students who have visual impairments. The plan focuses on three main goals: (1) to increase the number and diversity of qualified personnel to serve students with visual impairments; (2) to increase the number and diversity of qualified leadership personnel in the education of children with visual impairments; and (3) to increase the number and diversity of high-quality applicants to and graduates from personnel preparation programs serving all areas of education of students with visual impairments (Mason and Davidson, 2000)”.

Specialized/Disability Specific Services: These services refer to the core accommodations, methods, education, and other supports to individuals with defined disabilities, to access their community, employment, and independence. These services are determined by assessments and accessed through VR or DD agencies, usually through contracted CARF agencies. For example, sign language education is a disability specific service to Deaf individuals. Individuals with ASD can benefit from research-based social skills instruction, visual supports, or discrete trial training. Individuals with IDD often learn best from repetition, practice, and use of behavioral principles.

Secondary Transition: From IDEIA, 2004: "A set of coordinated activities...designed to be within a results oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation; is based on the individual child's needs, taking into account the child's strengths, preferences, and interests; and includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and if appropriate, acquisition of daily living skills and functional vocational evaluation." [34 CFR 300.320(b)] [20 U.S.C. 1414(d)(1)(a)(i)(VIII)(aa) - (bb)]

Sheltered Workshops: “A sheltered workshop is a private **non-profit, state, or local** government institution that provides employment opportunities for individuals who are developmentally, physically, or mentally impaired, to prepare for gainful work in the general economy. These services may include physical rehabilitation, training in basic work and life skills (e.g., how to apply for a job, attendance, personal grooming, and handling money), training on specific job skills, and providing work experience in the workshop (Program Operations Manual System (POMS), Social Security, 2017).” Most workshops are isolated, non-integrated, environments, paying, below-minimum wage for piecework.

Supplemental Security Income (SSI): “The Supplemental Security Income (SSI) program provides monthly payments to adults and children with a disability or blindness who have income and resources below specific financial limits. SSI payments are also made to people age 65 and older without disabilities who meet the financial qualifications.”

(<https://www.ssa.gov/ssi/>)

SSDI: “Social Security Disability Insurance (SSDI) is a federal program that gives monthly payments to people who have worked, paid Social Security taxes, and now have disabilities that limit their ability to work.”

(https://oh.db101.org/oh/programs/income_support/ssdi2/program.htm)

Supported Employment: The definition of Supported Employment directly in the WIOA: “Supported employment means competitive integrated employment, including customized employment, or employment in an integrated work setting in which an individual with a most significant disability, including a youth with a most significant disability, is working on a short-term basis toward competitive integrated employment that is individualized, and customized, consistent with the unique strengths, abilities, interests, and informed choice of the individual, including with ongoing support services for individuals with the most significant disabilities” (WIOA, 2015)

Visual Impairment “Visual impairment” including blindness means an impairment in vision that, even with correction, adversely affects a child’s educational performance.

(a) The term “visual impairment” includes both partial sight and blindness.

(b)The term “visual impairment” does not include a disorder in one or more of the basic psychological processes, such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.” (Ohio Operating Standards for the Education of Children with Disabilities, 2014).

Low vision is a condition caused by eye disease, in which visual acuity is 20/70 or poorer in the better-seeing eye and cannot be corrected or improved with regular eyeglasses. (Scheiman, Scheiman, and Whittaker, AFB, 2018)

Vocational Rehabilitation (VR): “Vocational rehabilitation (VR) traditionally refers to the provision of some type of service to enhance the employability of an individual who

has been limited by a disabling physical condition. Physical disabilities, chronic diseases, congenital problems, and psychiatric conditions can adversely affect vocational opportunities and development in many ways. Individuals with these conditions may experience considerable mobility restrictions; have restricted access to certain environments essential for education, work performance, or training; or have limited educational and training opportunities during their childhood and youth that subsequently impair their preparation for work. In addition, persons are affected by whether they are perceived as having a disabling condition. Persons with these conditions often face financial hardship and people who are unemployed and who lack financial resources are at the highest risk for psychosocial problems among the unemployed (Price, 1992).” (Elliott & Leung, 2004)

WIOA: Workforce Innovation and Opportunity Act of 2014: “The Workforce Innovation and Opportunity Act (WIOA) was signed into law on July 22, 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 with a wide bipartisan majority; it is the first legislative reform of the public workforce system since 1998.” (<https://www.dol.gov/agencies/eta/wioa>)

Chapter 2: Literature Review

Introduction

The systems that support vocational rehabilitation (VR) services for individuals with disabilities in the United States have a history that dates to post World War I. Since then, these systems have progressed through multiple legislative, foundational, and philosophical changes to include individuals who previously had been left out or marginalized through institutionalization. The purpose of this study is to determine which state agencies provide VR services to individuals with complex disabilities, including visual impairments and blindness, and the barriers, if any, to providing them. Once this information is known, services, resources, and best practices for providing VR services to this *niche* population can be determined through subsequent research.

When examining VR services for individuals with complex disabilities, including visual impairment and blindness, it is imperative to examine the entities responsible for providing these specialized services to the *niche* population. State and federal agencies, including Education, Vocational Rehabilitation (VR), Councils for Developmental Disabilities and others, are the entities responsible for providing these specialized services to a *niche* population of individuals with disabilities. Individuals with complex disabilities, are being defined for this study, as those with significant disabilities such as Autism Spectrum Disorder (ASD), Intellectual Developmental Disabilities (IDD),

physical impairments, **along with** sensory disabilities such as Deaf and hard of hearing, visual impairments, blindness and deafblindness. This study focuses specifically on visual impairments and blindness concomitant with disabilities defined as significant disabilities.

External Influences on the Central Niche Within the Policy Process

In reviewing the literature for this study, it is important to understand the history of VR systems, the legislation (Policy Process) that has moved the systems forward, and current employment statistics for the population of individuals with disabilities, as well as best practices in VR services and transition from the educational system (Policy Processes: WIOA/IDEIA). These are the external influences that impact how services have been and are now provided to the niche of individuals with complex disabilities, including those with visual impairments.

The federal VR system is the entity that provides services and resources to individuals with disabilities seeking employment supports, established by law. Therefore, it is important to explore the history of VR services in general, VR and Special Education law and policy revisions over time, and services and employment supports to individuals who are blind, and those with significant and complex disabilities, specifically. Workforce/employment policy is arguably the most impactful of external influences on providing VR services to individuals with disabilities.

Within each of these policies, there are both internal and external influences on each policy that help define policy implementation at the local, state, and federal level. External influences are those that prescriptively define policy implementation and

prescribe the actions of agencies and administrators at multiple levels. Internal influences on policy implementation are those influences that are specific to the disability, the person, and the personnel at each agency. For example, Education policy, specifically special education law including transition planning for students with disabilities under IDEIA is also described as an external influence on the attainment of CIE.

Internal influences

Internal influences VR supports for individuals with disabilities in general as well as the population of individuals with complex disabilities seeking CIE is explored. These internal entities include the states' VR programs, Commissions for the Blind or other state agencies, Developmental Disability Agencies (DD). Within the DD agencies, programs such as Customized Employment, supported employment, and the Employment First process is examined. Employment First is a collaborative process among a variety of agencies and a couple examples are described.

Theoretical Framework Introduction

“Policy frameworks ‘may be understood as mechanisms for comprehending empirical situations with simplification’ [(Shapiro & McPherson, 1989) in Heck, 2004]”. The problem being studied employs the focus of a very discrete population within the larger disability population to attain competitive integrated employment – a policy which has already been created, formed, implemented, and partially evaluated. Due to the complexity of the problem—a *niche* population within an implemented policy--a singular theory or model would not do the problem framework justice. Therefore, a conceptual

framework incorporating a theoretical postulate and a policy process model was created. The framework combines the Organizational Niche Theory of the specific population within the Stages Heuristic Model of the policy process. This research will rely on both the Organizational Niche Theory and the Stages Heuristic Model of the policy process.

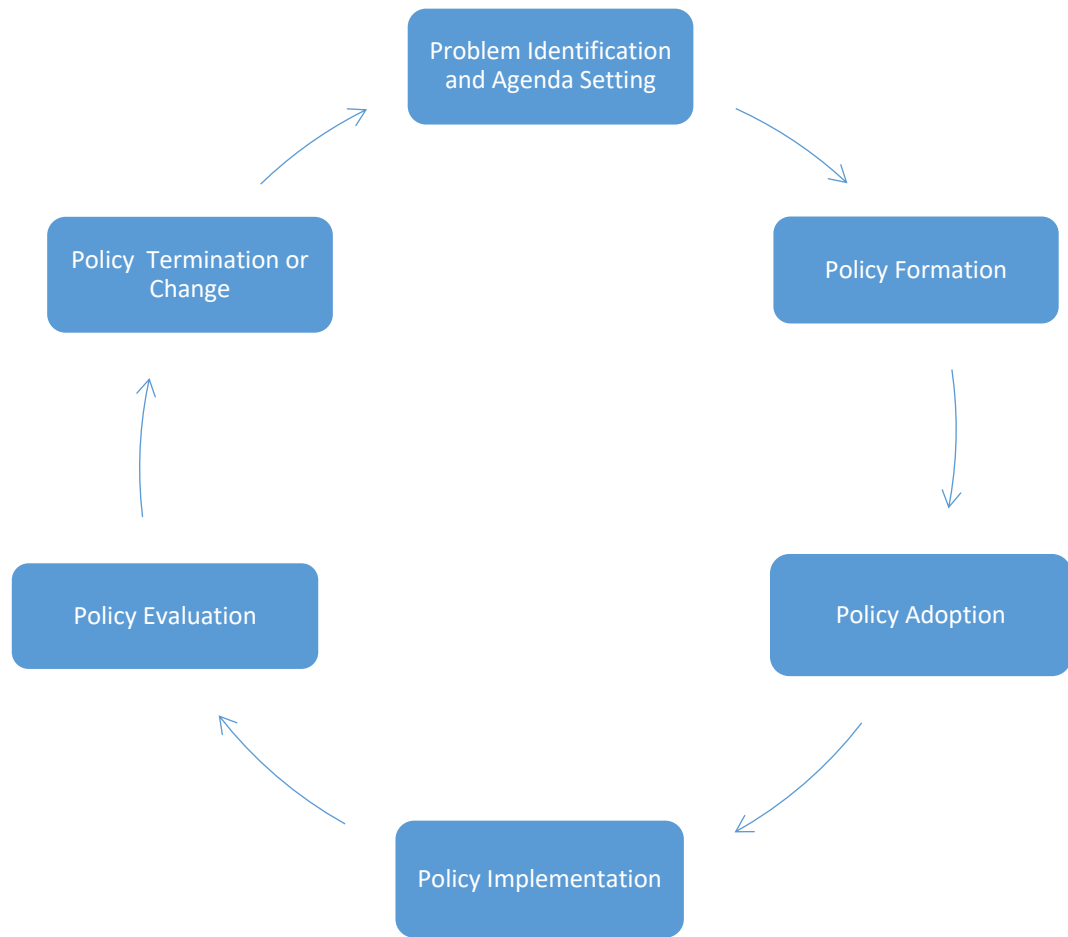
The Stages-Heuristic Model

The Stages-Heuristic Model was developed in a sequence of distinct actions and actors. The framework, although sequential, is cyclical in nature and will repeat the actions, if necessary, after evaluation and rethinking the problem. In 1970, Charles Jones developed the model and in 1971, Harold Laswell, expounded on it and named the policy cycle stages which are commonly agreed upon today. The stages include, “problem recognition, information gathering, problem solutions, implementation of solution, and potential termination (Theodoulou, 2013, p.124)”.

Although the model has been criticized for its simplistic nature and the “process as rational and linear” with discrete stages, in what is otherwise thought to be “multiple interacting cycles” (Heck, 2004), it never-the-less is appropriate as a useful model for this study. The Advocacy Coalition Framework views the policy implementation process as “a top-down and bottom-up approach(s)” that uses “technical information into understanding the policy process (Heck, 2004)”. A top-down, bottom-up approach could be very useful for considering future research in this problem arena, but as this study will show, there is very little “technical information” in the literature to study currently. The Stages-Heuristic model allows for an order in the policy process for which the CIE

problem of the niche population can begin to be studied, understanding that there is likely overlap in the stages. (See **Figure 1.**)

Figure 1. Stages-Heuristic Model



(Theodoulou, 2013)

Figure 1. Stages-Heuristic Model initially developed by Jones and Laswell, in Theodoulou, 2013. This policy process model is part of the theoretical framework for this study.

Stages-Heuristic Model of WIOA Policy

The top of the Stages-Heuristic Model is “Problem Identification and Agenda Setting”. The original problem and initial basis for this study/policy process was to expand and update the Workforce Investment Act (WIA) and Rehabilitation Act Amendments of 1998 and to collaborate more with the educational system to provide services for students with disabilities and other under-employed populations to prepare for employment. Educational policy was already in place as the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004, which added transition plans to a student’s IEP including vocational education and integrated employment (including supported employment). Stakeholders for this policy update included legislators, educators, disability advocates, parents, students, employers, and other community members.

“Policy Formation”, the next step in the Stages-Heuristic Model. For this study, the formation was developed in the following legislative committees: “House - Education and the Workforce; Judiciary; Agriculture; Veterans' Affairs; Energy and Commerce; Transportation and Infrastructure | Senate - Health, Education, Labor, and Pensions (<https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf>). This policy formation became The Workforce Innovation Opportunity Act (WIOA) 2014 and was signed into law by President Obama in 2014—the “Policy Adoption” step.

“Policy Implementation” is the next area defined in this model. When examining this model against the problem defined by this research, the implementation was/is led

by the U.S. Department of Labor (DOL), U.S. Departments of Education (ED) and Health and Human Services (HHS) (<https://www.dol.gov/agencies/eta/wioa>). These federal agencies provide the dissemination of information, funding, and rules to the agencies (i.e., Workforce Development Boards (WDB), VR, Education, etc.) that are responsible for implementing WIOA and ultimately the provision of services to consumers.

The evaluation stage, as described by the model within the context of this research can be examined state by state. Each state is responsible for developing WIOA implementation plans and evaluate the same, including assessments of providers and the development of an information management system. States report yearly to the Federal VR Administration and ultimately to the Departments of Education and Labor. This is the next step in the Stages-Heuristic Model, “Policy Evaluation”.

The final step in the cycle is “Policy Termination or Change”. When examining this stage within the context of this research, it was found that each year, the Employment and Training Administration (ETA) sends out numerous guidance documents to implementing agencies of WIOA. These guidance documents outline definitions, principles, and other training guidelines to state agencies for the continuous implementation of WIOA (<https://www.dol.gov/agencies/eta/advisories/tegl-07-22>).

While all stages can be examined within the context of the WIOA legislation, this study focuses within the Stages-Heuristic Model at the beginning. The focus of this research is at the Policy Implementation Stage because this is where a problem begins for the specific population of interest. Internal steps are developed from implementation and

lead to problems for the niche consumer and their lack of competitive, integrated employment, defined by WIOA, and informed by a review of scholarly literature on the subject. Problem Identification and Agenda Setting begins the cycle again and will have implications for future research in this area.

Organizational Niche Theory

The other theoretical framework guiding this research is organizational niche theory. The Oxford dictionary defines the adjective “niche” as, “denoting or relating to products, services, or interests that appeal to a *small, specialized section of the population* [emphasis added. (Oxford Concise Dictionary, 2020)] In considering the theoretical framework for this study and ultimately within a policy perspective, arguably, organizational niche theory can also be applied within the policy process, specifically, Gray and Lowery’s (1996), *Niche Theory of Interest Representation*. The concept of niche theory has its origin in the study of species habitats and their cooperation and competition for survival (Hutchinsen, 1957; Grinnell, 1917). Gray and Lowery (1996) used organizational niche theory to develop hypotheses regarding the dynamics of American states interest groups, their cooperation and competition, and vying internal and external variables. VR services and resources for individuals with disabilities can be framed within the dynamics of competitive and cooperative service agencies as well as individuals with singular or less complex disabilities as defined. Services are also impacted by numerous internal and external variables.

Gray and Lowery (1996) frame ideas of competition and cooperation by considering an organization’s multidimensional space, more than just its connection to

the policy making factors, as in a policy process model (p. 95). An organization's identity is determined more by what it needs to survive than by any specific partition of resources: "The particular identity that an organization establishes—its realized niche—will be specified through how partitioning occurs of critical dimensions of the fundamental niche shared with competitors (p.95)."

Using this as part of the framework to study how VR services are delivered to students and other consumers with complex disabilities, helps us to understand both the system's current governmental management of funding and providing services (external resources), and specifically what this low-incidence population of consumers need to become competitively employed (internal resources). These resources are multidimensional by nature and shared with competitors—consumers with less significant disabilities or single disabilities. For example, most states provide separate VR services for individuals who are blind. The states also provide VR services for other disabilities including deaf and hard of hearing, learning disabilities, physical and health impairments, emotional disorders, and intellectual developmental disabilities. The services provided come from a standard menu that is coded and maintained by the state VR agencies under the auspices of the Rehabilitation Services Administration (RSA). The primary services include:" personal and work adjustment training, vocational training, mental and physical restoration, and placement assistance (ood.ohio.gov, 2022)".

Individuals, including students with moderate or severe intellectual developmental disabilities (IDD), and complex disabilities could until recently, be denied VR services if

the state agency determined the consumer to be too disabled “to benefit from services”. Since the inception of WIOA in 2014, VR agencies must now collaborate with LEAs to provide services for any students with disabilities, including those who in the past might have been denied services. These services are referred to as Pre-Employment Transition Services or Pre-ETS. The services include:

- “Job exploration counseling;
- Work-based learning experiences, which may include in-school or after school opportunities, or experience outside the traditional school setting (including internships), that are provided in an integrated environment to the maximum extent possible;
- Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs at institutions of higher education
- Workplace readiness training to develop social skills and independent living; and
- Instruction in self-advocacy, which may include peer mentoring. [[FR Doc. 2020-03208](#)]

The services also include auxiliary aids and services according to the Americans with Disabilities Act (ADA) title II.

Consumers with IDD seeking employment, would be redirected (and are still) to their state’s Councils or agencies for Developmental Disabilities (DD). Most of the DD agencies provide some level of vocational or job training, assessment and supports to consumers. But the majority of consumers with IDD were placed in sheltered workshops,

doing piece work for way-under minimum wage. This is not integrated competitive community employment, now required under WIOA. DD Councils or agencies receive their own funds, but not under VR/RSA and are not obligated to provide the same services as VR agencies.

A problem arises when a consumer who wants to find employment has multiple or complex disabilities, especially when one of the disabilities is a sensory impairment such as blindness/VI or deafness/HH. The complexity of the disability can lead to an agency identification problem for the consumer. For example, if an individual has IDD and/or autism and is blind, and they seek services from the VR agency serving the blind, they often are turned away because the agency will claim they do not have services to support the complexity of the consumer's disability. The consumer then seeks services from the DD agency, who may or may not serve them, but with inadequate or no resources to support the consumer's blindness.

To restate Gray and Lowery (1996), "The particular identity that an organization establishes—its realized niche—will be specified through how partitioning occurs of critical dimensions of the fundamental niche shared with competitors (p.95)." The RSA is the organization which is responsible to provide VR services to consumers with all disabilities. Its "partitioning" of funding and establishment for specified services is the "fundamental niche" to be shared among "competitors", being state VR agencies, including agencies serving blind/VI, and I will argue, state DD Councils that currently provide services to consumers with complex disabilities. This theory, planted within the policy process framework, is one in which VR and DD agencies need to collaborate to

provide appropriate, needed, and specialized services that might not currently be available in the siloed systems, but together might have the ability to provide them.

Internal Steps of Policy Problem

This study argues that the problem of the lack of competitive, integrated employment for the *niche* population—individuals with complex disabilities, begins with the policy implementation of WIOA and IDEIA (transition planning). These two policies provide funding and services rules/administration and are disseminated to the RSA(VR)/Office of Special Education and Rehabilitative Services (OSERS)/ U.S. Department of Education. The RSA/VR delivers services to individuals with a qualified disability (consumers), including complex disabilities, seeking VR services towards competitive, integrated, employment.

Consumers include the *niche* population of individuals with complex disabilities who seek employment services toward competitive, integrated employment which is the desired outcome for consumers through WIOA. (See **Figure 2.**)

Figure 2. Organizational Niche Theory (as Internal Steps within Policy Process Framework)

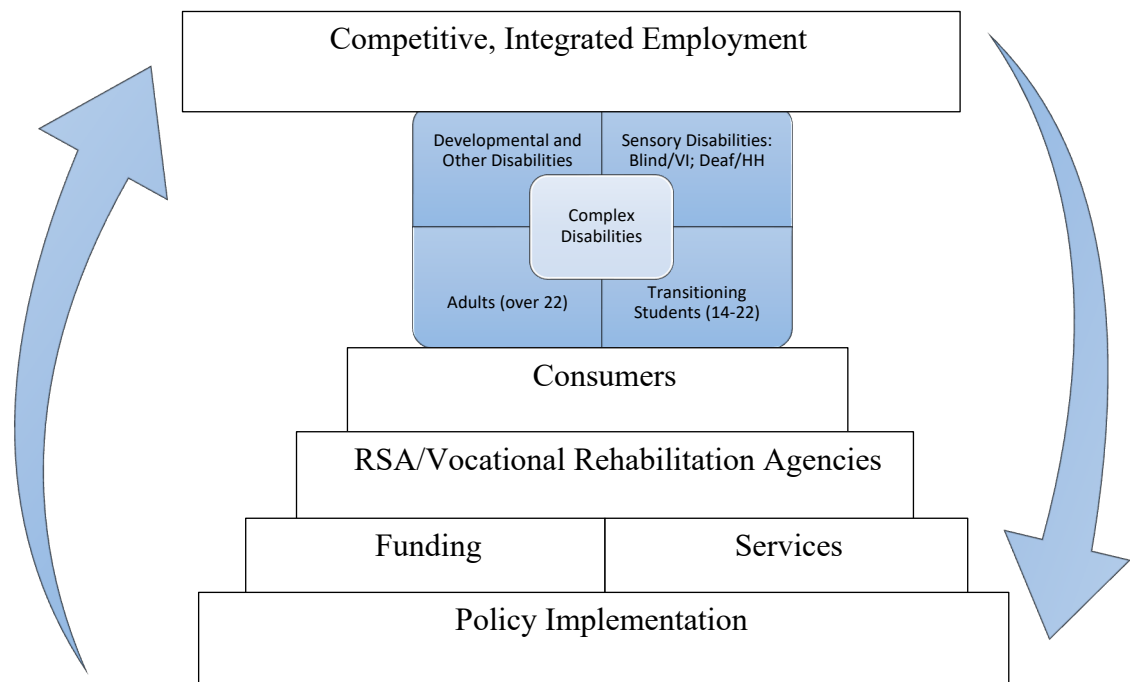


Figure 2. This figure illustrates the niche population of individuals with complex disabilities within the larger consumer population. The shaded area is the overlap of competing and cooperating dimensions of the “fundamental niche”. The niche population of consumers is situated within a linear/stepped sequence of the policy implementation process. The arrows indicate the policy implementation process moving toward its goal of CIE and the cyclical nature of the process.

Organizational Niche Theory within the Stages-Heuristic Model

As discussed in the introduction to the Theoretical Framework, this problem is complex due to the nature of the niche population of consumers with complex disabilities seeking CIE in a newly established policy, WIOA. The population and the policy process are not mutually exclusive within the problem. Therefore, a framework that encompasses both dimensions of the problem was developed. Viewing the problem at the implementation stage and considering the niche population (individuals with complex disabilities) internally, the policy framework moves through Policy Evaluation, Policy Termination or Change and back to Problem Identification and Agenda Setting, in the Stages-Heuristic Model. This is the combined lens in which the problem in this study is defined and researched. (See **Figure 3.**)

Figure 3. Organizational Niche Theory within the Stages-Heuristic Policy Process Model

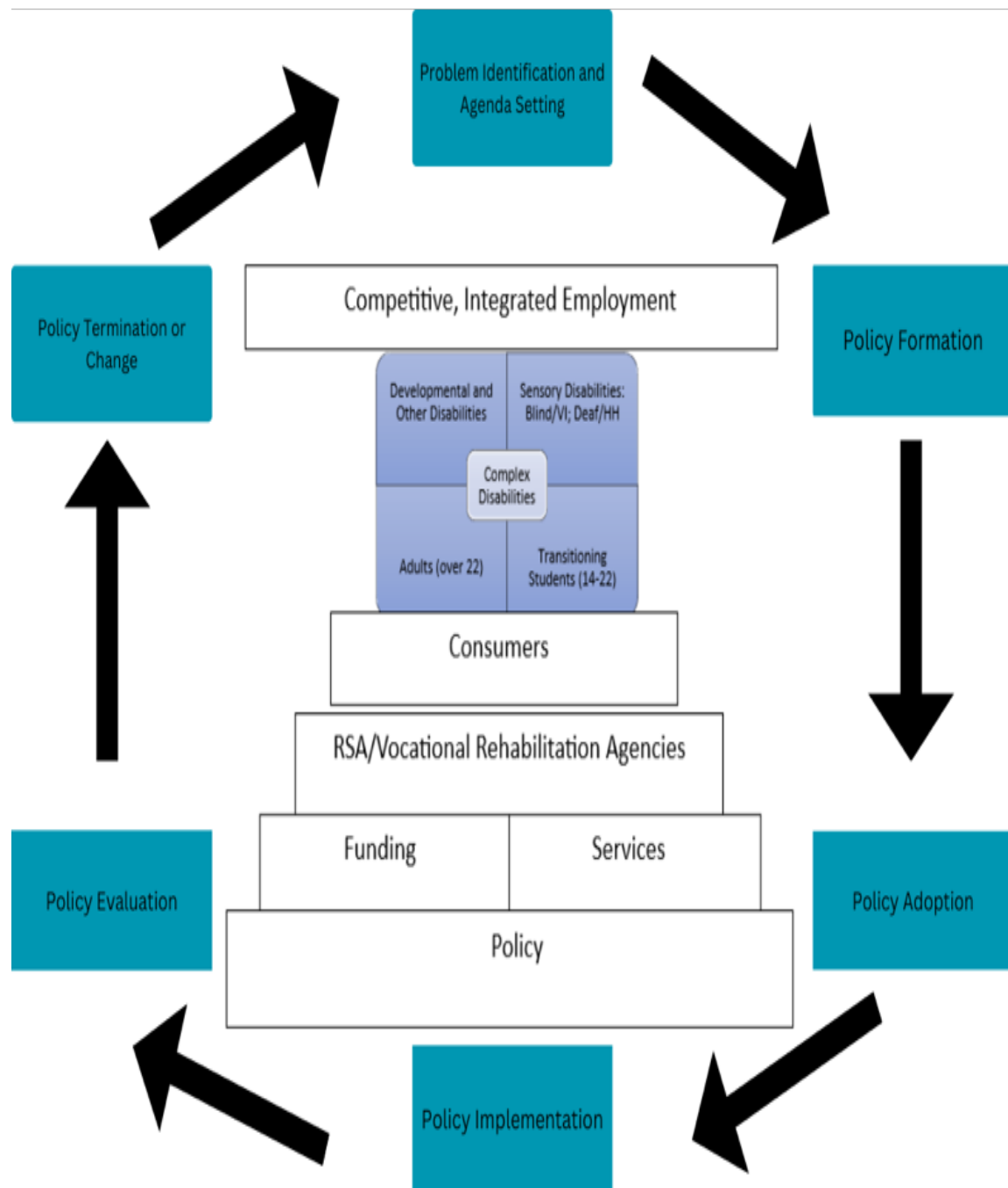


Figure 3. This figure illustrates the combined Organizational Niche Theory (as internal steps) situated within the Stages-Heuristic Model of Policy Process.

Historical Background

Vocational Rehabilitation--General

Legislative history and vocational/employment services history for individuals with disabilities are linked together from their inceptions. VR services to support employment for individuals with disabilities had its beginning as far back as World War I. In 1918, the Soldier's Rehabilitation Act (Smith-Sears Federal Vocational Rehabilitation Act, June 27, 1918, ch. 107, [40 Stat. 617](#)), was created to support returning disabled veterans (Risley and Hoene, 1970). The Act provided funds that were administered by the Federal Board for Vocational Education which had been established the year before, by the Smith-Hughes Act which was created to support states' vocational education programs (Risley and Hoene, 1970).

As time went on, the Smith-Fess Act, also known as the Civilian Vocational Rehabilitation Act (Public Law 236), was established to further enhance the scope of the rehabilitation act by providing a 50-50 funding match with states for a civilian rehabilitation education program passed in 1920. Before this time, there was no specialized VR education or other program to support individuals with disabilities to obtain employment, who were not veterans. A funding match refers to the percentage of money given by different entities to finance a program or legislative Act. In the case of the Smith-Fess Act, 50% of the funds came from the federal government and 50% of the funds came from the individual states.

The Social Security Act of 1935, while not often thought of as rehabilitation legislation, supported many people across the country on many levels and circumstances,

including individuals who were blind (Risley and Hoene, 1970). Title X of the Social Security Act assured appropriations to the states “to needy individuals who are blind” (The Social Security Act (Act of August 14, 1935) [H. R. 7260]). Advocates of the blind wanted more than just handouts—they wanted fair pay for fair market goods produced by individuals who were blind working in sheltered workshops or privately. Sheltered workshops were contained spaces in which individuals who were blind, performed “piece work” or small assembly jobs at very low wages, (minimum wage was enacted in 1938), with other workers who were blind (Risley and Hoene, 1970). Some workshops employed individuals with various disabilities, but at that time, these were specific places for individuals with visual impairment and blindness. Two such advocates, Robert Irwin of the American Foundation of the Blind (AFB) and Peter Salmon of the Industrial Home for the Blind proposed legislation that ultimately became the Wagner-O’Day Act of 1938 (Risley and Hoene, 1970). This Act made it possible for all products made by individuals who were blind to be sold at competitive market prices. In effect, this expanded the “blind trades” – “broom making, rug weaving, chair caning, basketry, and simple sewing, (Risley and Hoene, 1970)” -- in the sheltered workshops. Employment and pay for individuals who were blind increased dramatically.

Amendments to the Vocational Rehabilitation Act followed in 1954, which expanded federal funding (from 50-50, to 3 to 2, federal to state dollars), and services to individuals with mental retardation (intellectual disability) and psychiatric disorders and funded universities to train VR counselors (History and Regulations pdf. 82017). In 1965, an amendment expanded federal funding to 75-25, and expanded services to

individuals with more severe disabilities, as well as looked at architectural barriers. It also initiated a program for individuals with “behavior disorders”, who were possibly adjudicated with drug problems, but due to the great expense the program was dismantled in 1973 so that service dollars, the funding allotted for specific VR services to individuals, could be focused on traditional VR clientele. In 1967, language to the Act was amended to include deafblindness. (History and Regulations pdf. 82017; Elliott and Leung, 2004).

Amendments to the Vocational Rehabilitation Act in 1973 were landmarks due to Title X, civil rights added, i.e., section 504, which bans discrimination against any qualified person with a disability to participate in any federally funded program or activity. Other sections also covered transportation and architectural barriers, non-discrimination in hiring people with disabilities by the federal government as well as its sub-contractors. The 1973 amendment also added for the first time a written plan, involving the consumer, as well as a “priority of services” (History and Regulations pdf. 82017; Elliott and Leung, 2004, p.323).

More language was added to amendments of the rehabilitation act in 1974, 1976 and 1978 that prioritized VR services to individuals with the most significant disabilities. Funds were added in 1978 to support independent living programs. In 1986, supported employment services were added to the menu of VR supports, to begin to offer choice in lieu of traditional segregated workshops for individuals with severe disabilities to work in the community (History and Regulations pdf. 82017; Elliott and Leung, 2004, p.323).

In 1992, legislation was added to involve individuals with disabilities in writing

their employment plans and to make them full participants in the state VR agencies by establishing Rehabilitation Advisory Councils in each state, where at least half the members were to have a disability. Close to the same time, the Individuals with Disabilities Education Act (IDEA) was reauthorized. While largely an act that provides for equitable education for individuals with disabilities, the reauthorization of IDEA in 1990, set forth the requirement for secondary transition services. This requirement of planning for life after K-12 education was designed to move students “easily” to post-secondary education, employment, and independent living (Aleman, 1991 summary of IDEA ED343318.pdf).

This legislation increased support for programs that enhanced the transition from school to work for students with disabilities, which resulted in increased funding for the Office of Special Education Rehabilitative Services (Hanley-Maxwell, Szymanski, & Owens-Johnson, 1997). The Individuals with Disabilities Education Act (in 1990) and the School-to-Work Opportunities Act (in 1994) increased the linkage between special education and work. This political climate also fostered the development and passage of the Americans with Disabilities Act [ADA;1990] (Elliott and Leung, 2004).

After each of the amendments of the Civilian Rehabilitation Act were put into place, Congress passed an entirely new bill, the Workforce Investment Act (WIA) of 1998. This act along with all the VR amendments worked to “provide a one-stop delivery system” for individuals with disabilities (and others) to obtain a variety of services that supported employment, health, housing, education/training and other resources offered by multiple agencies. Consumers were now to be the center and driving force of their VR program, and the program was renamed “Individual Plan for Employment rather than IWRP” (WIA-Primer-Disabilities). The WIA was meant to

streamline numerous federal workforce investment grants to the states and locate them all in one space, so that anyone who qualified to receive federal-state employment and wrap-around services could do so in a more efficient and comprehensive manner (HistoryandRegulations 82017.pdf). There have been several updates to the WIA in the last two decades.

The historical and legislative milestones are meant to illustrate the arduous, yet forward movement of vocational rehabilitation for individuals with disabilities. As the historical legislation indicates, not all disabilities were included in Legislative Acts at the same time. Individuals with severe disabilities, including sensory disabilities, were, and sometimes still are, considered “too disabled” to benefit from VR services or work in their communities. Sheltered workshops are still in existence today and continue to be the only employment entity that can legally discriminate against its workers by paying sub-minimum wages. However, some states are trying to change this in accordance with the most recent legislation, the Workforce Innovation and Opportunity Act of 2014.

Workforce Innovation and Opportunity Act

The most recent workforce legislation was passed during the Obama administration, replacing the WIA, to become the Workforce Innovation and Opportunity Act (WIOA) of 2014. Among other items in the legislation, the WIOA forces state VR and state education agencies (SEA) to collaborate better to serve transition-age students with disabilities, especially those with more significant disabilities. Title IV of WIOA amended title I of the Rehabilitation Act of 1973 (History and Regulations pdf. 82017; Elliott and Leung, 2004). Some of the language that is amended adds “customized

employment” (described in depth in a later section) as an employment outcome to VR services. VR agencies can no longer use “Homemaker” or sub-minimum wage work as a closure status. “Homemaker” status is the term VR uses to define successful independence in functional activities of daily living. A large percentage of individuals with Visual Impairments received closures as “homemaker”. In a few studies, this increased the perceptions of “successful closures” falsely (Bell, 2010). “Closures” is the term used in VR when a consumer’s case is closed or completed. Successful closure is defined as a consumer being employed at least 30 hours per week at (least) minimum wage, for a period of 90 days. Completion of the Homemaker program is also considered a successful closure. Unsuccessful closures include case termination without employment, among others.

The language in the VR sections in WIOA strongly supports competitive, integrated, employment for individuals with the most severe disabilities. The legislation asserts that individuals with the most significant disabilities have the right to work for at least minimum wage, in an integrated setting with people without disabilities (not in isolation), and with a chance for advancement (Section 7(11) of the Act, as amended by WIOA; §361.46(a)(1), of implementing regulations, RSA, 2015). WIOA also provides for a range of supports and services to unemployed, disadvantaged youth, post-adjudicated individuals, re-employment opportunities, and other services depending on qualified need. This Legislative Act strongly supports the necessity of this study.

Vocational Rehabilitation—Services for the Blind

Prior to the 1940's individuals who were blind or VI, generally worked, if they worked at all, in the "blind trades" (Risley and Hoene, 1970, p. 26). These jobs, which were initially taught at schools for the blind (Scott, 1969) had been determined generally by the larger society, employers, and blind individuals, themselves (Risley and Hoene, 1970, p. 26). The Archives from the Perkins School for the Blind lists the following in its vocational education archives from 1883: piano tuning, chair caning, basketry, weaving, sewing, and knitting, woodworking, among others. These were all jobs that could be performed through a manual curriculum (<https://www.perkins.org/archives/>).

Historically, state commissions or private agencies for the blind provided all services including vocational education/rehabilitation, (vocational education is the training of specific skills leading to jobs) before any of the federal VR Acts impacted employment outcomes for individuals who were blind/VI. In Robert Scott's 1969 seminal work, *The Making of Blind Men*, he describes the condition of blindness as a social construction of helplessness. Thousands of "blind agencies" developed across the country over the last century and a half, to help and support these "helpless" citizens. As VR services developed, blind individuals who sought out these services, saw themselves as the VR counselors did: incapable of doing more than the counselors projected they could do (Scott, 1969, pp. 76, 78).

The Smith-Fess Act, or the Civilian Vocational Rehabilitation Act (Public Law 236), established a 50-50 match with states for a civilian rehabilitation education program

passed in 1920, as previously described, continued not to be beneficial to individuals who were blind/VI.

...the prevailing attitudes and concepts were such that blind persons generally, were considered nonfeasible as rehabilitation clients. Insurance companies, workman's compensation boards, employers and administrators typically regarded blindness as being beyond the scope of rehabilitation programs because of its totally disturbing nature (Risley and Hoene, 1970, p. 26).

It was not until two landmark bills passed in 1935 and 1938, did employment seekers who were blind/VI finally begin to feel valued and recognized as capable and productive workers, with rights to the VR state-federal system. President Franklin Roosevelt had signed an executive order in 1932, allowing individuals who were blind or visually impaired to sell newspapers in federal buildings, modeled after a similar successful program in Canada (Risley and Hoene, 1970). The negative attitudes in the VR system continued to prevail during this time—only two individuals who were blind who used the VR system were reported to be employed. Few employers were willing to hire individuals who were blind because of the pervasive attitude of helplessness blindness being so disabling a condition as to consider individuals unemployable as described in *The Making of Blind Men* (Scott, 1969). However, in 1936, Senator Sheppard of Texas and Congressman Randolph of West Virginia, championed the employment issues of individuals who were blind/VI, by signing the Randolph-Sheppard Act, which continues to have

strong vocational implications to this day (Risley and Hoene, 1970). The Randolph-Sheppard Act provided individuals who were/are blind/VI with,

“...remunerative employment, enlarging the economic opportunities of the blind, and stimulating the blind to greater efforts in striving to make themselves self-supporting, blind persons licensed under the provisions...to operate vending stands on any Federal property where such vending stands may be properly and satisfactorily operated by blind persons (Risley and Hoene, 1970, p.27)”.

The Randolph-Sheppard Act also included language that provided for surveys to cull information that would support employment-seekers who are blind/VI with available data for their job or career searches. The Act made it very clear to the federal VR agency that it and the state agencies providing services, now receiving new funds, work together for the provision of the Act. Randolph-Sheppard also called for 50 per cent of the administrators at the federal level who were to administer the Act, be individuals who were blind themselves (Risley and Hoene, 1970, p.28). This was quite a radical idea considering the culture and attitudes towards individuals with disabilities during that time.

Sheltered workshops continued to be the mainstay of employment for individuals who were blind/VI, even after the passage of the Randolph-Sheppard Act, although they were in dire straits due to the lack of available work, as were most businesses during the Depression. The sheltered workshops were the hub for making the products of the “blind trades” (Risley and Hoene, 1970). When the employees lost their jobs there, it was not an easy transition to find employment through the new Randolph-Sheppard Act, due to

the need for training, let alone transition to other work in the community, where so many able-bodied-sighted workers were unemployed.

The Randolph-Sheppard Act and the Wagner-O'Day Act not only made it possible for individuals who were blind to be competitively employed, but the passage of these Acts served as a springboard to other employment opportunities as well as to shine a light onto a group of people with a particular disability, for whom most thought were too helpless to be employed. As World War II began, individuals who were blind began to be employed in industrial companies, placed by their state "blind agency", even though the state commissions for the blind had yet to be supported by the federal VR system (Risley and Hoene, 1970).

A celebratory day came to individuals who are blind when the Barden-LaFollette Act was passed in July of 1943, by way of amendments to the federal Vocational Rehabilitation Act. The Barden-LaFollette Act finally made federal VR funds available to state agencies serving individuals who are blind (Risley and Hoene, 1970). Barden-LaFollette also ensured VR services to individuals with mental retardation (intellectual disability) and mental illness (Elliott and Leung, 2004), and expanded physical restoration services. This Act was the major impetus for VR services and supports in place today for individuals with low incidence and the most significant disabilities.

The passage of the Bardon-Lafollette Act, by providing federal funds to state blind agencies, ensured the growth of systems of support to help employ individuals who are blind by adding diagnostic centers, VR counselors, training, and placement

opportunities, among other services. This system became an employment boon, by the need to hire VR personnel (*Risley and Hoene, 1970*).

Beginning with the 1943 amendment, though, according to Risley and Hoene, the population of individuals who were blind served through the VR system grew exponentially: “in 1936, general rehabilitation agencies reported... two blind persons...in 1969, 8,884 visually disabled persons were reported successfully rehabilitated by state agencies for the blind;1970...approximately 10,500 (Risley and Hoene, 1970, p. 29)”.

Table 1. Displays an historical timeline of significant legislation, executive orders, and consumer advocacy events that affected VR and employment for individuals with disabilities in the U.S.

Table 1.
Historical Timeline of Significant Legislation

Year	Employment legislation, initiative, or advocacy event
1917	Smith-Hughes Act
1918	Soldier’s Rehabilitation Act
1920	Smith-Fess Act
1932	FDR Executive Order allowing people who are blind to sell newspapers in federal buildings
1935	Social Security Act; Title X assured appropriations to the Blind Works Progress Administration Protests
1936	Randolph-Sheppard Act
1938	Fair Labor Standards Act Section 14(c)

	Wagner-O'Day Act
1943	Bardon-Lafollette Act
1945	Truman approves "National Employ the Physically Disabled" month; 1962 "physically" is removed
1954	Vocational Rehabilitation Act Amendments
1956	Social Security Amendment: creates SSDI; 1958 expands to dependents of workers with disabilities
1961	Kennedy establishes President's Council on Mental Retardation (includes goals for vocations)
1968	Architectural Barriers Act
1972	Independent Living Movement
1973	Rehabilitation Act of 1973; amendments in 1974, 1976, 1978
1975	Education of All Handicapped Children's Act (EAHCA) (P.L. 94-142)
1977	Section 504 added to Rehabilitation Act of 1973
1978	"Try Another Way" (Gold. M.) model developed for Supported Employment
1983	Job Accommodations Network developed Transportation as Employment Support: activism by ADAPT
1984	The Vocational Education Act of 1984, or Carl D. Perkins Act or the Perkins Act, authorized federal funds to support vocational education in schools, revised in 1990, 2006, 2018
1986	Rehabilitation Act Amendments of 1986 Employment Opportunities for Disabled Americans Act (SSI program)
1988	G.H.W. Bush creates President's Committee on the Employment for All People with Disabilities

1990	Americans with Disabilities Act EAHCA becomes Individuals with Disabilities Education Act; adds transition statement to IEP
1992	Rehabilitation Act Amendments of 1992 U.S. Business Leadership Network: collective voice for diversity including disability
1994	School-to-Work Opportunities Act
1995	Workforce Recruitment Program (WRP) for College Students with Disabilities (U.S. Departments of Labor and Defense)
1996	Telecommunications Act Work Opportunity Tax credit
1998	Workforce Investment Act (WIA) and Rehabilitation Act Amendments of 1998 (section 508) Clinton Executive Order 13078, creates President's Task Force on Employment of Adults with Disabilities (equal access to information and electronic technology) Olmstead Act
1999	Ticket to Work; improved in 2001
2000	Developmental Disabilities Assistance and Bill of Rights Act; supports pursuance of competitive, integrated community-based work
2001	Office of Disability Employment Policy (ODEP) established under Department of Labor
2004	Assistive Technology Act: requires states to provide aid to access technology IDEA becomes Individuals with Disabilities Education <i>Improvement</i> Act; adds transition plans to IEPs
2008	ADA Amendments Act of 2008: broader and more inclusive interpretation to "disability"

	ADA final Regulations approved
2009	American Recovery and Reinvestment Act: increases funding to IDEA and provides \$500M for VR services
2010	Obama Executive Order 13548: Increasing Federal Employment of Individuals with Disabilities ADA Standards for Accessible Design; revises Titles II and III Disability Employment Initiative: ODEP creates cooperative agreements with nine states to improve employment supports
2014	Workforce Innovation and Opportunity Act (WIOA) of 2014
2015	U.S. Dept. of Labor establishes Advisory Committee on Increasing Competitive Integrated Employment for Individuals with Disabilities; promotes Employment First Initiative
2018	Strengthening Career and Technical Education for the 21st Century Act (SCATE), (update of the Perkins V Act)

This timeline illustrates the combined relevant legislation, amendments and events that have impacted the employment of individuals with disabilities. Each of the laws and events support the employment of individuals with disabilities, gradually building upon and enhancing services and resources to individuals who are visually impaired, intellectually, or developmentally disabled, multiply disabled, and arguably, individuals with complex disabilities.

Federally Mandated Agencies Serving Individuals with Disabilities in VR

Rehabilitation Services Administration

The Rehabilitation Services Administration (RSA), under the Office of Special Education and Rehabilitation Services (OSERS), within the U.S. Department of

Education, is the federal agency that provides services and supports to individuals with disabilities for the purpose of pursuing and gaining employment. The RSA develops policy, programs, and regulations for the states' Vocational Rehabilitation (VR) agencies. The mission of the RSA is "to provide leadership and resources to assist state and other agencies in providing vocational rehabilitation (VR) and other services to individuals with disabilities to maximize their employment, independence and integration into the community and the competitive labor market. (RSA website <https://www2.ed.gov/about/offices/list/osers/rsa/index.html>)

Throughout the last 100 years, federal VR programs have seen numerous changes since the Soldier's Rehabilitation Act of 1918, especially in 1973 with the Vocational Rehabilitation Act and recently in 2014 with the passage of the WIOA. The changes include funding formulas to the states as well as who is qualified to access services. The Smith-Fess Act (1920) provided a 50-50 drawdown of funds, meaning that states provided 50% of the funding for services and the federal government provided 50%. In 1954, federal funds were increased to two-thirds of total funding, and in 1965, federal funds were increased to 75%, where they currently remain (Elliot and Leung, 2004).

Individuals who qualified for services have also changed greatly over time. When the Soldier's Rehabilitation Act was established, it served veterans with physical impairments returning from military service after WWI. It was not until 1943 and the Bardon-Lafollette Act, that federal funding for VR services was made available to individuals who were blind/VI, those who had "mental retardation" (IDD), and individuals with mental illness (Elliot and Leung, 2004). Today, the RSA's VR Program

policy states, “Eligible individuals are those who have a physical or mental impairment that results in a substantial impediment to employment, who can benefit from VR services for employment and who require VR services”

(<https://www2.ed.gov/about/offices/list/osers/rsa/index.html>).

Most significant to the nature of this study regarding the RSA and states’ VR Programs, are the amendments to the Rehabilitation Act of 1973 (enacted December 10, 2015), and the linkage of the Workforce Innovation Opportunities Act of 2014 (WIOA) which replaced the Workforce Investment Act of 1998 (WIA). Specifically, the provision of “competitive, integrated employment”, provision of pre-employment transition services, establishment of the National Council on Disabilities, and the establishment of the Advisory Committee on Increasing Competitive Integrated Employment for Individuals with Disabilities, are the most significant items relating to individuals with complex disabilities. (Rehabilitation Act of 1973, as Amended Through P.L. 114–95, Enacted December 10, 2015).

Internal Influences on VR Supports for Individuals with Disabilities

There are three systems agencies that provide VR services: Rehabilitation Services Administration (RSA) State VR agencies; Blind VR agencies and Blind Commissions; and State Developmental Disabilities Councils or agencies. How the agency works, is funded, and collaborates with other agencies guide the theoretical understanding of internal influences on VR supports to individuals with complex disabilities, including visual impairment and blindness. Further explanation of the internal influences on VR supports are VR outcomes for general disability populations,

outcomes for individuals who are visually impaired (including blindness), and outcomes for individuals with multiple disabilities (MD).

State VR agencies are responsible for providing services to consumers that support competitive, integrated employment. Simply, this means that individuals with disabilities are paid at least minimum wage in a work setting alongside individuals without disabilities and have the same accessibility to promotional opportunities as their non-disabled co-workers. (Rehabilitation Act of 1973, Sec 5, A, B, C).

The revision of the definition of “employment outcome” in §361.5(c)(15) that specifically identifies customized Employment as an employment outcome under the VR program, and requires that all employment outcomes achieved through the VR program be in competitive integrated employment or supported employment, thereby eliminating uncompensated outcomes, such as homemakers and unpaid family workers, from the scope of the definition for purposes of the VR program. (Section 5 of the Act, as amended by WIOA; §361.5(c)(15) of implementing regulations, RSA, 2015).

VR Provisions to States to Serve Blind and Visually Impaired

Although states had received federal funds to provide VR services to individuals with disabilities since 1920 with the Civilian Vocational Rehabilitation Act (Public Law 236), it was not until the Randolph-Sheppard Act in 1936, that individuals who were blind were permitted to access VR funded programs through the states, though very limited. Finally, in 1943, the Bardon-LaFollette Act provided specific funds to support VR programs to state blind agencies (Risley and Hoene, 1970; Monthly Labor Review, pp. 1231–35. JSTOR). Most states opted to provide VR services outside of the general VR administrations, to State Commissions for the Blind, or other agencies altogether.

Currently, about half the states continue to provide services through State Blind Commissions. A few states provide separate blind/VI services under the auspices of the general VR system, such as the Bureau of Services for the Visually Impaired under the Opportunities for Ohioans with Disabilities, the state's VR agency (NPTP2 unpublished database, 2016).

Private agencies, such as societies and commissions for the blind, provided few to several services to support individuals in their local communities. In 1924, Helen Keller began working with the American Foundation for the Blind and lobbied for State Commissions for the Blind in all states. The Commissions provided (and some continue to provide) referrals or services for babies through older adulthood, education, industrial and VR, braille services, reading services, orientation and mobility, home services, and assistive technology, among others. Over time, the Commissions as well as other agencies morphed, realigned, or discontinued services depending on funding and need (<https://www.afb.org>, 2023).

When VR funding was distributed to the states to serve individuals who were blind, the VR agencies serving blind consumers began to provide or refer services that had once been provided by the State Commissions, unless of course the Commission was the administrator for VR funds. Over time, there has been some controversy over which system provides the best VR services to individuals who are blind/VI, and some studies appear to contradict each other. The most recent study found by the Rehabilitation Research and Training Center (RRTC) on Blindness and Low Vision found that separate

VR agencies for the blind provided better outcomes for individuals with the most vision loss as well as those who had secondary disabilities (Cavanaugh, 2010).

Regardless, the agencies must provide standard VR services once a consumer has been found eligible. These services may include diagnosis, an individualized rehabilitation program, counseling and guidance, training, job placement, and services to support job retention.

State Councils on Developmental Disabilities

In the early 1960's, several states met to try to establish a network and guidelines for the provision of services to the "mentally retarded". President Kennedy promoted these meetings during his administration, but not until several years later was legislation written to formalize services. The Developmental Disabilities Act of 1970 established that each state and territory develop a council to provide planning and implementation of comprehensive services for individuals with developmental disabilities (Stedman, 1976). The Administration for Community Living, Department of Health and Human Services (2019) describes DD Councils:

"State Councils on Developmental Disabilities (Councils) are federally funded, self-governing organizations charged with identifying the most pressing needs of people with developmental disabilities in their state or territory. Councils are committed to advancing public policy and systems change that help these individuals gain more control over their lives.

The 56 Councils across the United States and its territories work to address identified needs by conducting advocacy, systems change, and capacity building efforts that promote self-determination, integration, and inclusion. Key activities include conducting outreach, providing training and technical assistance, removing barriers, developing coalitions, encouraging citizen participation, and keeping policymakers

informed about disability issues.” (The Administration for Community Living, Department of Health and Human Services, 2019)

One area of recent concentrated focus for DD Councils is integrated, competitive employment for their consumers with Intellectual Developmental Disabilities (IDD), as well as those with Autism Spectrum Disorder (ASD), dual diagnosis (IDD and mental health diagnoses) and other complex disabilities, most likely due to the implementation of WIOA. Historically, individuals with IDD were not eligible to receive employment services through VR agencies until 1943, the same time blind/VI consumers became eligible in the Bardonia-LaFollette Act (Risley and Hoene, 1970). Individuals with milder presentation of IDD were found to be more successfully employed than those with more severe IDD, after receiving VR services (Kaya, 2018).

General VR services established an “order of selection” in which to determine eligibility of applicants due to national waitlists. The top of the order to obtain services are those consumers deemed to be “most significantly disabled” (RSA cite). One of the eligibility criteria for a consumer with a disability to receive VR services is the ability to benefit from services (OOD, 2020). VR counselors make determinations of “ability to benefit” after thorough assessments. Under WIOA, if a VR counselor cannot determine consumer benefit with standard assessments, the counselor must utilize a “Trial Work Experience” for the consumer. If after the Trial Work Experience, the consumer is deemed “not able to benefit from VR services”, the consumer is found ineligible and referred to other work development partners for programs in sheltered employment, other non-integrated work settings, and independent living and Day-Hab programs. Arguably,

DD Councils/Agencies are the entity most likely to serve consumers with severe IDD, and other multiple or complex disabilities, deemed ineligible for services under VR.

Employment First. Employment First is a process and commitment to the belief that **all** individuals, regardless of the severity of his/her disability, “(a) are capable of performing work in typical integrated employment settings, (b) should receive, as a matter of state policy, employment- related services and supports as a priority over other facility-based and non-work day services, and (c) should be paid at minimum or prevailing wage rates (Butterworth et al, 2015; APSE, 2014; Kiernan et al, 2011; Moseley 2009). Most states have formal Employment First Initiatives, developed in the last ten or more years. According to the State Employment Leadership Network (SELN), 38 states have official Employment First initiatives and the other twelve states are in the process of developing an Employment First policy, each at different stages of development (apse.org, 2019). These initiatives are paradigm shifts for many states, especially those who depended on sheltered workshops for the employment of individuals with IDD.

Employment First is intended to be a collaboration of many state agencies and systems in both policy and funding, including DD, VR, workforce development and education, along with peripheral supports such as housing and transportation (Butterworth et al, 2015). The State Employment Leadership Network (SELN) facilitates communities of practice to support and advise states in their EF initiatives (Butterworth et al, 2015). Medicaid provides the majority of funding.

Supported Employment. The definition of Supported Employment directly in the WIOA:

“Supported employment means competitive integrated employment, including customized employment, or employment in an integrated work setting in which an individual with a most significant disability, including a youth with a most significant disability, is working on a short-term basis toward competitive integrated employment that is individualized, and customized, consistent with the unique strengths, abilities, interests, and informed choice of the individual, including with ongoing support services for individuals with the most significant disabilities” (WIOA, 2015)

These supports can include job coaching, specialized instruction, technology, and customized employment, among others that support a consumer within an integrated job setting for up to two years. The supports are determined through assessments and written into the consumer’s Individualized Plan for Employment (IPE). Supported employment is also meant for young adults during the educational transition process for up to four years during extended educational programming. If a consumer needs continued support in an integrated work setting after the timelines set forth in WIOA, the consumer must access those supports through another agency or through other funding than the RSA/VR agency. The consumer may also choose not to work, to work in small groups (enclave) or to work in a sheltered workshop. These are not covered in the WIOA as VR “successful closures”. (WIOA, 2015)

Customized Employment. "Customized Employment" (CE) is defined in final WIOA regs, Federal Register, 361.5 (c) (11), as: Competitive integrated employment, for an individual with a significant disability, that is:

- Based on an individualized determination of the unique strengths, needs, and interests of the individual with a significant disability.
- i. Designed to meet the specific abilities of the individual with a significant disability and the business needs of the employer; and
- ii. Carried out through flexible strategies, such as -
 - A. Job exploration by the individual; and
 - B. Working with an employer to facilitate placement, including -
 - 1. Customizing a job description based on current employer needs or on previously unidentified and unmet employer needs;
 - 2. Developing a set of job duties, a work schedule and job arrangement, and specifics of supervision (including performance evaluation and review), and determining a job location;
 - 3. Using a professional representative chosen by the individual, or if elected self-representation, to work with an employer to facilitate placement; and
 - 4. Providing services and supports at the job location. (WIOA regs, Federal Register, 361.5 (c) (11)).

Customized Employment (CE), is a very person-centered employment plan, developed with a collaborative team approach through a process called Discovery (WINTAC, 2017; Griffin-Hammis Associates). Discovery considers the very individual, unique skills, preferences and interests within a positive framework, to help determine suitable employment in an integrated setting. Standardized assessments commonly used for VR eligibility are not used in the Discovery process. A qualitative approach to skills and talents is determined through observation, interviews, background/biography, interests, and other methods, often conducted over a long period of time. The employment outcome is negotiated through a facilitator trained in CE, with the employer, for whom CE has been thoroughly explained and is committed to specific individualized employment for a person with significant disabilities. CE can also support a personal business for the consumer, again developed collaboratively. VR can help fund needed

equipment, technology, transportation, or other material supports for the start-up of a private business (WINTAC, 2017).

Collaborations. Most employment supports, such as those defined in Employment First (EF) Initiatives for individuals with severe IDD, multiple or complex disabilities are not obtained through a single agency or provider. In fact, by definition, the EF initiatives are meant to be collaborative. There is a great amount of variation by state in employment outcomes, as well as the number of collaborators within each state project. One of the more exemplary state employment initiatives for individuals with IDD is the Tennessee Works Partnership, developed in 2012.

The Tennessee Works Partnership was developed through the *Partnership in Employment (PIE) Systems Change* grant from the Administration on Intellectual and Developmental Disabilities (AIDD), due to the large variance in statewide cultures and population, available regional services and implementation, and developing a cohesive commitment for Tennessee's Employment First initiative, along with helping the education system to successfully transition students with disabilities into the adult systems (Carter et al, 2017). The Partnership, with Vanderbilt University as the lead, joined Commissioners from the Tennessee Departments of Education, IDD, Labor and Workforce Development, Human Services (including VR) and the Council on DD. Sixteen other organizations committed to the Partnership in 2012, and today there are more than 50 entities who collaborate in the Tennessee Works Partnership (Carter et al, 2017).

The Tennessee Works Partnership created an organized data-driven plan to support raising employment expectations for youth and adults with disabilities. Although the research in best practices to employ people with disabilities is limited, the Partnership focused on providing professional development, guidance, resources, and technical assistance, across the state on best practice that were known (Carter et al, 2017). Disseminating information in various, accessible means, as well as implementing “Community Conversations” to engage families and local stakeholders, became an important part of the plan (Carter et al, 2017). The Partnership also developed a plan for sustainability after grant money was gone, by embedding their work into the work plans of established agencies. The success of the Tennessee Works Partnership is demonstrated by exceeding their promised deliverables of recruitment goals. This was accomplished through shared responsibility by committed partners (Carter et al, 2017).

Other External Influences

Transition from High School

The Individuals with Disabilities Education Improvement Act (IDEIA) of 2004, requires that all students with an IEP have a transition plan included in their IEP beginning at age 16. Several states mandate that the transition plan is initially developed by age 14. The transition plan must address three main goals for which the local education agency (LEA) is responsible. These goals are: 1.) post-secondary education or training; 2.) employment; 3.) independent living skills.

Secondary Transition Planning is defined by IDEIA as:

“A set of coordinated activities...designed to be within a results oriented process, that is focused on improving the academic and

functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation; is based on the individual child's needs, taking into account the child's strengths, preferences, and interests; and includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and if appropriate, acquisition of daily living skills and functional vocational evaluation."

[34 CFR 300.320(b)] [20 U.S.C. 1414(d)(1)(a)(i)(VIII)(aa) - (bb)]

The Local Education Agency (LEA) is responsible for coordinating services with the state adult Vocational Rehabilitation (VR) agency. This first occurs as a referral for services or by an invitation to an IEP meeting. Once a relationship is established between the LEA and the VR agency, activities can be developed to support the employment goal for the student. These activities might include assessments, career exploration, skill development, job shadowing, employability skills, summer work experiences, among others.

As stated in IDEIA and reinforced by the Workforce Innovation Opportunity Act (WIOA), integrated, competitive employment is the goal for *all* students with disabilities. This is a paradigm shift for many educational professionals as well as vocational rehabilitation counselors. Until recently, when WIOA was passed in 2014, most individuals with significant or multiple disabilities were employed in sheltered workshops, if employed at all. Sheltered workshops pay piece-rates, sometimes only cents an hour, rarely minimum wage. WIOA requires that individuals with disabilities are employed alongside people without disabilities (including supported employment and self-employment) and make at least minimum wage.

The employment rate for individuals with cognitive disabilities is 25% and those with physical disabilities is approximately 24% according to the 2016 Annual Disability Statistics Compendium. The rate for those with visual impairment, without secondary disabilities is 37%. There was no reporting for those with multiple disabilities. “Most available indicators suggest that a relatively small proportion of adults with severe intellectual disabilities, autism, or multiple disabilities access paid work experiences in their local communities (Boeltzig, Timmons, & Butterworth, 2008; Butterworth, Smith, Hall, Migliore, & Winsor, 2010; Cimeria & Cowan, 2009; National Organization on Disability, 2010; Rusch & Braddock, 2004; Verdonchot, De Witte, Reichrath, Buntinx, & Curfs, 2009).” (Carter, Austin & Trainor, 2012) Obviously, there is much work to do.

Employment Outcomes and High School Transition Services

While collaborations within VR work to improve employment outcomes for individuals with disabilities, there is a dearth of research examining VR for individuals who are blind/VI with secondary disabilities, specifically those with severe or complex disabilities. Individuals with secondary disabilities are mentioned in the literature as having a more difficult time obtaining employment (Capella-McDonnall & O’Mally, 2012). While more studies exist examining individuals with multiple disabilities, rarely if ever in the description of the study participants include an individual who is visually impaired or blind.

Students who are Deafblind

McDonnall & Cmar (2017) published the first study that looked at the transition experiences of students who are deafblind, using NLTS2 data. They found several

common characteristics with the sample population, but the individuals who responded to the NLTS2 surveys were a very heterogeneous mix, so the responses were extremely varied. This was the first national sample of deafblind adolescents, so it was a good overview of the range of function and abilities within the deafblind population. The most striking information was that: only 50% of the respondents received VR services; high parent expectations for positive employment outcomes was related to employment; a large number of the population attended school in high poverty areas; as the students aged, they received more SSA benefits (2017). This was a remarkable study in its range of students, as well as the fact that this was the first large sample study of deafblind adolescents—in 2017.

Outcomes for persons with Visual Impairment and Secondary Disabilities

Only two studies were found that focused on consumers who were visually impaired and blind with secondary disabilities. Malakpa (1994) conducted a mixed methods study using questionnaire with follow-up survey, seeking information on where individuals who are blind/VI with secondary disabilities are placed on jobs. He received 32 responses to 70 sent questionnaires, with 12 respondents willing to be interviewed for follow-up.

Malakpa found:

- “only about 15% of the population served is either employed or undergoing training”
- “another 15% await such opportunities”

- “70% are in programs that emphasize personal management, communication, interpersonal, and other skills vital to self-care and future job training (Malakpa, 1994).”

Malakpa (1994) stated that his research was consistent with other earlier studies regarding the employment of individuals with severe or multiple disabilities, and “this problem is aggravated when visual impairment is accompanied by additional severe disabilities (Malakpa, 1994).” Malakpa (1994) also spoke about the concerns of the professionals he visited regarding job placements. He found that even with programs that support competitive employment, most only place “three to four (consumers) a year.” Malakpa (1994) endorses the “supported employment approach”, which was recommended by 78% of the respondents to the questionnaire and by all the organizations” he visited (1994).

The second study looked at what type of state VR agency served consumers who were blind/VI with developmental disabilities. Salkever & Domino (1996) surveyed “871 visually impaired persons with developmental disabilities in 42 states”. Their purpose was to discover which VR agency, the general, combined agency, or the specialized agency for the blind/VI was most likely to serve this specialized population. Salkever & Domino (1996) found that the specialized agencies for the blind were much less likely to provide VR services to those consumers who also were developmentally disabled, unless the agency had an extremely large budget. This result, the authors state, “may be that for persons who are blind or visually impaired, multiple disabilities reduce access to the services of specialized agencies because these persons fall through the cracks between the

agencies because it is not clear which agency (specialized or general) has the responsibility for meeting their service needs or the capability to do so (Salkever & Domino, 1996).”

Summary

This literature review was guided by the theoretical framework of Organizational Niche Theory within the Stages-Heuristic Policy Process Model. The review examined both the external and internal niches present within this study. While there is a rich historical foundation of laws working to provide employment and transition services for persons with disabilities, including VR for individuals who are blind/visually impaired, it is still unclear what services are provided by funded state agencies that provide employment supports for persons with complex disabilities. While supports and statewide initiatives promote competitive, integrated employment, this study attempts to determine which state agencies provide VR services to individuals with complex disabilities, including visual impairments and blindness.

Gaps in the Research

Further compounding the problem is a lack of research overall in the area of Visual Impairments and VR, and especially in the area of secondary transition and VR for the same population. There is evidence that a huge gap exists in the research literature regarding employment services and supports for adults who are blind/VI with secondary, multiple, or complex disabilities, including transition-from-school issues for the same population. The research is virtually non-existent. This study works to fill this research gap. There is nothing empirically known about youth and adults with visual impairments

and complex disabilities regarding their employment or independent living outcomes, best practices, nor information about collaboration among education systems, VR agencies, and DD Councils that should be working together to support competitive, integrated employment for these young adults living in our communities.

Although there is research on populations of individuals with IDD and employment, it is difficult to locate much research on specific populations within the IDD parameters, such as those with severe intellectual disability (ID) and autism, or cerebral palsy and ID, much less sensory disabilities (deafness/HH, blindness/VI, deafblindness) with other intellectual, physical and/or developmental disabilities. Most of these specific disability populations are included within IDD in the limited research.

One might ask, what is the importance of parsing out very specific, complex disabilities when researching VR employment outcomes, best practices, supports and services for individuals with disabilities? One answer could be that very specialized VR services are necessary to support individuals with complex disabilities. For example, if an individual is blind and autistic, what kind of training would a job coach need to support the consumer in an integrated work setting? There is research on the use of visual schedules and other visual technology used in work environments to support employees with ASD. A job coach might be trained in the use of that technology, but how does visual technology work for someone who is autistic and *blind*? Another job coach might be able to support a consumer with braille or auditory directions to follow a routine task, but what if materials for the task are missing, or a sequence is changed? Is the job coach

trained to support frustrated, angry behavior that often presents in individuals with ASD when something does not go as planned?

These specialized services are not always available through VI/VR services, nor through common services delivered by DD agencies. The possibility of a consumer being deemed ineligible for VR services due to “lack of ability to benefit” from services could be increased if specific knowledge of specialized supports is unknown to a VR counselor.

The lack of specialized services or known best practices to support consumers with complex disabilities could also lead to agencies rejecting consumers and sending them to other providers. A VI/VR counselor could determine that their agency cannot serve an individual who is blind *and* autistic and therefore must receive services through the local DD agency. The DD agency determines they cannot serve an individual who is blind and sends them to VI/VR. The consumer is spinning through revolving doors.

These scenarios are events that are possibly happening now, but without research on specific consumers with complex disabilities, support systems will not be able to correct these situations nor determine or give guidance for best practices. Employment First initiatives supported employment and Customized Employment, all have potential to provide appropriate supports to individuals with complex disabilities—they might be providing them now. But without adequate research on which agencies in which states provide specialized VR services for integrated, competitive employment to consumers with complex disabilities, these consumers will continue to be unemployed. Research in

this arena could provide information on best practices, policy decisions, effective collaborations, and funding models, that could be replicated in underserved states.

Chapter 3: Methodology

Introduction and Rationale

This study examines which states provide specialized services for individuals with complex disabilities and from which agencies, and what services are provided from those agencies. If a state does not provide these services, it is important to discover the barriers to their provision, so that the barriers or challenges can eventually be eliminated. The first step in this process was to collect information on specialized employment services from state agencies including Vocational Rehabilitation (VR), agencies or Commissions for the Blinds, and Developmental Disability agencies. The study was inspired in part by Malakpa's (1994) study detailed in Chapter 2.

This study asked what agencies deliver VR services to individuals with complex disabilities. The survey attempted to generate which states and agencies deliver services as well as those that do *not* deliver services. This information could be useful on its own, but the collection of qualitative data from a Focus Group to help explain the delivery of services, should become part of an emerging theory for the framework of the bigger question: Why are individuals with complex disabilities rarely employed in competitive community environments? Ultimately, the answers to these questions could help create policy and programs, which applications could support the inclusive community employment of individuals with complex disabilities. Therefore, this study was only a

baseline study to help develop emerging theories for bigger questions and fits comfortably into Glaser's methodological framework.

This study is based off the work of Malakpa (1994) as introduced in chapter two. His work "... sought information about the number of blind and visually impaired persons with additional problems served by each organization, the number of such persons placed in jobs, the problems encountered in **this** placement process, and suggestions for possible solutions (Malakpa, p. 1994)." Therefore, the questions asked were similar to his work and were generated to discover which specific agencies in each state provide specialized services to individuals with complex disabilities (those that include blindness/VI with other significant disabilities), and what those services are.

Research Questions

Specifically, this study will address the following research questions:

1. Which states provide specialized VR services to individuals with complex disabilities including those who are blind/VI?
2. What agencies in particular serve consumers with complex disabilities in each state? -Under VR; Under VI; Employment First or other collaborative? Are services contracted outside of agency (CARF) or does state agency provide the services?
3. Of the agencies providing VR services to individuals with complex disabilities, what services are provided?
4. How many individuals have accessed the specialized services? Is there a waiting

list for consumers to access services? Is there a state data system to track the specialized services or population?

5. Are services linked to transitioning high school students before they graduate from school?

Positionality of the Researcher

The researcher comes to this study with a lens focused on advocacy and community inclusion, especially in integrated employment for young adults with complex disabilities, including blindness/VI with IDD, autism spectrum disorders, orthopedic/physical disabilities, behavioral challenges, and deafblindness. The researcher has 35+ years as a special educator in a variety of capacities, focusing on students with multiple, severe, and complex disabilities. The researcher has a B.S. in Special Education, M.A. in Special Education/Supervision, and permanent teaching licenses in DD, MD, LD, and SED, in her state of residence. This researcher was the Transition Coordinator at the State School for the Blind in a large mid-western state and Project Manager for the state's Transition Collaborative for Students who are Blind or Visually Impaired, a public/private partnership with the state VR agency and statewide vision centers.

As an educator, this researcher has had lengthy experience working with various VR, DD, and other agencies for transitioning students, as well as facilitating statewide collaborative projects with numerous agencies. The researcher worked closely with the state VR agency to develop a variety of programs and supports that promoted integrated,

competitive employment for youth and young adults transitioning from school to post-secondary life. The purpose of the strong collaboration was to strengthen ties to establish a “seamless” transition from school to work and community independence.

Methods

Study Participants

The National Planning for Training Personnel 2 (NPTP2) data base provided the names of service agencies to be contacted for this study. This data base was begun by the American Foundation for the Blind (AFB) as a national database of information regarding education and rehabilitation services for individuals who are blind/VI across all U.S. states and territories. The database includes: each state’s VR agency; the state’s agency or commission that delivers VR services to consumers who are blind/VI; and if available, the state’s Employment First (EF) or comparable program. As full disclosure, this researcher developed the agency lists for the AFB/NPTP2 database.

Vocational Rehabilitation Agencies

Each state employs a VR agency that funds and provides employment/vocational services, either by itself or through Commission on Accreditation of Rehabilitation Facilities (CARF) approved vendors, for individuals with disabilities. These agencies are supervised, funded (partially), and evaluated by the federal Rehabilitation Services Administration (RSA), within the federal Department of Education. The RSA was established through the Rehabilitation Act of 1973, whose responsibility it was to provide vocational rehabilitation services to the “handicapped”, serving the most severely

disabled first. The state agencies were established to develop state-level plans and implement services for the promotion of job skills and employment supports to individuals with disabilities who qualify for those services.

State Blind Services or Commissions

Approximately half of the states have separate agencies or commissions for the blind/VI that provide specialized employment/VR services to their blind population. Most other states provide what is referred to as “combined services” as part of their VR system, providing services for all disabilities including blindness/VI. Others provide services within a separate division of the state VR agency, delivering specialized services to the blind population.

Intellectual and Developmental Disabilities (IDD) Agencies

All states and U.S. territories have Developmental Disability Councils that are charged with providing advocacy, services, and policy development for individuals with intellectual and developmental disabilities. Most agencies provide some type of VR or job training services for people with disabilities who want to work. DD agencies promote independence and community inclusion for those they represent.

The contacts for each state’s Developmental Disability (DD) Agency were retrieved through the 2023 NASDDDS website: The National Association Of State Directors Of Developmental Disabilities Services. The designated person named in each agency was invited to participate in the research. If the named agency contact was not

qualified to respond to the survey, they were requested to forward the survey to an individual who was qualified to respond.

Employment First. Employment First is an individual state initiative that provides services and supports meant to be a collaboration of agencies to provide supports/services, typically spearheaded by the state DD agency. According to Butterworth, et al. (2014) 46 states have some form of Employment First or other similar collaborations. “Employment First represents a commitment by states, and state IDD agencies, to the propositions that all individuals with intellectual and developmental disabilities (a) are capable of performing work in typical integrated employment settings, (b) should receive as a matter of state policy employment-related services and supports as a priority over other facility-based and non-work day services, and (c) should be paid at minimum or prevailing wage rates” (Bose, Landim and Winsor, 2017, Employment First Snapshots: Cross-State Analysis Summary, p. 49, in StateData: The national report on employment services and outcomes. Boston, MA: University of Massachusetts Boston, Institute for Community Inclusion).

It was important to contact each agency (VR, state blind services, DD) to better understand the services provided to persons with complex disabilities because each agency serves a different but overlapping role in each state. One agency might not know what services another agency is providing if they do not collaborate. Most Employment First initiatives are managed by DD, but some are managed collaboratively or managed by VR. Therefore, all agencies were contacted for a fuller understanding of services

provided in each state. Responses were recorded by state in order to aggregate data and analyze roles of each agency and to understand those roles between agencies.

Design

This study began as a mixed methods design with an explanatory approach to analyze the data (Fraenkel et al., 2015, p. 558). This approach can take many forms, but essentially it is the blending of both quantitative and qualitative procedures of research, combining to develop a deeper understanding of the proposed research in social sciences (Creswell, 2015; Creswell & Plano Clark, 2011; Fraenkel, Wallen & Hyun, 2015; Creswell, 2014). This method is often used in the field of special education, in which sample populations can be quite low and variability within those populations high, therefore, “more than one research method is important (Odom et al, p. 140, 2005).” Mixed methods have often been used in studies of persons with visual impairments (Arslantas, T.K., Gul, A., 2022; Schles, R. A., McCarthy, T., Blankenship, K., & Coy, J., 2021; Eckhaus, E., 2022; Kumar, P., 2015). Kumer suggests that mixed methods should be used in more studies regarding individuals with visual impairments (2015). It was reasonable and appropriate to attempt to use for this study.

However, no statistical operations were conducted with the data given the low response rates of the survey. Responses from the survey are presented with thematic analysis along with descriptive statistics used to discuss the response rates of questions.

Glaser's framework of grounded theory, using constant comparative analysis (CCA) of qualitative data to generate theory (Glaser & Strauss, 2017), was the methodological framework for this study. Glaser's work is useful for framing this study since it describes how to determine relevant groups or other sources for collecting data, coding, and analyzing data simultaneously, and what theory or theories emerge from the analyzed data that answers the research questions as well as a baseline to frame bigger questions.

Instruments

Survey

A relatively short survey (14 questions) was developed to increase the likelihood of a response. The survey was sent out electronically, by email to each state VR agency, blindness agency, and DD agency, accessible to all, and was used as the survey instrument in the study. Questions for the survey were reviewed by three disability professionals for validity. The questions were not norm-referenced prior to the start of the study. See Appendix A for survey questions.

The survey was prepared in Qualtrics which was the most appropriate and efficient for accessing the survey by participants and retrieving the results by the researcher. The questions on the survey were developed directly from the proposed research questions. A final question asked if the participant was willing to be contacted by the researcher for a follow-up Focus Group. Surveys were sent in e-mails directly to the named contacts from the NPTP2 database for each state's VR agency, blind agency/commission, and IDD Council. If there was no individual named, the survey was

sent to the general agency email requesting that it be forwarded to the appropriate person. The survey was made available for eight weeks, with follow-up emails after three weeks and again at five to six weeks to those states from which no response had been given.

Focus Group

In this study, the “core sampling” of the three groups, VR, IDD, agencies serving the Blind, were the most logical to initiate data collection since they are the groups that are responsible for the provision of employment/VR Services. “Theoretical sampling is the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyzes his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges (Glaser & Strauss, 2017, p.45).” First, the question must be answered as to how groups are determined for data collection. Glaser describes “*theoretical purpose and relevance* (Glaser & Strauss, 2017, p.48)” to determine choice of groups in which to study. Previously, the participant groups for this study were described for their *purpose and relevance*, essentially why they are chosen to respond to the survey as well as participate as members of a Focus Group. VR Services, State Blind Services or Commissions, State DD Agencies, were the logical stakeholders from which to collect data. Glaser describes “*core*” theoretical sampling as well as depth and “theoretical saturation” (Glaser & Strauss, 2017).

Respondents of the survey were asked if they would be interested in participating in a focus group to discuss in more detail their state services, experiences, and barriers to their provision. One Focus Group was facilitated for the study from three participants, two from the mid-west and one from the northeast, two of whom were VR

professionals, the third was a professional from VR Blind Services. The researcher used a semi-structured questionnaire but allowed for informal discussion among the participants. Questions were culled from the original survey data. The focus group was held on the Zoom meeting site for the convenience of the participants.

Using the study questions as a starting point, the interviewer/researcher probed further by asking the respondents: to describe their programs/services in detail; discuss elements that are successful and those that are not; what their programs need to move forward; what barriers continue to exist. Other questions to the respondents included: what the main barriers are to providing services; what collaborative efforts their agency or state participates. Questions and prompts for discussion are listed in Appendix B. The questions led to a naturally evolved conversation, that disclosed more information and enhanced the survey results. As with the survey, responses were kept anonymous.

Data Collection

An introductory email that introduced the purpose and scope of the survey was sent to each possible participant. The participants were informed that by completing the survey, they: were giving their permission to participate; understood that their responses would be kept anonymous and secured, unless given permission otherwise; understood the purpose of the study and why their agency was being invited to participate. The participants were given direct contact information for the researcher to ask questions or clarify concerns regarding the survey. This email was sent electronically to a total of 123 professionals from the NPTP2 database. Surveys were sent to the 50 Directors of DD Agencies in each state. 73 surveys were sent to VR and Blind/VI Agencies. Seven of

those agencies had one contact for both VR and Blind/VI agencies. 20 agencies did not have e-mail addresses for specific professionals or even a general email for inquiries or information. Research solicitations were sent three separate times within a six-week period.

Participants

While 41 participants began the Qualtrics survey, response rates to each question varied. Nineteen of 41 surveys were not completed, 5 agencies denied permission, and 17 surveys were completed or partially completed. 31 respondents gave permission to be included in the survey, 3 denied permission. Two other agencies denied permission through email response to the researcher. One of the two agencies refused permission because of their need for their own state IRB to be completed, and therefore were excluded from the research. Response rate of the survey was 11.38%.

Participants included responses from 41 individuals. However, response rates varied per question. Only those participants who completed the survey beyond question 1 were included in the analysis of this research. Of those that completed the survey (n=20), 45% (n=9) of the respondents represented vocational rehabilitation agencies. The remaining respondents were employed at services for those with blindness/visual impairment 40% (n=8) and developmental disability agencies, 15% (n=3). Responses to substantive survey questions varied from a low of eight in two open-ended questions to a high of 14 in a yes or no question, with an average of 11 responses to each question. Overall, 85.71% (n=12) of the respondents participated in Employment First or similar initiatives in their agencies. Twelve of 13 respondents (92.31%) answered positively as

to whether or not their agency provided specialized services to Consumers with complex disabilities, but only nine of the twelve respondents answered the open-ended question as to what services they were. Eleven of 13 respondents (84.62%) stated that they provided direct services to consumers. Regarding whether or not their agency contracted with CARF providers, five respondents (41.67%) said yes, while seven (58.33%) stated no, they did not. Nine respondents answered the open-ended question that asked how many individuals with complex disabilities does your agency serve yearly. Ten of 11 (90.91%) respondents stated that they did collaborate with other agencies to provide services to consumers with complex disabilities. Nine of the ten (90%) named their collaborators in a follow-up question. Ten of twelve respondents (83.3%) said that they provide transition services to students with complex disabilities. Eight respondents answered the open-ended question asking them to describe successful programs, relationships, or consumer outcomes for those with complex disabilities. Eight respondents also answered what barriers they had in providing services to consumers with complex disabilities. Finally, only three respondents (5.7%) stated that they were willing to participate in a Focus Group.

Focus Group

Three individuals participated in a small Focus Group (FG) facilitated by the researcher. The meeting was held on Zoom and lasted for one hour. Two participants were from the mid-west, and one was from the northeast part of the US, two of whom were VR professionals, the third was a professional from VR Blind Services. The discussion was semi-formal in that there were pre-written questions, and other questions

formed according to responses from the participants. All three participants were directors or managers from state VR agencies, therefore, the FG did not have a good representation from all agencies, nor regions of the country. Responses to questions are summarized from contemporaneous notes taken by the researcher.

Data Analysis

Survey

Each survey question was analyzed individually for response rates. As discussed previously, percentages were reported for yes/no questions as well of the number of responses to each question. Most yes/no questions yielded high percentages of positive responses—83.3% to 92.31%, except for one question in which the majority (58.33%) responded no.

Open-ended questions were individually analyzed using Glaser's Constant Comparative Analysis (CCA). When two or more respondents stated the same or similar responses, the responses were grouped (color-coded) as an emerging theme. A matrix of themes was developed and analyzed within the group of responses and then compared with similar responses to questions of the Focus Group for overall analysis. Thematic data was then compared to previous research.

Focus Group

Glaser's Constant Comparative Analysis (CCA) was the framework for which the discussion of the Focus Group (FG) was analyzed. CCA is purposeful for data analysis in this study because it does not determine theory only from analysis of the whole of the data. As discussion data was coded and analyzed for emerging themes, it was compared

to data from the survey results. Glaser states that often sub-themes or categories might arise through this comparison. New themes, or emerging theories not previously thought about, might arise from this constant comparative process. Another professional researcher analyzed the data along with the primary researcher to help validate the collection.

FG discussion notes were analyzed for emerging themes. Themes were color-coded and described for similarities, then compared/analyzed in relation to the survey results and themes that emerged, as well as reinforce or dispute prior associated literature. Themes culled from the Focus Group are described and compared to responses from the survey.

The results of the data analysis are reported in the next chapter. They provide information for a discussion of the implications, further research, and recommendations to promote specialized services in the states.

Chapter 4: Results

Introduction

This study attempted to discover which states and their corresponding VR and disability agencies provide services that support individuals with complex disabilities to attain competitive integrated employment as dictated by the Workforce Innovation and Opportunity Act (WIOA) implemented in 2016. This chapter will discuss the results of the mixed methods research performed. Results from the survey will be described from each state agency that responded. Responses to open-ended questions will be discussed thematically from surveys and compared to the responses of the Focus Group.

A general summary of responses to questions and informal discussion with the Focus Group will be relayed. Their responses will be compared to survey results and themes that emerged from open-ended questions on the survey.

Research Questions

1. Which states provide specialized VR services to individuals with complex disabilities including those who are blind/VI?
2. What agencies in particular serve consumers with complex disabilities in each state?
3. Of the agencies providing VR services to individuals with complex disabilities, what services are provided? What services have been successful? What are the barriers to providing successful services?

4. How many individuals have accessed the specialized services? Is there a waiting list for consumers to access services?
5. Are services linked to transitioning high school students before they graduate from school?

Discussion of Survey Results

Due to the limited data derived from the survey responses, it is impossible for this research study to determine exactly how many and which states provide specialized VR services to consumers with complex disabilities, and what agencies provide the services. The small response rate from DD agencies (only three of 20), did not allow this research to determine if consumers with complex disabilities receive services through Employment First initiatives since those are generally managed by DD agencies. 45% (n=9) of the respondents represented vocational rehabilitation agencies and the rest, 40% (n=8) were employed at agencies that serve those with blindness/visual impairment. The Blind/visually impaired providers could have been from state Commissions for the Blind, or part of the state VR agency. Most respondents did state that their agency is part of Employment First (n=12, 85.71%).

Most respondents (n=12, 92%) stated that they do provide specialized services to individuals with complex disabilities. Nine respondents listed the services they provide when asked. These included: Personal Adjustment Training; Counselors for the Blind, Deafblind Counselors; training in activities of daily living; the Progressive Employment Model; communication planning with SLP (Speech Language Pathologist), OT (Occupational Therapist) supports; supported employment services; travel training;

technology training; Career Pathway; Discovery (part of Customized Employment); job exploration; job placement; small group supported employment; employment transportation; benefits planning services; coworker supports; Work Incentives Planning; on the job supports; Supported Employment Job Development; rehabilitation instruction; orientation and mobility (O&M); Pre-employment Transition Services (Pre-ETS) provided to Deafblind; Vision Rehabilitation Therapy (VRT); assistive technology (AT); low vision (therapy); Adaptive Communication; specific counselors for Supported Employment. See Table 2 for Services Provided.

Many of the services listed above were repeated two or more times by respondents. The services that were stated multiple times emerged as themes of VR service offerings for consumers with complex disabilities. Common services were grouped together and named as Process Supports, Individual Supports on the Job, Job Placements, and Disability Specific Services.

Table 2.
Services Provided

<i>Themes</i>	<i>Process Supports</i>	<i>Individual Supports on the Job</i>	<i>Job Placements</i>	<i>Disability Specific Services</i>
Responses	Supported employment services; Career pathway; small group supported employment; supported competitive integrated employment; supported employment job development (3)	Job coaching; co-worker supports; on the job supports	Job placements (2)	Counselors for the Blind (2); Deafblind counselors (2); SLP, OT supports; travel training; technology training; Dept for the Blind services; rehabilitation instruction; orientation and mobility (2); VRT; AT; low vision

Process Supports

Supported employment services or a variation was named seven times as to what services are delivered to individuals with complex disabilities. An overall theme of *Process Supports* was evident. Those process supports include: “supported employment services”, “small group supported employment”, “Career Pathways”, etc., encompass a variety of program services within VR leading to competitive integrated employment (CIE). Supported Employment is specifically detailed in WIOA to support individuals with the most significant disabilities to achieve CIE (<https://rsa.ed.gov/program/se>, 2023). Career Pathways is “a combination of rigorous and high-quality education, training, and other services that (1) align with the skill demands of the State and local economy; (2) prepare (US Department of Labor, 2018). These programs can vary state to state depending on individual state grants, but they are all part of a comprehensive process with the goal of CIE. The participants in the Focus Group also discussed their provision of *process supports* including supported employment, small group employment and Customized Employment (defined in Chapter Two).

Individual Supports on the Job

Individual Supports on the job were described by the respondents as “Job coaching”, “co-worker supports”, and “on the job supports” as services provided for consumers with complex disabilities. Each of these services provide supports to a consumer directly on the job. Job coaching is often provided as a “most to least” support, meaning the role of the job coach diminishes over time as the consumer becomes more competent in their position. Co-workers—other employees at the job site-- are sometimes engaged as a coach, prompter, or supervisor for an individual with significant disabilities

working near or beside them or checking on them. Other “on the job supports” can include a range of services, including: personnel; augmentative and alternative communication (AAC) devices; other technology (simple or complex) devices to support communication, behavior, schedules, prompts, instructions, etc.; orientation and mobility instruction; adapted equipment or materials, among others.

Job Placements

Job Placement is a specialized VR service. While this involves placing a client in a particular job, this theme notes the actual service of locating appropriate employment for individuals with disabilities and does not refer to the actual site of employment. The VR staff often has good relationships with employers who can best support employees with disabilities. This service was mentioned twice by survey respondents.

Disability Specific Services

Disability specific services that are specific to low incidence disabilities were mentioned 15 times by the survey respondents as being services their agencies provide to consumers with complex disabilities. Most of the services named are those that are specific to consumers who are Blind/visually impaired including counselors for the blind and deafblind, which include but are not limited to travel training (which is also provided for sighted consumers) technology training and Assistive Technology, rehabilitation instruction; orientation and mobility, Vocational Rehabilitation Therapy, and low vision training. Other services included Occupational Therapy and Speech Language Pathology.

Discussion of Survey Results, Continued

Continuing with yes/no questions, eleven respondents (84.62%) stated that they provided direct services to consumers. When asked whether or not their agency contracted with CARF providers, five respondents (41.67%) said yes, while seven (58.33%) stated no. This was the closest response percentages of all the questions asked.

Nine respondents answered the open-ended question that asked how many individuals with complex disabilities does your agency serve yearly. The responses were: “roughly 16, 481”; “Unknown”; “Blind/Low Vision—about 800”; “5200”; “350+”; “16,000”; “14,000 and the next question won’t let me type in answer of 5,400 served in CIE”; “125”; “0-1”. The range of these responses was concerning. The very large numbers of 16,000 and 14,000 were most likely the number of *all* consumers being served in VR agencies. Visual Impairment, Deafblind and individuals with complex disabilities, are considered low incidence disabilities, meaning that of all disabilities considered and are served by VR, the aforementioned disabilities have the lowest rate of occurrence within the population of individuals with disabilities, about 1% of the general population.

Ten of 11 (90.91%) respondents stated that they collaborated with other agencies to provide services to consumers with complex disabilities. Nine of the ten (90%) named their collaborators: DVR; general VR, DHS [Department of Human Services], Workforce, Medicaid, benefits counseling agencies, etc.; [state] RC; VR; VR, Blind, Workforce, Education, Aging; DD, (state autism and low incidence agency), [state] Department of Education, (state career counseling center and job connector), [state] Department of Mental Health; Division of Mental Health; VR, Bureau of Rehab.

Services; Blind, DDS [Developmental Disability Services], DMH [Department of Mental Health], DTA [Department of Transitional Assistance], Autism Commission. Lower case names within parentheses are descriptive names to maintain anonymity of actual state agencies.

Ten respondents (83.3%) stated that they provide transition services to students with complex disabilities.

The survey instrument asked participants their opinion on successful services. Specifically, the question posed was, “What services have been successful?” The eight respondents’ verbatim answers include:

- “We have found that individuals receiving PAT [Partnership in Assistive Technology] within DVR [Department of VR] have a much higher employment rate than individuals attending our local NFB [National Federation of the Blind] training center. We have also found a lot of success in moving from a center based model to an individual model. We have been able to serve significantly more individuals.”
- “Customized employment/job carves, customization of self-employment plans, relationships with supported employment agencies serving high needs clients, provision of personal care supports in the clients home, etc.”
- “Supported Employment”
- “Strong E1st [Employment First] collaborations among Medicaid, DD, Mental Health, VR, Blind, Workforce, and Education; successful rollout of Customized

Discovery services; successful rollout of Individual Placement and Support (IPS) model of employment.”

- “Employment First, [state] Transition Support Partnership. Jobs for Recovery, College to Careers, Individual Placement and Support.”
- “provision and training of assistive technology, Pre-ETS, job placement, Helen Keller National Center.” [Helen Keller National Center serves individuals who are Deafblind.]
- “Pre-ETS services, job coaching, O&M, VRT, AT training.”
- “Positive: collaboration between VI and DHH staff; provision and training on AT.”

As with service provision, some overlapping themes emerged from the responses as displayed in as Successful Services in Table 3. The successful services were grouped by theme and named as, Employment First, Assistive Technology, Individual Processes/Services, and Transition.

Table 3.
Successful Services

<i>Themes</i>	<i>Employment First</i>	<i>Assistive Technology (AT)</i>	<i>Individualized Processes/services</i>	<i>Transition</i>
Responses	Employment First (3)	PAT (Partnership in AT) services in DVR; provision and training in AT (4)	Customized Employment/job carves (2); supported employment (2); Individual Placement and Support Models (IPS) (3)	[state]Transition Support Partnership; Pre-ETS (2)

Employment First

Employment First, is a collaborative process among numerous agencies to provide specialized supports towards CIE, especially to those with significant or complex disabilities. Employment First was mentioned three times as being a successful service/process to consumers with complex disabilities. Employment First is discussed at length in Chapters 2 and 3 of this study.

Assistive Technology (AT)

AT and AT training was mentioned five times as a successful service. Most individuals with complex disabilities would need some type of AT [ex. Screen readers, text to speech, electronic braille device, print enlargement software, audio/recording devices, AAC devices, etc.] to support them on the job.

Individualized Processes/services

Individualized Processes/services became a broad theme of successful services from responding agencies, as a specific service or process was listed seven times. These included, Customized Employment/job carves, supported employment, and Individual Placement and Support Models (IPS). These responses were similar to the responses to the question asking what services agencies provide, possibly inferring that when specific services/processes are provided, they tend to be successful.

Transition Supports

Transition Supports were also a response theme, listed three times, from the successful services question. Transition supports are supports and services provided to students with disabilities in collaboration with education programs and services as defined in WIOA. Specifically, Pre-ETS, as defined in Chapter 2, was named twice.

The final open-ended question asked, “What are the barriers to providing successful services?” There were eight written responses to this open-ended question, with some thematic overlap in three areas including: Concerns of safety and personal care of consumer; Program services needs; and Transportation. The respondents’ verbatim answers were as follows:

- “One area we continue to struggle with is serving individuals with a history of Safety concerns. Staff are uncomfortable working 1:1 and we aren't confident in how we assess safety risk. We would love to better understand how to assess risk before determining how to provide services (not if we provide services, but "how").”
- “Limited job coaching resources to individuals with communication barriers or personal care support needs. Issues with coordinating services around complex medical needs where clients require direct nursing. Difficulty locating on the job supports in rural communities. Foster facilities often don't have staffing to fully engage in employment planning including implementation of communication systems. High case load sizes and increased tracking requirements for VRCs [VR Counselors].”
- “Transportation”
- “Rationing of services; MCOs [Managed Care Organizations under Medicaid] restricting services; failure to solve the transportation problems of consumers; service providers impacted by current workforce challenges, especially direct-care workforce”
- “Transportation, Staff- Provider Staff turnover.”
- “Barriers: additional training for staff is needed; lack of availability of transportation.”

- “Funding.”
- “Transportation, Consumer Concern about losing public benefits SSI/DI.”

Except for *Transportation*, the responses to the question regarding barriers to services were singularly named, but there was clear overlap in the emerging themes. Four specific areas under *Concerns of safety and personal care of consumer* were listed. A broad theme of *Program Services needs* emerged ten times, while *Transportation* was specifically listed as a barrier five times. See Table 4 for barriers to services.

Table 4.
Barriers to Services

<i>Themes</i>	<i>Concerns of safety and personal care of consumer</i>	<i>Program services needs</i>	<i>Transportation</i>
Responses	Safety concerns, assessing risk— <i>"how to provide services, not if"</i> ; personal care support needs; direct nursing care for complex medical needs; additional staff training	Job coaching for consumers with communication barriers; coordination of services for complex needs; on the job supports; staffing	Transportation (5)

		for employment planning including communication systems; high caseloads; tracking requirements for VRCs; rationing of services; restricting services; continued lack of direct care workforce; additional training for staff	
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Concerns of Safety and Personal Care of Consumer

A barrier to safety and personal care of the consumer was a theme prevalent in the survey as respondents listed it four times. Personal care, medical needs, safety issues,

more staff training in these areas were all concerns of the respondents. One participant noted that it wasn't whether services were available or provided, but "how" to provide them, and that more training was needed for consumers with complex medical or behavioral needs. Several responses suggested these as barriers to provision of services, inferring that without appropriate services to address medical and/or behavioral needs, CIE would be difficult to attain. A need for training in these specific areas was evident.

Program Services Needs

This was the next thematic area evidenced by the responses. Although there was variation in the responses, each concern as a barrier had to do with what was lacking or what was needed to provide appropriate services to consumers with complex disabilities. These needs ranged from job coaches who needed to communicate with non-verbal consumers, to coordination of services, to tracking requirements, to lack of staff, as well as specific training of staff. Overall, Program Services Needs were listed the most by respondents in regard to barriers to services.

Transportation

Transportation as a singular barrier to service provision was listed five times in the written responses. Transportation as an issue for many VR consumers, especially those who are Blind/visually impaired, has been a constant theme in the literature as a barrier to employment (Capella-McDonnall (2011), Rumrill, Schuyler and Longden (1997).

Finally, only three respondents (5.7%) stated that they were willing to participate in a Focus Group.

Discussion of Focus Group

All three participants were directors or managers from state VR agencies (one from division of blind in VR), and from only two different regions of the country. Therefore, the Focus Group did not have a good representation from all agencies, nor regions of the country. Responses to questions are summarized from contemporaneous notes taken by the researcher.

Focus Group Responses to Questions

- 1. Question:** If your agency provides specialized services for competitive integrated employment to individuals with complex disabilities what are those services and how effective are they?

Responses: Participants discussed the required services provided through VR including, assessments, job exploration, Pre-ETS, job placement and supported employment. Note: no specific services for individuals with complex disabilities were mentioned at this time.

One participant discussed a new initiative that was having great success in their state. The initiative streamlines the VR and career pathways process so that the services are more efficient, targeted and the VR agency is now able to serve more consumers.

- 2. Question:** If services are not provided either directly or by a contracted CARF agency, what barriers exist to their provision? Available services, funding, personnel, knowledge of disabilities, etc.?

Responses: This question needed more prompting as responses were not easily forthcoming. Eventually, the participants discussed relationships with Employment First agencies, DD, mental health and lack of service providers in rural areas.

- 3. Question:** How are consumers and their parents or caregivers informed about your employment services?

Responses: Each participant discussed their procedures beginning with the transition from schools and their first meetings with a consumer generally at age 14. All three had designated personnel for schools and some for specific disabilities i.e. blind/VI, DHH, IDD. They discussed their dissemination of pamphlets, websites, and informational meetings. Information is first given out at the school transition meetings of the students.

- 4. Question:** What are your experiences with employers hiring individuals with complex disabilities?

Responses: The participants discussed their agencies' relationships and outreach to employers. Two participants stated they had several employers who have long hired individuals with disabilities. Note: No one discussed employers specifically hiring those with complex disabilities.

- 5. Question:** Are consumers with complex disabilities typically guided toward sheltered workshops in your state and local communities? Why or why not?

Response: One participant answered for the group that they cannot, since there is no more federal funding (WIOA) for workshops.

6. Question: Do you have agency personnel such as VR counselors, DD case managers, etc., working in direct relationship with local school districts? Describe the relationship or support services.

Response: The three respondents discussed designated liaisons, case managers and other VR personnel in their respective state school districts. As stated earlier, VR personnel are required to begin the pre-employment process at age 14 with those individuals who have complex disabilities, including the low incidence disabilities of visual impairments, blindness, and deafblindness in school. In responding to this requirement, one participant discussed having regional staff to coordinate with schools around their state. Another discussed having staff assigned directly to individual schools, as well as a VR counselor housed in each career center or vocational education school. Two participants stated they had designated VR counselors for VI and D/HH. Each participant agreed that they had good working relationships with their school systems as well as collaborative grants under WIOA to provide Pre-ETS in schools.

When participants were asked about other collaborative relationships with agencies, such as DD, and initiatives such as Employment First (EF), supported employment and/or Customized Employment they identified their specific state Employment First initiative, managed by DD. Specifically, one participant stated they have a large collaborative in EF including VR, DD, mental health, independent living, educational systems, etc. All the VR agencies provide supported employment, and two discussed provision of small group employment.

Each participant in the focus group also discussed their training or professional development in Customized Employment (CE) and the Discovery process. One participant stated, “They always have a new name for things. We used to call it a job carve!” While the employment options were discussed, focus group participant discussed how effective CE was in their state. Also, no one addressed specific initiatives for consumers with complex disabilities.

- 7. Question:** In general, can you describe some of the attitudes of agency staff toward integrated competitive employment for consumers with complex disabilities? Be as broad or specific as you choose.

Responses: One participant stated that some VR counselors who have been around for a long time have had some difficulty with the provision of services for consumers with more significant disabilities. Another participant discussed in general the specific coding of services and limits of services they can provide since funding is attached to coding. Therefore, they cannot be creative in providing services.

- 8. Question:** Any final thoughts...?

Responses: One participant reiterated the new initiative in their state—how effective it was for streamlining services and making the VR process more efficient. Another discussed that their agency has many new grants to help support new initiatives and summer work programs. When told there are new grants available from the RSA for underserved populations, the participant stated

with a laugh, “We can’t handle any more money!”. The third agreed with the participant and stated that there is available money for new initiatives.

9. A final, spontaneous question was asked of the participants: Why do you think there was so little response to this survey? Are agency staff too busy? Do they not have the services, so they did not respond? What are your thoughts?

Responses: One participant stated immediately that agency personnel have been on their computers non-stop since the pandemic—everything has been done on-line. She stated that each day staff arrive to hundreds of emails that they must respond to, “so they probably just skip over or delete things they don’t have to respond to”. Another participant agreed verbally and the third nodded.

Focus Group’s Common Themes with Survey Responses

When the discussion of specialized services came up, one Focus Group member named Vocational Rehabilitation counselors with specialized caseloads (VI, DHH) as disability specific services their agency offers. This response would add to the list in Table 2. Other services discussed were assessments, job exploration, Pre-ETS, job placement and supported employment which also overlapped with survey responses.

Regarding successful services that promote CIE, the Focus Group participants each reiterated their success with the same services, including supported employment, Customized Employment, and Pre-ETS. Transition supports were also discussed positively by all three FG participants, including Pre-ETS. This was a positive response from the participants, as currently there are mixed reviews in the literature regarding Pre-ETS, since it is new as a collaborative service, collaborations vary from state to state, and

much more training needs to be done (Taylor, et al. 2019). Focus Group participants also discussed positive relationships with Employment First. These responses were common to the responses in Table 3, listing positive supports and services.

The Focus Group areas of concern that matched the thematic responses were around *Program services needs*, specifically for the complexity of tracking and limitations of coding (services) required by the VR/RSA. All agreed that this was a problem. This could also be what was stated as “restricting services”. Also, two members stated the *Need for Services* and *Transportation* in rural areas, adding to the Transportation barriers listed in Table 4. from the survey responses.

Conclusions

The overall results of the survey and the Focus Group discussion were greatly limited by the lack of participants. Survey respondents were numbered at 17, with substantive questions responded to by eight to fourteen participants. Three VR professionals participated in one Focus Group. The main query of which states and agencies provide specialized services to individuals with complex disabilities, for the purpose of attaining CIE, and what are successes and barriers to their provision cannot be answered through this study. However, the responses to the survey questions and Focus Group discussion were generally positive regarding what their agencies had to offer, as well as positive collaborations with other agencies to provide services.

Although responses were limited there were common themes that emerged from the respondents and Focus Group members. In the area of specialized services offered, Process Supports and Disability Specific Services emerged with the greatest number of

responses. Employment First, Assistive Technology (AT), Individualized Processes/services, and Transition, were emergent themes of supports and services that are successful to employment.

Lastly, barriers to providing specialized services to consumers with complex disabilities emerged as specific Needs within Agencies, Transportation issues, and Concerns of Safety and Personal Care of the Consumer.

Chapter 5: Limitations and Implications of the Study

Introduction

This chapter will discuss the purpose of the study, how the results are tied to literature that supports the study, the limitations of the study, including possible low response rates, types of questions, survey participants, Focus Group participants, and lack of prior scholarly research in the area of competitive, integrated employment for individuals with complex disabilities as defined in this study. Results in relation to the theoretical framework will also be discussed. Implications for future research and specific studies, why they would be important, how they might fit into overall disability research, who should perform the research, and discovery of best practices for this population will also be discussed. An overall conclusion regarding the study and how it contributes to current literature will be discussed. A final discussion will include what the implications might be for individuals with complex disabilities who do not participate in community employment.

Purpose

The purpose of the study was to determine which states and agencies provide specialized services and supports to Consumers with complex disabilities to attain Competitive Integrated Employment (CIE), and which services/supports are successful, as well as the barriers to provision of specialized services. WIOA and IDEIA mandate that VR services and Transition services promote CIE for all consumers and students with disabilities, including those with complex disabilities. Although these mandates are

in place, very few individuals with complex disabilities have accessed CIE. There is little to no literature that speaks to this issue. Part of the purpose of this study was to determine baseline data from each state's VR, DD and Commission or other agency for the Blind/visually impaired, regarding services for individuals with complex disabilities, so that future research could be performed on best practices, and eventually to replicate specialized services to this particular population.

Results tied to Literature

Some of the responses to the open-ended questions regarding successful services or partnerships, and barriers to providing services, can be found in the scholarly literature. For example, Wolffe & Kelly (2011), Capella-McDonnall (2011); Capella-McDonnall & Crudden (2009), Rumrill, Schuyler and Longden (1997), and O'Day (1999), all discuss the necessity for specialized AT and instruction for consumers who are blind. Another area that has always been a concern for accessing employment for individuals who are blind and those with multiple or significant disabilities is the lack of transportation. Capella-McDonnall (2011), Rumrill, Schuyler and Longden (1997), along with many others state the need for transportation so consumers can access a job. Crudden, Sansing and Butler (2005), discussed how VR personnel in a focus group stated that they were "being restricted by their choice of vendors, time constraints, poor communication, inefficient and inflexible use of time and the workforce, poor coordination of services... (2005)". These barriers almost verbatim stated what survey participants in this study reported.

Recent studies have shown the success and continued need for VR and Education to collaborate and provide Pre-ETS to transitioning students with disabilities (Lau & McKelvey, 2023; Taylor, et al, 2019). Much in the literature speaks to the low employment rate of individuals with significant or multiple disabilities and those with blindness/VI and secondary disabilities (Hall, et al, 2018; Wehman et al., 2014; Capella-McDonnall & O'Mally, 2012; Malakpa, 1994).

Limitations to the Study

There are many factors that limited the scope and original purpose of the study. The first, and possibly most significant factor is the overall lack of survey responses. In any mixed methods study, survey response is always a concern (Fraenkel, Wallen, & Hyun, H., 2015). This study had a very low response rate—17 or 11.38% complete (or almost complete) surveys of 123 sent electronically, three separate times. There were 20 other respondents that gave permission to participate yet did not enter responses into the survey. It is unclear if those respondents had difficulty with the software, or ultimately made some decision not to respond.

Wu, Zhao and Fils-Aime (2022), cited several meta-analyses of electronic on-line surveys stating, “These comparative meta-analyses provide conclusive evidence that, in general, online surveys produce an 11%–12% lower response rate than other types of surveys” (Wu, et al. 2022). When asked their thoughts on why the survey had such a limited response rate, one participant in the Focus Group (FG) stated that agency personnel had been on their computers non-stop since the pandemic—everything has been done on-line. She stated that each day staff arrive to hundreds of emails that they

must respond to, “so they probably just skip over or delete things they don’t have to respond to”. Another participant agreed.

Even though the response rate in general was low, the agency representation was very uneven. Only 3 or 15% of respondents represented Developmental Disability agencies, even though all 50 state directors were contacted. VR had a response rate of 45% and Blind/VI services had a 40% rate of participation. Ultimately, total survey responses then would be skewed to VR and Blind/VI agencies. This is a concerning limitation, since Employment First—usually managed by DD agencies—would generally be the entity that supports CIE for individuals with significant or complex disabilities.

The lower response rate in the survey most likely produced a very low number of respondents who were interested in participating in a Focus Group (FG). The researcher originally proposed five regional Focus Groups, with (hopefully) representation from each of the three agencies. Three participants, all from VR agencies, ultimately participated in one Focus Group. Two participants were from the mid-west, and one was from the northeast, so regional participation was also limited in the Focus Group.

Response rates to the study most certainly limited the outcome and results. The researcher also questions some of the survey items asked of respondents. For example, when respondents were asked, “Approximately how many individuals with complex disabilities does your agency serve yearly?”, the responses varied from “unknown” to “0-1” to “16, 481” and many in-between. Apparently, many of the respondents did not answer the question to the specific population of those with complex disabilities. A better question might have been, “Does your agency have the means to track individuals with

complex disabilities, as defined in this study? If so, how many individuals are served through your agency?”

Another question asked what services their agency provided for consumers with complex disabilities. The general responses were basic to any consumer with disabilities (most likely due to the coding required by VR/RSA). There were two respondents who did discuss safety concerns, communication issues, and medical needs, when asked about barriers to services. Possibly, more specific questions could have been asked regarding consumers’ behavioral, communication, medical, AT, and transportation needs and how their agency provides for them. One respondent, discussing barriers to service provision to consumers with complex disabilities, stated, “We would love to better understand how to assess risk before determining how to provide services (not if we provide services, but *how*).” Asking *how* services are delivered surely might be a better way to find out answers and receive better information, since *how* is asking a different question than *what*.

Limitations to this study are many. Overall, this study, meant to be a national study of specific agencies that provide VR services to individuals with complex disabilities, cannot answer the research questions asked due to the limited responses and lack of agency representation. The study presumed to find demographic and descriptive information on particular services as well as states’ provision of them. The purpose of the study ultimately was to provide information to further research that studies best practices towards the CIE of individuals with complex disabilities. Most of the responses to the open-ended questions on the survey regarding barriers to services as well as successful

services, reiterated some outcomes in past scholarly literature regarding employment of individuals with disabilities as described in Chapter Two. These included positive outcomes from collaborative partnerships, and barriers to employment such as lack of transportation, AT devices and training, on-the-job supports, and continued staff training, among others.

Ties to Theoretical Framework

This study reflects the theoretical framework of the Organizational Niche Theory within the Stages-Heuristic Model. As was discussed in the introduction, this study attempted to find out information on what and how policy implementation (external influences) impacted a very small *niche* of the larger disability population to access services (internal influences) that support competitive, integrated employment (CIE). While the sample was small, information can still be gleaned from this research regarding what and how states and federal agencies implement WIOA, and transition supports to individuals with complex disabilities. A small (three) and underrepresented (only VR) Focus Group expounded on the survey responses and elucidated on good things that were happening in their agencies. There were no responses that specifically addressed consumers with complex disabilities.

It appears that policy implementation of WIOA has not corrected rates of individuals with significant or complex disabilities to attain CIE --in fact they have gone down (Hall, et al, 2018). There is little to nothing to be found that specifically addresses those with complex disabilities as defined in this study, in the workforce. This is partially due to how disability information is coded by the RSA as well as limited Employment

First data. Therefore, these results, limited as they are, should support new Problem Identification and Agenda Setting – as displayed in the Stages- Heuristic Model.

Future Research

The implications for more research in the area of CIE for individuals with complex disabilities are close to endless. Future research should begin with the Employment First initiatives in each state. Employment First and similar cooperative initiatives, serve to support individuals with the most significant disabilities to achieve CIE. Demographic surveys of the disability population being served, along with employment outcomes could be a good start.

Mixed methods have been found to be of great benefit to small populations of study (Odom et al, 2005). Although this was to have been a mixed methods study, the scope may have been too broad for this population. One way to perform more informative studies would be to research one individual state's VR, Blind/VI, and DD agencies, specifically within the realm of Employment First. More personnel from each agency could respond to more specific questions regarding provision of services. It might be important to involve others, outside the VR and DD agencies to respond to a study. Staff from CARF or other service providers, DD case management, educational personnel, specifically transition coordinators and special education staff, the consumer, and their families, could offer a wealth of information, especially from within focus groups or open-ended questions.

Other new research within this topic area would be of single subject design methods. Due to the niche population of those with complex disabilities within the larger

disability community, it might be most beneficial to perform research that specifically studies the population while receiving transition and VR services, such as Pre-ETS, and supported employment. Ultimately, to help solve the problem of limited CIE for individuals with complex disabilities, studies need to focus on best practices for delivering services, so that those services might be replicated. These studies could be performed through a cooperative collaborative entity, such as Employment First, or a VR summer work program with transitioning students, or in-school year-round programs that focus on employment. Individuals with complex disabilities usually need more supports to be employed than standard VR services. These supports and services could include individualized communication, behavior, social skills training, AT, activities of daily living, mobility, specialized transportation, to name a few. All these services (and others) could be studied within a comprehensive employment program, across consumers. Most important is that there is true collaboration in providing the services to be studied, since singular agencies are rarely able to provide all services. It also accomplishes some of what WIOA set out to implement.

Two issues that cross both VR and education are how services are coded for funding, and how individuals with disabilities, especially significant or complex disabilities are defined and tracked within their respective systems. The RSA has a limited number of services to be coded for reporting. If a needed service falls outside the proscribed menu of services, the consumer might not be able to access them. Medicaid or DD can pay for a variety of services if a consumer receives it, but coordination of those services with VR can be complicated.

Defining disabilities is another complication for tracking consumers with complex disabilities across systems. In VR, a primary disability is named i.e., “blind”, but if there is a secondary disability such as IDD or ASD, it is recorded as “secondary disability” without naming it. Researchers who study employment for individuals and/or students with disabilities using RSA-911 data, or National Longitudinal Transition Studies (NLTS) data, can only report out information tracked with coded data that is incomplete for their purposes. Much of the data only addresses singular disabilities. Many educational information systems do not name what the “multiple disabilities” are in their tracking systems. Often school districts name individuals who are Deafblind as “multiply disabled” because they do not have teachers qualified as teachers or intervention specialists for Deafblind students. The implications of inconsistent, undefined, or vague disability categories as data sources will continue to hamper employment research, especially for those with complex disabilities.

Conclusion

This study, although limited in participation and response rates, and was not able to answer the main question of what state agencies provide specialized VR services to individuals with complex disabilities, never-the less contributes to the literature in the area of low incidence and significant (complex) disability studies, specifically in the area of CIE. The responses to the open-ended survey questions and discussion with the Focus Group, reinforced what was already known about services that work to prepare individuals with disabilities for employment. The study also reinforces barriers to employment that continue to be problematic, such as lack of individualized supports,

personnel training to support needs of those with complex disabilities, and transportation issues. New areas mandated by WIOA that are resulting in some success as stated by respondents, are Transition Services, especially Pre-ETS. Also, positive responses and discussion of collaborations with multiple agencies, such as Employment First was also relayed. The theoretical framework from which this study was viewed, could possibly promote a new lens from which to view this specific population policy problem and determine solutions.

When individuals with significant or complex disabilities do not work, they are limited in their daily activities and social interactions. Day-habilitation programs do exist but are often limited to more urban than rural areas and transportation can again be a problem. Also, day-hab programs are self-contained—they are not community inclusive. Even when community trips are taken, all the participants have disabilities. Social interactions are limited.

Work in itself is well researched for mostly positive outcomes. Work provides value, personal worth, income, structure, and in most cases social interactions and relationships. Individuals with significant disabilities should be able to access those common human dignities within their community through employment, given appropriate supports and services mandated through WIOA policy.

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Appendix A

Survey Questions

Please choose one answer for multiple choice questions. For open-ended questions, write your responses as thoroughly as possible.

1. What agency do you represent?
 - a. Vocational Rehabilitation
 - b. Blind/VI services
 - c. Developmental Disability agencies
2. Is your agency part of Employment First or similar initiative?
 - a. Yes
 - b. No
3. Does your agency provide specialized services and/or personnel to support integrated competitive employment for individuals with complex disabilities?
Complex disabilities in this context are defined as blindness/VI concomitant with other severe disabilities including Intellectual and Developmental Disabilities (IDD), Autism Spectrum Disorders (ASD), physical disabilities, emotional or behavioral disabilities (including mental illnesses), and deafblindness.
 - a. Yes
 - b. No
4. If yes, what services do you provide? Please list. If no, please go to question 5.
5. Does your agency provide direct services?

- a. Yes
 - b. No
6. Does your agency contract with a private CARF agency to provide services?
- a. Yes
 - b. No
7. Approximately how many individuals with complex disabilities does your agency serve yearly?
- Number:
8. How many individuals with complex disabilities receive services from your agency for the purpose of integrated competitive employment, yearly?
- Number:
9. Do you have a waiting list to provide these services?
- a. Yes
 - b. No
 - c. N/A
10. Does your agency collaborate with other state agencies to provide services to individuals with complex disabilities for the purpose of integrated competitive employment?
- a. Yes: name agency (VR, DD, Blind/VI)
 - b. No

11. Does your agency provide transition services/supports to transitioning high school students with complex disabilities?

a. Yes

b. No

12. Please list any successful services, agency relationships and/or consumer employment outcomes your agency has experienced in the provision of employment services for individuals with complex disabilities.

13. Please list possible barriers to services, inter-agency relationships and/or positive consumer employment outcomes your agency might experience in the provision of employment services for individuals with complex disabilities.

14. If you or another agency representative are interested in participating in a regional, one hour Focus Group (on Zoom) on the topic of integrated competitive employment for individuals with complex disabilities, please state your contact information below.

Contact information: Name, position, agency, email address. This information will be kept confidential.

Appendix B

Focus Group Questions

1. If your agency provides specialized services for competitive integrated employment to individuals with complex disabilities what are those services and how effective are they?
2. If services are not provided either directly or by a contracted CARF agency, what barriers exist to their provision? Available services, funding, personnel, knowledge of disabilities, etc.?
3. Are consumers and their parents or caregivers informed about your employment services?
4. What are your experiences with employers hiring individuals with complex disabilities?
5. Are consumers with complex disabilities typically guided toward sheltered workshops in your state and local communities? Why or why not?
6. Do you have agency personnel such as VR counselors, DD case managers, etc., working in direct relationship with local school districts? Describe the relationship or support services.
7. In general, can you describe some of the attitudes of agency staff toward integrated competitive employment for consumers with complex disabilities? Be as broad or specific as you choose.
8. Any final thoughts...?

Other questions might be asked due to results of written survey responses.