



**Kansas Strategic Plan
To Support the Competitive
Employment of Kansans with
Disabilities**

2008-2010

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INTRODUCTION

As Kansas implements a comprehensive approach to promoting employment of people with disabilities, we begin the process with strengths to build upon and weaknesses to overcome. Our strengths include the support of many in the disability community for a comprehensive employment effort; strong disability advocates who support employment initiatives; programs that have the potential to support the competitive, integrated employment of people with disabilities; and a sound state economy with a “tight” labor market, potentially encouraging employers to seek employees from new labor markets.

We also have significant barriers we must address. Among our state agencies we lack a shared vision of employment for people with disabilities. Lacking a shared vision and mission in the state, we offer mixed messages, promoting employment here, and instituting employment disincentives there. This lack of a shared vision and mission has been disastrous for Kansans with disabilities. Relatively few Kansans with disabilities avail themselves of employment opportunities. Low income, subsidized housing, food stamps, etc., are seen as an acceptable way of life.

Our approach to a comprehensive employment initiative is threefold. First, Kansas state and local agencies must have a shared vision that all Kansans with disabilities should have the opportunity to work in integrated situations with decent wages, and that in fact they should be encouraged to do so.

Second, we must establish partnerships with employers and develop better methods for meeting their needs as businesses. Kansas’ dwindling workforce is in need of a new source of workers. We believe we can fill that need by partnering with Kansas employers, developing mechanisms to connect them with Kansans with disabilities, and providing training and other supports that will result in success for all.

Finally, in order to address the needs of Kansas businesses and increase the number of employed people with disabilities, we must have a workforce with the mindset that they are able and willing to work. Therefore, we must educate youth and adults with disabilities, their families, and service providers, that employment, combined with necessary supports, will eliminate the need to live dependent on a system that requires impoverishment in exchange for support.

“It is common sense to take a method and try it. If it fails, admit it frankly and try another. But above all, try something.”

-Franklin Delano Roosevelt



Where We Are Now

KANSAS 101



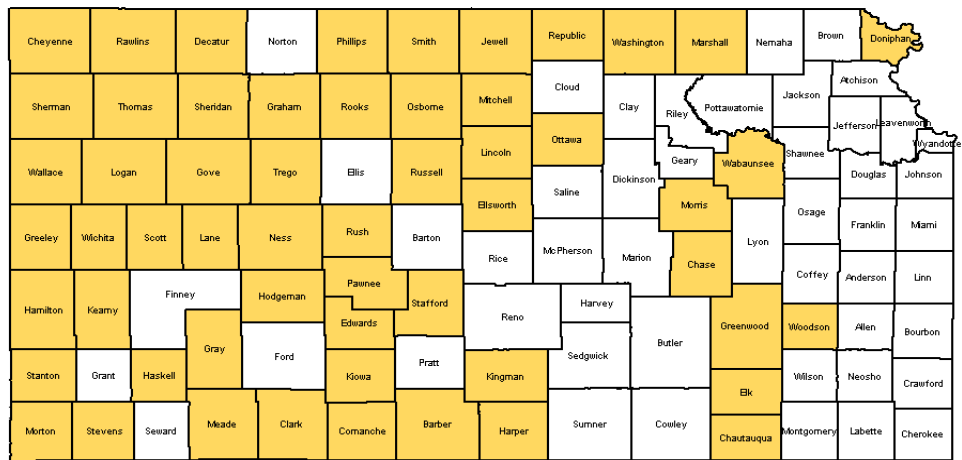
GEOGRAPHY

Vast stretches of pasture and nearly endless acres of farmland, along with a handful of densely populated metropolitan regions immediately distinguish Kansas as a land of contrasts in population distribution. While most Kansas citizens live in relatively high population areas, fifty-six of the States 105 counties are classified as frontier. A frontier county is identified as having a combination of the following qualities: low population density per square mile, distance in miles to service or market, and distance in time to service or market.

To put this into perspective: Kansas' fifty-six frontier counties alone comprise 46,646 square miles, enough to hold the New England states of Connecticut, Massachusetts, New Hampshire, Rhode Island, and Vermont, the Middle Atlantic states of Delaware and New Jersey, and the five boroughs of New York City, with room to spare.

This preponderance of frontier counties presents extreme challenges to any undertaking which desires input and representation from all areas of the State. Meetings held in the major cities are so distant from these frontier sections of the state that people find it difficult to travel. Even activities held in remote locations are convenient only for those who live nearby.

FRONTIER COUNTIES IN KANSAS



LOCAL SERVICE DELIVERY

Services in Kansas are coordinated and/or provided by lead organizations and affiliates based on the disability, e.g., developmental disability, mental health, etc., or service, e.g., transportation, and each have specified regional coverage areas. These regional, or “local”, coverage areas consist of groups of Kansas counties.

None of the regional service coverage areas match others. For example, the 27 counties served by developmental disability organizations and their affiliates are not the same counties served by the 26 community mental health centers and their affiliates. Centers for Independent Living serve specific counties when providing “core” services, however may opt to serve the entire state when providing Home and Community Based Services (HCBS) for the Physical Disability Waiver.

Regional size also varies dramatically. The Kansas Workforce Centers have only five regional coverage areas, with one region consisting of the entire western half of the state, while Community Transit Districts have 15 regions, with far fewer counties in each region. Throughout the Kansas Strategic Plan, MIG staff has included maps of the service delivery area based on the type of provider, disability, or service.

DISABILITY ADVOCACY IN KANSAS

During the early 1980s, Kansas was among the first states to establish Centers for Independent Living (CILS) utilizing Rehabilitation Act Part C funds. Initially establishing four Centers, Kansas has since added nine additional centers. From the movement away from institutionalization toward home and community based services in the early 1980s, to the addition of the self-direction model for personal assistance services during the late 1980s, to the legislative directive in 2001 that ultimately resulted in the implementation of the Kansas Medicaid Buy-In program, *Working Healthy*, disability advocates have permanently influenced the lives of people with disabilities in Kansas.

In Kansas, it is understood that decisions regarding people with disabilities are made only with the input of disability advocates. The following contribution by Anne-Marie Hughey, former President of the National Council on Independent Living (NCIL), provides insight into the extent of the influence advocates have on disability policy in Kansas.

During my twelve years as the Executive Director of the National Council on Independent Living (NCIL), Kansas was the state I would refer other states to on ways in which to ensure that people with disabilities of all ages and types of disabilities were significantly involved in all aspects of the planning, design and implementation of programs and policies that directly affected their lives. Now as a Kansas resident, an employee of SKIL, one of 13 CILS in Kansas, I see the significant work that goes into ensuring that the voices of Kansans with disabilities are heard, no matter the distance from Topeka.

Utilizing considerable local area input, as well as individuals representing statewide constituencies, MIG staff ensured that people with disabilities were at the table during the strategic planning of comprehensive employment initiatives. Representatives such as Shannon Jones, Executive Director of the Statewide Independent Living of Kansas (SILCK) and former Region VII Representative of NCIL; Mike Oxford, Executive Director of the Topeka Independent Living Resource Center, long time board member and former President of NCIL; Jennifer Schwartz, Executive Director of the Kansas Association of Centers for Independent Living; and I, Anne-Marie Hughey, have had the privilege to participate in a number of Medicaid Infrastructure Grant (MIG) initiatives, including the implementation of the Kansas Medicaid Buy-In program, Working Healthy, the personal assistance program for the programs enrollees, WORK, as well as the comprehensive employment initiatives. All of these individuals are fully committed to, and have years of experience in, bringing the national voice of people with disabilities to Washington, DC and the voice of Kansans with disabilities to the State's Capitol.

OVERVIEW OF PERSONAL ASSISTANCE SERVICES IN KANSAS

During the 1980s, a combination of Federal and State legislation, consumer and advocate involvement, and receptivity of the Department of Social and Rehabilitation Services (SRS), resulted in Kansas embracing the philosophy of community-based services, community integration, and self-direction. Since the 1981 Federal legislation that allowed states to “waive” certain Medicaid requirements and finance services in a non-institutional setting, as long as the services were cost neutral, Kansas began progressively moving toward a home-and-community-based, rather than institutional, model.

In 1983, Kansas initiated its first Home and Community Based Services (HCBS) waiver for persons who were elderly or had

developmental or physical disabilities. Following the implementation of this waiver, Kansas closed the first of several institutions for people with developmental and psychiatric disabilities.

During 1989, the Kansas Legislature passed House Bill 2012, allowing people on HCBS waivers to arrange for and direct their personal attendant services. Now K.S.A. 65-6201, this statute requires that consumers age 16 years and older be allowed to self-direct their own personal in-home care. The Nurse Practice Act of 2001 (K.S.A. 65-1124) included language that allowed registered professional or licensed practical nurses to exercise their own judgment when delegating health maintenance activities, as long as reasonable care and safety were maintained.

A 1987 study of mental health services in Kansas determined that 80% of mental health funds were allocated to institutions, although most persons with psychiatric disabilities spent approximately 95% of their time in the community. The researchers concluded that Kansans were being institutionalized because of inadequate funding directed at community resources and care coordination. In 1990, the Kansas State Legislature passed the *Mental Health Reform Act*, providing increased funding for community-based supports and an alternative to institutionalization for people with psychiatric disabilities. In 1997, an HCBS waiver to serve children ages four to twenty-one with Severe Emotional Disturbance (SED Waiver) was implemented.

In 1991, three additional waivers were created by SRS. The Mental Retardation and Developmental Disabilities Waiver (MRDD) was developed to serve children and adults, beginning at age five. The Head Injury Waiver (HI), the first of its kind in the United States, was designed to serve people 16 to 55 years of age with external, traumatically acquired, non-degenerative brain injury, as well as those who meet the level-of-care criteria for a head injury rehabilitation hospital. And the Technology Assisted Waiver (TA) was created to serve medically fragile children up to 18 years of age who meet an in-patient hospital level-of-care and required life-supporting technological devices to survive.

Those remaining on the initial Kansas waiver, titled the Nursing Facility Waiver (NF), were people who were elderly and those with physical disabilities. In 1996, Kansas privatized home-care programs, essentially moving the tasks of case management and assessment from state workers to various private entities. During 1997, with considerable consumer, advocate, and provider involvement, SRS divided the NF Waiver into two new waivers. Believing that the needs of younger adults with physical disabilities and seniors were different, the Physical Disability Waiver (PD) was

developed to serve those 16 to 65 years of age, while the Frail and Elderly Waiver (FE) was designed to serve those 65 years and older. Individuals on both waivers must meet a nursing facility threshold for level-of-care.

Kansas Medicaid presently provides personal assistance services to children and adults, and frail elderly individuals, through six waivers, including the Developmental Disability, Frail Elderly, Head Injury, Physical Disability, Serious Emotional Disturbance, and the Technology Assisted Children. All but the FE Waiver, which is administered by the Department on Aging, are administered by SRS.

Finally, in September 2006, the Centers for Medicare and Medicaid Services (CMS) approved a new State Plan benchmark benefit package authorized under the Deficit Reduction Act of 2005 (DRA). The program, titled *Work Opportunities Reward Kansans (WORK)*, began on July 1, 2007. Employing the “cash and counseling” model, *WORK* provides an assessment, personal assistance services, assistive technology, and independent living counseling, for people enrolled in *Working Healthy* who need these services in order to live and work in their communities. *WORK* policies, procedures, forms, etc., were designed in conjunction with consumers and disability advocates, who continue to provide input into the program.

KANSAS HEALTH POLICY AUTHORITY

During the 2005 Kansas legislative session, state legislators established a new state agency, the Kansas Health Policy Authority (KHPA), to assume responsibility for the state’s health care agenda. In addition to leading that agenda, the KHPA manages the State Medicaid program, State Children’s Health Insurance Program, the State Employee Health Benefits program, the State Employees Self Insurance Fund (Workers’ Compensation), and the health care data responsibilities of the former Health Care Data Governing Board. It was the belief of the Kansas Legislature that combining these programs into a single agency would allow for the integration of administrative functions, and would allow Kansas to design health reform options that leverage the strengths, and funds, of existing programs.

Unlike other state agencies, whose Cabinet Secretaries answer to the Governor of Kansas, the Director of the KHPA answers to a Board selected by the Kansas Legislature and Governor, and this Board in turn is accountable to the Kansas Legislature.

While KHPA maintains policy oversight for disability programs such as Home and Community Based Services and Mental Health,

“Age to me means nothing. I can’t get old; I’m working. I was old when I was twenty-one and out of work. As long as you’re working, you stay young.”
– George Burns

operation of these programs remain with the Department of Social and Rehabilitation Services (SRS). The one exception to this was *Working Healthy*, the Kansas Medicaid Buy-in program. When drafting the legislation that would establish the new Health Policy Authority, legislators specified that *Working Healthy* would be moved under KHPA. The Medicaid Infrastructure Grant (MIG), as well as the Demonstration to Maintain Independence and Employment (DMIE), also became the responsibility of KHPA.

Placement within the Medicaid agency has its positive aspects when developing policy, establishing procedures, and promoting *Working Healthy* and *WORK*. It has had its drawbacks, however, related to the development of a strategic plan to support the competitive employment of individuals with disabilities.

MIG staff, who assumed the lead in the strategic planning process by virtue of the fact that responsibility for carrying out grant goals and objectives ultimately reside with them, are located with the state agency responsible for health care, rather than employment, initiatives. The Director of KHPA, while working closely with the Governor, does not come under the Governor's authority. Consequently, employment initiatives which require the support of the Governor require the Director of the KHPA to work with Cabinet Secretaries who traditionally deal with employment initiatives such as the Secretaries of Commerce, Labor, and Social and Rehabilitation Services.

While this has resulted in a slower process for obtaining Governor, Legislative, and Cabinet level support, MIG staff believe this is obtainable, and will continue to have this piece in place before the end of the second grant year. MIG staff also believe that this will result in more business leadership involvement in carrying out the Kansas Strategic Plan.

DEMOGRAPHICS

POPULATION WITH DISABILITIES IN KANSAS

The U.S. Census Bureau estimates the population in Kansas in 2006 at 2,764,075. Determining the prevalence of disability within the state, however, is complicated by the variety of federal definitions used for disability.

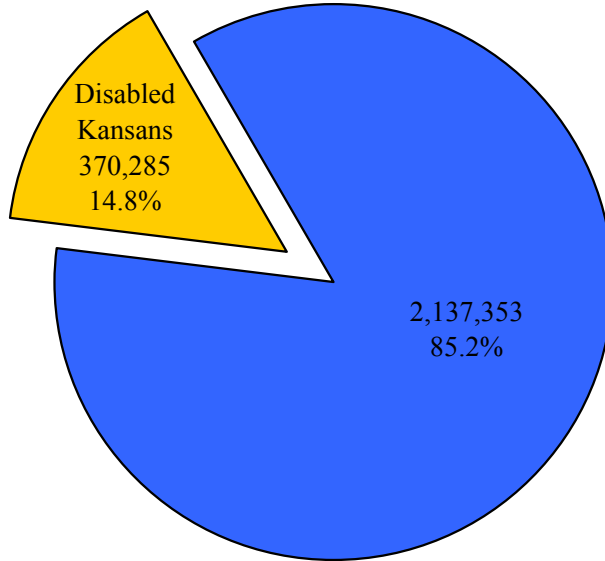
Two primary sources of disability prevalence data are the U.S. Census Bureau, through the American Community Survey (ACS), and the U.S. Centers for Disease Control, through the Behavioral Risk Factor Surveillance System (BRFSS). The Census Bureau defines disability as “a long-lasting physical, mental, or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can also impede a person from being able to go outside the home alone or to work at a job or business.”

The BRFSS, on the other hand, asks respondents whether they have “an activity limitation due to physical, mental, or emotional problems or a health problem that requires them to use special equipment such as a cane, a wheelchair, a special bed, or a special telephone.” Not surprisingly, research has demonstrated that the percent agreement on responses to the two questions is very low: anywhere from 56.1 to 79.6% (Andersen, Fitch, McClendon and Meyers, 2000).

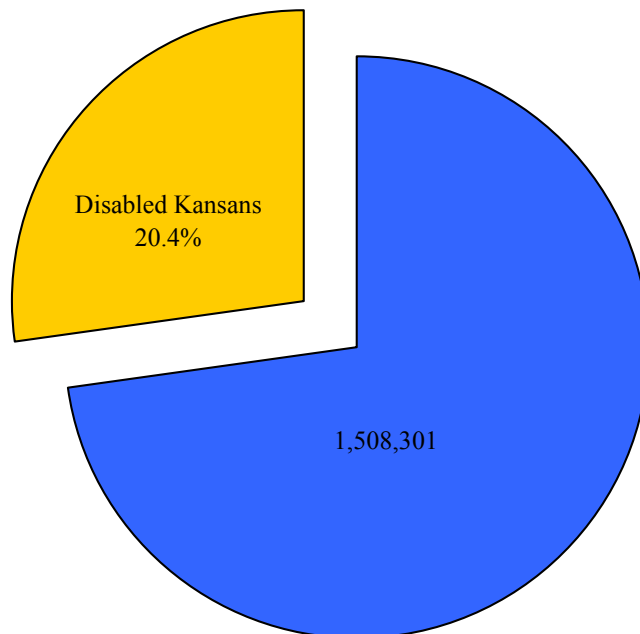
Further complicating the issue is the fact that the ACS and BRFSS report disability rates in different age tiers, so direct comparisons are not possible. With these facts in mind, we present here two figures for the rate of disability among adults in Kansas.

The 2006 ACS data indicated that Kansas had a total population of 2,507,638 age five and older, and of these 370,285 (14.8%) had a disability. The 2006 Kansas BRFSS estimated, of a population of 2,764,075, there were 561,107 (20.4%) Kansans age 18 and older living with a disability.

**2006
American Community Survey (ACS)
Disability Rates- Age 5 & over**



**2006
Behavioral Risk Factor Surveillance System (BRFSS)
Disability Rates- Age 18 & over**



Kansas Disability Characteristics 2006 American Community Survey

Subject	Total	Margin of Error	Male	Margin of Error	Female	Margin of Error
Population 5 years and over	2,507,638	+/-2,582	1,233,462	+/-3,637	1,274,176	+/-2,981
Without any disability	85.2%	+/-0.4	85.5%	+/-0.5	85.0%	+/-0.5
With one type of disability	7.4%	+/-0.3	7.6%	+/-0.3	7.2%	+/-0.3
With two or more types of disabilities	7.4%	+/-0.2	6.9%	+/-0.3	7.8%	+/-0.3
Population 5 to 15 years	419,878	+/-3,111	215,498	+/-1,901	204,380	+/-2,524
With any disability	6.9%	+/-0.7	9.3%	+/-1.0	4.3%	+/-0.6
With a sensory disability	1.0%	+/-0.2	1.0%	+/-0.3	1.1%	+/-0.3
With a physical disability	0.9%	+/-0.2	1.2%	+/-0.3	0.6%	+/-0.2
With a mental disability	5.7%	+/-0.6	8.2%	+/-0.9	3.2%	+/-0.5
With a self-care disability	0.9%	+/-0.2	1.4%	+/-0.4	0.4%	+/-0.2
Population 16 to 64 years	1,756,190	+/-3,397	876,175	+/-3,091	880,015	+/-2,536
With any disability	11.8%	+/-0.4	11.8%	+/-0.5	11.8%	+/-0.6
With a sensory disability	2.6%	+/-0.2	3.0%	+/-0.3	2.2%	+/-0.2
With a physical disability	6.9%	+/-0.3	6.4%	+/-0.4	7.3%	+/-0.4
With a mental disability	4.7%	+/-0.3	4.7%	+/-0.3	4.6%	+/-0.4
With a self-care disability	1.9%	+/-0.1	1.9%	+/-0.2	1.9%	+/-0.2
With a go-outside-home disability	2.7%	+/-0.2	2.5%	+/-0.3	2.9%	+/-0.2
With an employment disability	6.2%	+/-0.3	6.1%	+/-0.3	6.3%	+/-0.4
Population 65 years and over	331,570	+/-1,879	141,789	+/-1,545	189,781	+/-1,783
With any disability	40.5%	+/-1.2	39.1%	+/-1.9	41.5%	+/-1.3
With a sensory disability	16.8%	+/-1.0	19.5%	+/-1.5	14.8%	+/-1.2
With a physical disability	30.6%	+/-1.1	26.6%	+/-1.5	33.6%	+/-1.3
With a mental disability	10.7%	+/-0.8	10.0%	+/-1.1	11.1%	+/-1.0
With a self-care disability	8.6%	+/-0.7	7.2%	+/-1.0	9.7%	+/-0.8
With a go-outside-home disability	14.6%	+/-0.9	10.5%	+/-1.2	17.7%	+/-1.0

Data from the US Census Bureau (2000) indicate a somewhat higher rate of disability in counties along the northern Kansas border and in the southeast section of the state. The higher concentration along the northern border is attributable to higher average age of the population living in that largely rural part of the state. Southeast Kansas generally has a higher unemployment rate compared to the state in general, with a larger percentage of the population living in poverty. The area is served by the state hospital for people with developmental disabilities, and numerous community-based organizations including centers for independent living, community developmental disability organizations, and community mental health centers.

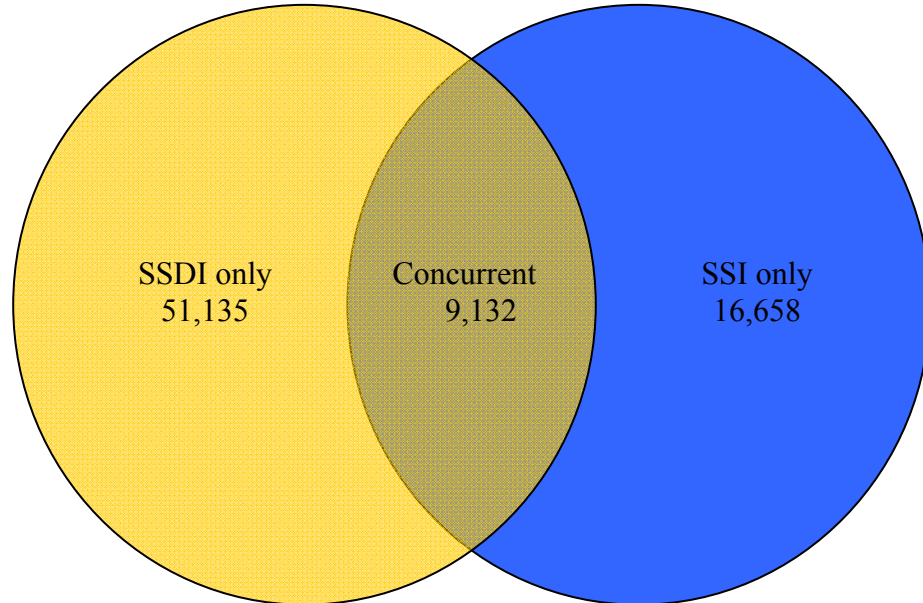
(<http://www.dol.ks.gov/LMIS/newsrel/pr0801/map.html>)

Among racial and ethnic groups in the state, African Americans and Native Americans have disproportionately higher rates overall of disability; African Americans experience more physical disabilities and Native Americans experience more sensory and mental disabilities than do other populations. African Americans and Hispanics were most likely to report work disabilities (KHI).

SOCIAL SECURITY

The Social Security Administration (SSA) reported in December 2006 that there were 52,037 Kansans receiving Social Security Disability Insurance SSDI, 28,181 receiving Supplemental Security Income (SSI), and 9,132 Kansans eligible for both SSI and SSDI.

SSA also reported that 4,282, 11.5%, of SSI recipients were employed. (According to SSA this is a .4% increase from 2005.) SSA does not report an employment figure for people receiving SSDI; therefore an accurate number is unavailable.



76,925 Total Social Security
Beneficiaries age 18-64

EDUCATION

The highest level of education completed by Kansans with disabilities is much lower than for other Kansans. Based on the 2006 ACS, 21.9 % of Kansans with disabilities over age of 25 have less than a high school degree, compared to 8.8 % of individuals without disabilities. 37.6 % of individuals with disabilities have a high school diploma or its equivalent, compared to 28.4 % of those without one, but only 13.6% have a Bachelor's degree or higher, versus 32.4 % of Kansans who do not have a disability.

Education	With a Disability	No Disability
Population Age 25 & Over	313,145	1,406,549
Less than high school graduate	21.9%	8.8%
High school graduate (includes equivalency)	37.6%	28.4%
Some College or associate's degree	26.9%	30.4%
Bachelor's degree or higher	13.6%	32.4%

2006 American Community Survey

EMPLOYMENT

According to the 2006 ACS, 45.3 % of Kansans with disabilities, ages 21 through 64 are employed, compared to 79.9 % of people in the same age range without disabilities. The Cornell University 2006 *Disability Status Reports in the United States* places these figures at 46.3% versus 84%, respectively, ranking Kansas 17th among states in terms of the percentage of people with disabilities employed compared to their peers without disabilities.

Earnings	With a Disability	No Disability
Population Age 16 & over with earning	133,898	1,439,287
\$1 to \$9,999 or loss	37.7%	22.0%
\$10,000 to \$14,999	11.9%	8.5%
\$15,000 to \$24,999	17.1%	16.4%
\$25,000 to \$34,9999	12.9%	16.2%
\$35,000 to \$49,999	10.3%	15.9%
\$50,000 To \$74,999	6.8%	12.7%
\$75,000 or more	3.4%	8.3%
Median Earnings	15,222	26,507

2006 American Community Survey

INCOME

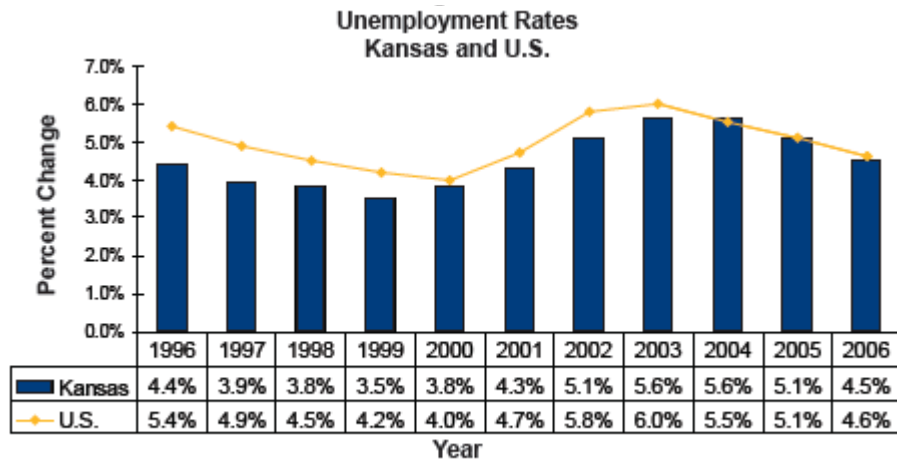
ACS reports that the median income of non-institutionalized civilian population with disabilities is \$15,222 as compared to \$26,507 for those without disabilities, and that 20.5 % of that same population with a disability has income below 100 % of the poverty level, versus 9.4 % of people without disabilities.

Poverty Status	With a Disability	No Disability
Population Age 16 & over for whom poverty status is determined	340,431	1,722,639
Below 100 percent of poverty level	20.5%	9.4%
100 to 149 percent of the poverty level	13.6%	6.8%
At or above 150 percent of the poverty level	65.9%	83.8%

2006 American Community Survey

KANSAS LABOR MARKET

Kansas enjoys a diverse and growing economy. Since reaching a peak of 5.6% in 2003, the unemployment rate has steadily declined, down to 4.5% in 2006, below the national average. As of September, 2007, the unemployment rate in Kansas is currently 4.3%, continuing the downward trend. This decline in the official unemployment rate has been driven by many factors, most notably growth in new jobs. 2006 saw 20,500 new jobs added to the Kansas economy, the strongest job growth since 1998. This trend is expected to continue, with even more new jobs this year and next. In fact, job growth is currently outstripping the addition of new workers, leading to a growing gap in labor availability.



Source: Bureau of Labor Statistics, Labor Market Information Services, Kansas Department of Labor

The Kansas Department of Labor’s 2012 Occupational Outlook report provides projections by occupational title for the 22 major Standard Occupation Code (SOC) groups and 821 detailed occupations. Included in these projections are projected average annual employment for 2012, projected percent change and total annual job openings. While statewide totals are given, a breakdown by six labor regions is provided as well, greatly assisting efforts to target employment initiatives at the local level.

One occupation group is shared among all six regions as having the largest total employment through 2012, namely, **Office and Administrative Support**. Likewise, **Healthcare Support**, which includes occupations such as Home Health Aides, Medical Assistants and Medical Transcriptionists, is projected in all regions to experience among the largest numbers of new jobs.

Regional trends show that **Production** jobs will remain strong and show growth in the South Central, Southeast and Southwest areas of Kansas. **Education, Training and Library** occupations will experience strong growth in all areas but the Kansas City region. In the Southeast, Northeast, and Northwest regions **Healthcare Practitioners and Technical** occupations (including Registered Nurses and Respiratory Therapists) will enjoy the greatest percentage increase.

The report reveals that the majority of growth occupations providing earnings above the Federal poverty threshold will require training beyond the secondary level. Other occupations such as Retail Salespersons and Cashiers, have the largest numbers of annual job openings and do not require higher education, but also provide much lower earnings.

With traditional labor availability at near record lows, Kansas must look beyond conventional sources of new workers. While the Kansas Department of Labor has declared a need to attract workers from outside the State, as articulated in the 2007 State of Labor Address, a highly cost-effective solution which provides more comprehensive economic benefits lies in addressing the existing potential workforce represented by Kansans with disabilities. This approach relieves not only the labor shortage, but also the unnecessary burden on our public assistance system.

ROLE OF SMALL BUSINESS AND SELF EMPLOYMENT

Despite the presence of several prominent large employers (Boeing, Koch Industries, Hallmark, etc.), Kansas is primarily a small business state. The state had an estimated total of 242,500 small businesses based on the most recent data. Firms with employees numbered 73,020 in 1Q 2007, of which 82 percent or 68,502 were small firms (fewer than 50 employees). Firms with fewer than 50 employees employed 497,967 people, 38% of all Kansas employees in 1Q 2007. (Source: Kansas Dept. of Labor, Division of Labor Market Information.)

In order to maximize employment opportunities, small business ownership and other self-employment for people with disabilities must be addressed. Additionally, special efforts to increase outreach and education to existing small business owners are vital because they make up such a large portion of the total employers in Kansas.

REALITY MEETS OPPORTUNITY

The days of surplus labor are gone. The impact of baby-boomer retirements in the coming years on the labor market has been widely discussed. Employers routinely express concern about their growing difficulty in recruiting and retaining skilled workers. Kansas employers have an opportunity to gain a competitive edge by partnering with Vocational Rehabilitation, Workforce Development, service providers and other agencies to increase the competitive integrated employment of people with disabilities.

EMPLOYMENT INFRASTRUCTURE

STATE PROGRAMS

Department of Social and Rehabilitation Services

The mission of the Kansas Department of SRS is to protect children and promote adult self-sufficiency, and their vision is partnering to connect Kansans with supports and services to improve lives. SRS is responsible for most of the programs related to the employment and health care of children and adults with disabilities. During the 1990s, SRS shifted from providing services directly to contracting and granting funds in order for community organizations to provide services.

Kansas Rehabilitation Services

Although the passage of the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA) was supposed to offer people with disabilities options for purchasing employment services, Vocational Rehabilitation, called Kansas Rehabilitation Services (KRS) in the state, continues to be the cornerstone of employment services for Kansans with disabilities. KRS provides time-limited vocational services as authorized by the Rehabilitation Act. Services include counseling and guidance, physical and mental restoration, training, rehabilitation technology, and job placement. The average duration of a Vocational Rehabilitation (VR) case in Kansas is two years.

Kansas Rehabilitation Services (KRS) provides a broad range of services that assist these individuals in achieving employment. Many of these services are obtained by contracting with community organizations across the state, including Assistive Technology for Kansans, Community Developmental Disability Organizations (CDDOs) and affiliate organizations, Centers for Independent Living (CILs), and Community Mental Health Centers (CMHCs).

Although at one time KRS purchased employment services via grants, they have implemented a “payment for performance” system via contracts. Examples of services for which KRS contracts include assistive technology and rehabilitation engineering services and

training, employment skill development, work skill development, job development, job coaching, and supported employment services. The KRS network of providers includes 122 not-for-profit and private organizations. Thirty-one community mental health programs, thirty-three community based developmental disability organizations, seven community independent living centers and additional private providers provide this broad spectrum of employment services.

When KRS does not have sufficient resources to serve all eligible persons who apply, a procedure called order of selection is used to prioritize those who receive services. All eligible clients are assigned to one of three service categories. The highest priority category is for persons with the most significant disabilities, in compliance with federal law. In SFY 07 it was necessary for KRS to manage access to services using the order of selection process. Category 1, the highest priority category, remained open. However Categories 2 and 3 were closed. At the end of SFY 07, 962 individuals in Categories 2 and 3 were on the waiting list in the closed categories. As of October 1, 2007, KRS was able to open and serve people assigned to Category 2. Category 3 remained closed.

During state fiscal year (SFY) 2007, KRS served 14,962 individuals. 1,767 of these individuals were successfully rehabilitated. 97% achieved competitive employment, which is defined as earnings at or above federal minimum wage. The average wage was \$8.86/hour. Among the top employment outcomes were a Dining Facility Manager at \$75.22/hour, an attorney at \$45.00/hour, and a welder at \$38.00/hour. The average number of hours worked per week was \$30.68.

**Types of Employment Outcomes and Disability Categories
SFY 2007 YTD Through June, 2007**

Types of employment outcomes of individuals rehabilitated (statewide)	% of Total	Note: Beginning October 1, types of employment outcomes were changed from the Dictionary of Occupational Titles (DOT) groupings to Standard Occupational Classification (SOC) groupings in order to comply with reporting requirements of the Rehabilitation Services Administration (RSA). The Homemaker & Unpaid Family Worker type is a group determined by RSA.
Office and Administrative Support Occupations	16.3%	
Food Preparation and Serving Related Occupations	12.6%	
Production Occupations	9.3%	
Building and Grounds Cleaning and Maintenance Occupations	10.5%	
Transportation and Material Moving Occupations	7.2%	
Healthcare Support Occupations	6.1%	
Sales and Related Occupations	7.5%	
Installation, Maintenance, and Repair Occupations	4.0%	
Construction and Extraction Occupations	2.5%	
Personal Care and Service Occupations	6.2%	
Community and Social Services Occupations	2.6%	
Homemaker & Unpaid Family Worker	2.2%	
Management Occupations	2.5%	
Healthcare Practitioners and Technical Occupations	1.6%	
Education, Training, and Library Occupations	3.1%	
Computer and Mathematical Occupations	0.7%	
Arts, Design, Entertainment, Sports, and Media Occupations	1.2%	
Business and Financial Operations Occupations	1.1%	
Life, Physical, and Social Science Occupations	0.4%	
Protective Service Occupations	1.4%	
Architecture and Engineering Occupations	0.6%	
Farming, Fishing, and Forestry Occupations	0.3%	
Legal Occupations	0.1%	
Military Specific Occupations	0.1%	

PRIMARY DISABILITY	PERSONS SERVED (Status 02-24)		PERSONS REHABILITATED	
	Number	% of Total	Number	% of Total
Mental Illness	5,039	34%	507	29%
Orthopedic/Neurological Impairments	3,036	20%	367	21%
Mental Retardation	1,215	8%	236	13%
Learning Disabilities	1,208	8%	139	8%
Other Cognitive Impairment	1,224	8%	139	8%
Deafness and Other Hearing Impairments	776	5%	111	6%
Other Physical Impairments	1,059	7%	100	6%
Blindness and Other Visual Impairments	628	4%	98	6%
General Physical Debilitation	551	4%	49	3%
Respiratory Impairments	122	1%	6	0%
Communicative Impairments (expressive/receptive)	70	0%	10	1%
Deaf/Blind	34	0%	5	0%
TOTALS	14,962	100%	1767	100%

Note: Mental Retardation and Learning Disabilities and Other Cognitive Impairments were grouped according to "causes/sources" codes for the "Cognitive Impairment" group defined by the Rehabilitation Services Administration (RSA). All other groupings reflect the RSA's "impairment" codes.

Traumatic Brain Injury (TBI) as cause of any primary disability

TBI	312	2.09%	37	2.09%
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“Self-pity gets you nowhere. One must have the adventurous daring to accept oneself as a bundle of possibilities and undertake the most interesting game in the world- making the most of one’s best.”
- Harry Emerson Fosdick

In the provision of transition services, KRS and the Kansas Department of Education have signed an interagency agreement to facilitate the integration and coordination of services to all secondary students with disabilities, integrate services with employment and independent living as the outcomes, and create a flexible system by using available resources that focus on minimizing obstacles to learning and post-school goals. Although Local Education Agencies must ensure that transition services are in place for students with disabilities when they reach age 14, KRS carries no responsibility to serve students at this age.

Within available resources, KRS will accept applications from transition students for services approximately 18 months, or three semesters, prior to their exit from school. If there are extenuating circumstances requiring VR involvement, the VR Program Administrator may grant an exception in individual cases to allow the provision of VR services prior to the 18-month or three semester timeline.

KRS may initiate services while an eligible student is still in school provided that the services are identified on the Individualized Plan for Employment (IPE) and related to achievement of employment. For example, on-the-job training, community job tryouts, work experience, referral to community resources, benefits analysis/planning, and career counseling and guidance, may be provided while the student is still in school if this will result in work skills consistent with the vocational objective on the IPE. As with any IPE, KRS will consider availability of appropriate comparable benefits in the provision of services.

KRS may also provide technical assistance, such as participation in IEP meetings or referral to community resources, for students prior to this 18-month or three semester timeline only if the VR Regional Program Administrator determines that existing staff resources are available to make this possible. Given that the Individuals with Disabilities Education Act (IDEA) requires states to provide special education services to eligible students until they either graduate with a regular diploma, exceed the age limit established in IDEA (age 22), or as established by state statute, VR services in Kansas may not be available until students are in their late teens or early twenties. By this age students should already be involved in planning post-secondary education or training and experiencing part-time employment consistent with students without disabilities.

Community Supports and Services

SRS Community Supports and Services (CSS) manages a system of community based supports and services for persons with disabilities. The supports and services are delivered in partnerships with organized networks and funded through a variety of federal, state, local, and private sources. CSS manages the federal and state funding sources, develops and monitors the implementation of quality assurance processes, determines the effectiveness of services delivered, and ensures accountability for service utilization and expenditures. CSS is also responsible for Money-Follows-the-Person and the System Transformation grants.

CSS assumes an employment role in the state because of their responsibility for Home and Community Based (HCBS) waivers. CSS administers three of six HCBS waivers in Kansas, each offering personal assistance services in some form to support employment.

Waiver services are provided by community organizations. These service providers reflect a variety of private not-for-profit and for-profit organizations. Centers for Independent Living (CILs), Community Developmental Disability Organizations (CDDOs) and their affiliates, and licensed Home Health Agencies (HHAs), are the primary providers of HCBS services.

Both the Physical Disability (PD) and Traumatic Brain Injury (TBI) Waivers offer personal assistance services at home and in the community, including at the place of employment. CILs and HHAs assist consumers in obtaining and accessing waiver services, assist them to self-direct their services, agency direct services if requested to do so, and act as payroll agents on behalf of consumers.

For people with developmental disabilities, CSS plays a major employment role because of their responsibility for the Developmental Disability (DD) Waiver. Utilizing a combination of state general funds, matching federal Medicaid dollars, and local funds, CSS funds “Day Supports” for people on the DD Waiver. The definition of Day Supports is:

“Day Supports are the regularly occurring activities that provide a sense of participation, accomplishment, personal reward, personal contribution, or remuneration and thereby serve to maintain or increase adaptive capabilities, productivity, independence or integration and participation in the community. Day Supports also includes the provision of pre-vocational services which are aimed at preparing an individual for paid or unpaid employment, but are not job-

task oriented. These services include teaching such concepts as compliance, attendance, task completion, problem solving and safety.

Such activities shall be appropriate for or lead to a lifestyle as specified in the persons' Person Centered Support Plan. These opportunities can include socialization, recreation, community inclusion, adult education, and skill development in the areas of employment, transportation, daily living, self sufficiency, and resource identification and acquisition.”

Day Supports are funded at a daily rate based on a “tier” determined by the severity of the disability and functional limitations.

Day Supports may include daycare, community activities, work activities, sheltered employment, supported employment, or a combination of all of these. In FY 2007, 5,258 individuals received Day Supports. CSS was unable to provide an age breakdown of those receiving Day Supports, however the majority were adults.

One result of Medicaid funding of the Day Services on the DD Waiver using tiered rates is that many adults with developmental disabilities, if employed, are in congregate settings. A recent report by UCP, “The Case for Inclusion 2007,” indicated that Kansas ranks dismal 44th for supporting meaningful work for people with developmental disabilities.

“There’s no labor a man can do that’s undignified, if he does it right.”- *Bill Cosby*

Supporting Meaningful Work for People With Developmental Disabilities		
% in Supportive or Competitive Employment	State	State Rank
11%	Kansas	44

The Case for Inclusion 2007 United Cerebral Palsy

Even the definition of competitive employment in the developmental disability system in Kansas is vague. The SRS Developmental Disability Report for October 2007 reports that 666 individuals are “competitively employed” either more than, or less than, 20 hours per week. A review of the 666 compared against the SRS eligibility system indicates that 256 of these individuals received Medicaid in the Medically Needy category, and therefore had to report their earnings. Of these, 96 showed zero earnings, despite being reported as “competitively” employed. Apparently, volunteer work or a similar activity may be considered “competitive employment”. The remaining 160 individuals showed earnings ranging from \$1.46 to

\$884.00 per month. The average earnings for the entire group were \$171.00 per month. (There was no way to verify whether the remaining 410 individuals have earnings as they receive Medicaid because of Supplemental Security Income (SSI) and do not have to report earnings to their SRS Eligibility Worker.)

Recently, CSS amended the DD Waiver to include Supported Employment. This service was approved by Centers for Medicare and Medicaid Services (CMS) in March 2007. Once implemented, Supported Employment providers will be paid at a rate of \$3.00 per fifteen minutes, or \$12.00 per hour.

Mental Health

Mental Health, another division within SRS, is responsible for ensuring that individuals and families who experience mental illness, alone or in combination with substance abuse, have access to services. Kansas has moved mental health services from a primarily institutional-based system to a system that seeks to provide services through community settings. This effort has resulted in increased funding for the development of community-based programs and services. The primary local coordinating agencies for community-based mental health services are the licensed Community Mental Health Centers (CMHCs). There are 26 CMHCs in Kansas, and one licensed affiliate. State and matching federal Medicaid dollars are used to fund services.

In July 2007, Kansas began implementation of a Prepaid Ambulatory Health Plan (PAHP) for providing mental health services to the Medicaid population. The PAHP contract specifies that the contractor will monitor and report the percentage of identified SPMI adult members who are competitively employed. This requirement is repeated for the non-Medicaid population in individual contracts between SRS and each CMHC. In the future, an expected level of performance in this area will be established along with financial penalties for failure to meet established goals.

Mental Health also implemented an employment incentive, via an enhanced rate for CMHCs, for the provision of “community psychiatric supportive treatment when implemented using supported employment evidence-based practice and meeting high fidelity requirements while providing this service.”

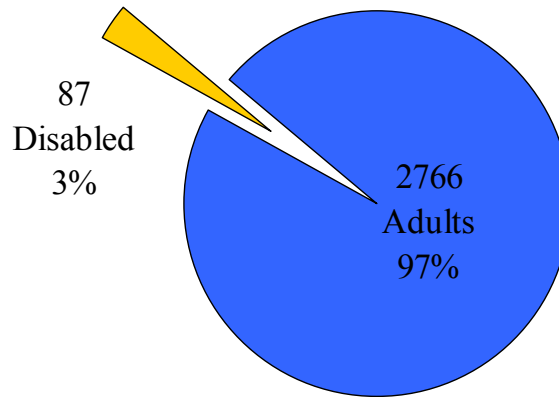
Finally, Mental Health is also responsible for the HCBS Severely Emotionally Disturbed (SED) Waiver, designed for children under 18, or 18 through 21 if they received at least 12 months of intensive services between ages 16-18 and services have continued after age

18. The SED Waiver provides support services in the community for transition age youth, including at the place of employment.

Planning Council on Developmental Disabilities

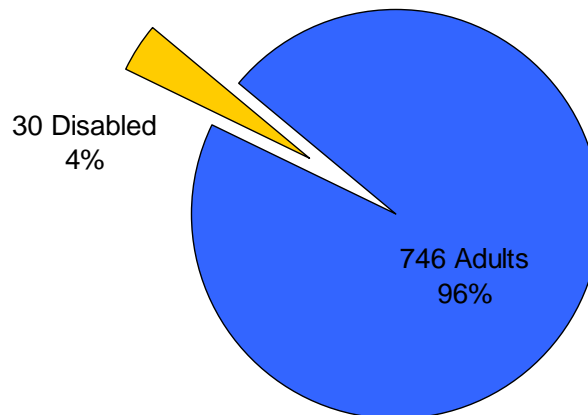
Although located within SRS, the Kansas Planning Council on Developmental Disabilities reports to an Advisory Board appointed by the Governor. As advocates for issues relevant to persons with developmental disabilities, the Planning Council on Developmental Disabilities has a long history working in the area of employment. The Council currently funds grants to people with developmental disabilities for micro-enterprise/small business development. From 2005 - 2007, the Council received a National Governors Association (NGA) Center grant to improve the lives of youth with disabilities. One of the goals was to explore strategies to better align state resources and missions across myriad state services, including employment and training.

EEO Adult Report: Program Year Ending 06/30/2007



According to the Annual EEOC Report, Kansas served a total of 117 adults who identified themselves as having a disability through WIA services for the 2006 Program Year, representing 3.2% of the total adults served. Given that the percentage of people with disabilities in the general population is close to 20%, this indicates a significant gap in service delivery.

EEO Dislocated Worker Report: Program Year Ending 06/30/07



Kansas Commission On Disability Concerns

Also located within the Department of Commerce, the Kansas Commission on Disability Concerns (KCDC) has a primary strategic objective to “develop awareness, understanding, collaboration and advocacy with employment partners to reduce barriers to employment for people with disabilities.” KCDC plans to accomplish this through partnerships with Local Workforce Investment Boards and Workforce Centers; connecting community based organizations with the local workforce system; expanding Disability Mentoring Day activities; and partnerships with chambers and other employer organizations.

Disability Program Navigator Initiative

With funding provided by the U.S. Department of Labor, Kansas will soon have a Disability Program Navigator Initiative Coordinator and a Disability Program Navigator (DPN) placed in each of the five local workforce areas. The initiative aims to effect systems change by bringing together internal and external partners with employers in order to help people with disabilities access the “One-Stop” system. In its third year nationwide, the DPN initiative has made significant changes in its approach. Originally designed as a consumer-level service, the initiative has evolved to view the Navigator as an agent of change and integration within the one-stops.

“Work saves us from three great evils: boredom, vice and need.”- *Voltaire*

Shared Youth Vision Grant

The objectives of the Shared Youth Vision Grant are to coordinate policy within existing policy structures, and to address the needs of disadvantaged youth, maximizing interagency collaboration. Kansas is currently involved in a pilot project in which a group of youth has been identified within a small target area, Kansas City, Kansas. The goal of this project is the formation of a localized Shared Youth Vision Team which can align their services, eliminating duplication, and help the targeted youth receive services in a more effective manner. Successful implementation of the pilot project will lead to replication throughout the State.

Kansas Department of Labor

The Kansas Department of Labor (KDOL) operates the state's workers compensation system and enforces Kansas employment standards including wage and hour laws and child labor laws. KDOL administers the unemployment insurance program and processes claims for unemployment benefits. KDOL's Labor Market Information unit maintains a Workforce Information database with data on employment and wages by industry, occupation, location and population. KDOL produces a monthly report on labor statistics, as well as annual publications which include the Job Vacancy Survey, Kansas Wage Survey, and the Kansas Economic Report.

Current KDOL unemployment insurance law states that if a person has a disability, but is able to work, he or she is not disqualified from UI benefits as long as the individual meets the other requirements, such as sufficient earnings with prior employer(s), separated from last employer through no fault of their own, etc. If the disability prevents the individual from working, then he or she will not be entitled to benefits. State law (which mirrors the requirements of the federal law) requires that a claimant be available to work.

This presents a double-edged sword to people with disabilities. If someone loses their job because their disability gets worse, he or she should be allowed to receive unemployment insurance because it has been paid on their behalf. But if the same person wants to apply for SSI or SSDI, he or she has to be too disabled to work, even though it will be at least a year before they qualify for cash assistance. So, they lose the UI benefit for the sake of the possibility of a cash benefit later on.

However, it appears that Kansas has the ability to change the law to relieve this apparent disadvantage. Eleven states have added a proviso that no individual who has filed a claim and has registered for work shall be considered ineligible during an uninterrupted period of unemployment because of illness or disability, as long as work which is considered suitable but for the illness or disability, is offered and refused after becoming ill or disabled.

FEDERAL PROGRAMS

Veterans Administration

The Veteran's Administration (VA) offers vocational programs in several locations in Kansas, including Kansas City, Leavenworth, Topeka, and Wichita. Each location offers one or more of the following programs:

Incentive Therapy

Incentive Therapy (IT) offers work experience to assist veterans to develop prevocational skills. Participants in the program work in a variety of settings within VA Medical Centers. Payment for work in this program is token in nature as it is utilized chiefly as a therapeutic endeavor and the demands of the work environment are less than would be expected in the community.

Compensated Work Therapy

Compensated Work Therapy (CWT) offers a wide range of rehabilitation services for veterans, including evaluation, counseling, training, and remunerative work designed to assist the individuals to meet their employment goal. CWT includes two components, traditional work shop programs, and Transitional Work Experience (TWE) at industry sites.

Supported Employment

Supported Employment (SE) is a program that offers assistance and ongoing support for veterans who have a mental health diagnosis and who are interested in going to work. Support is provided on an individual basis in order to provide veterans with optimum opportunity to achieve their goal.

The following chart reflects sheltered and transitional employment outcomes from 2000 through 2006. (The Supported Employment program is new, and data for this program will first be available for 2007.)

*“It was ability that mattered, not disability, which is a word I’m not crazy about using.”
-Marlee Matlin*

**Kansas Veterans Administration
Compensated Work Therapy Outcomes
2000-2006**

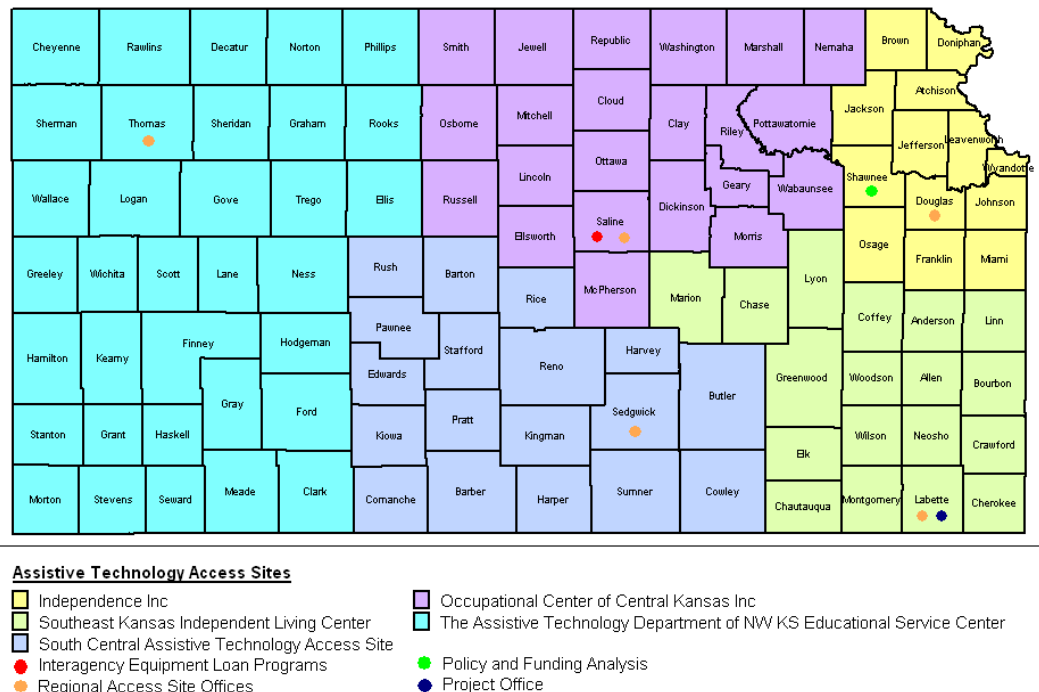
Year	Vets	Discharges	Employed	Training	% Employed	% Training	Cumulative Placements
2000	196	115	39	38	34%	33%	67%
2001	159	111	40	50	38%	45%	81%
2002	141	100	39	38	39%	38%	77%
2003	115	72	20	21	28%	29%	57%
2004	124	89	23	13	26%	15%	40%
2005	89	80	25	7	31%	9%	40%
2006	93	64	26	6	41%	9%	50%
	Totals	631	212	173		Cumulative % Employment & Training	61%

COMMUNITY PROGRAMS

Assistive Technology for Kansans

Assistive Technology for Kansans (ATK) is a statewide project coordinated by the Kansas University Center on Disabilities at Parsons. The project is guided by an Executive Advisory Board composed of individuals with disabilities, family members and representatives from Kansas agencies. ATK assists persons with disabilities finding ways to live and work as independently as possible through the use of assistive devices and services. The primary mission of the project is to engage in activities that are designed to result in laws, regulations, policies, practices, or organizational structures that promote consumer-responsive programs that increase access to assistive technology devices and services. The project has five regional Assistive Technology Access Sites funded by the state. The project also has an equipment loan program.

ASSISTIVE TECHNOLOGY FOR KANSANS

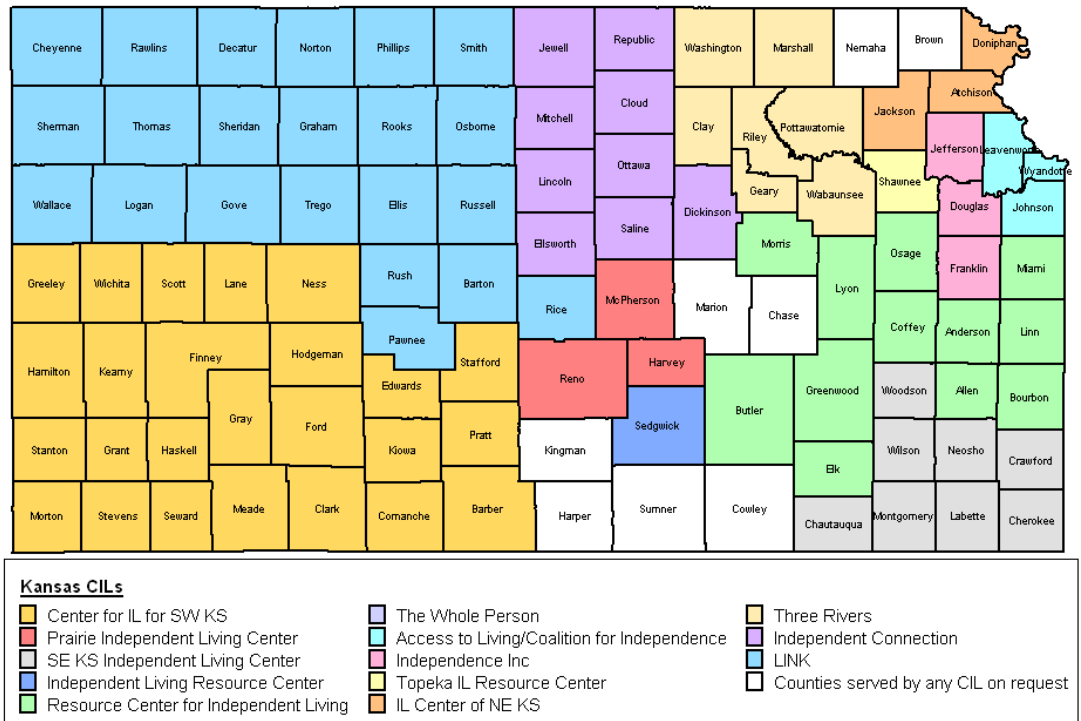


Centers for Independent Living

The thirteen CILs located throughout Kansas provide five core services: Information and Referral, Independent Living Skills Training, Peer and Cross-Disability Counseling, Individual and Systems Advocacy, and De-institutionalization. Kansas CILs do not have geographic coverage areas for their core services; however for HCBS services many provide statewide coverage.

As indicted previously, CILs provide employment services, typically funded by KRS. CILs also assist consumers to self-direct their HCBS personal assistance services and provide fiscal management funded by CSS using Medicaid state and federal dollars.

KANSAS CENTERS FOR INDEPENDENT LIVING

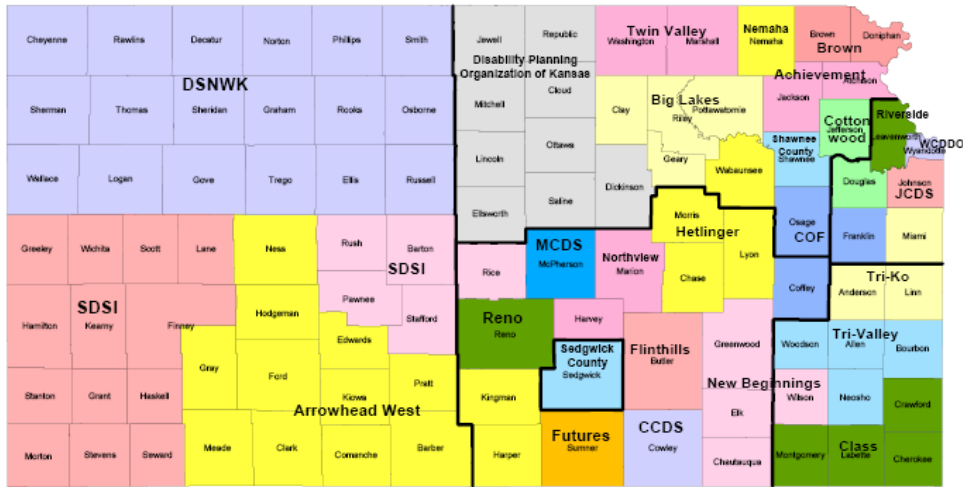


Community Developmental Disability Organizations

With the passage of the Developmental Disability Reform Act in Kansas and the implementation of the HCBS Mental Retardation/Developmental Disability (DD) Waiver, CDDOs became the “gatekeepers” for developmental disability services in Kansas. The 27 CDDOs are responsible for determining whether someone qualifies for HCBS or other services, working with individuals and families to assist them in obtaining services, and referring people to other community agencies if additional supports are required.

As previously indicated, CDDOs and affiliated organizations provide day services and employment services funded with a combination of Medicaid, Vocational Rehabilitation, and local funds.

COMMUNITY DEVELOPMENTAL DISABILITY ORGANIZATION

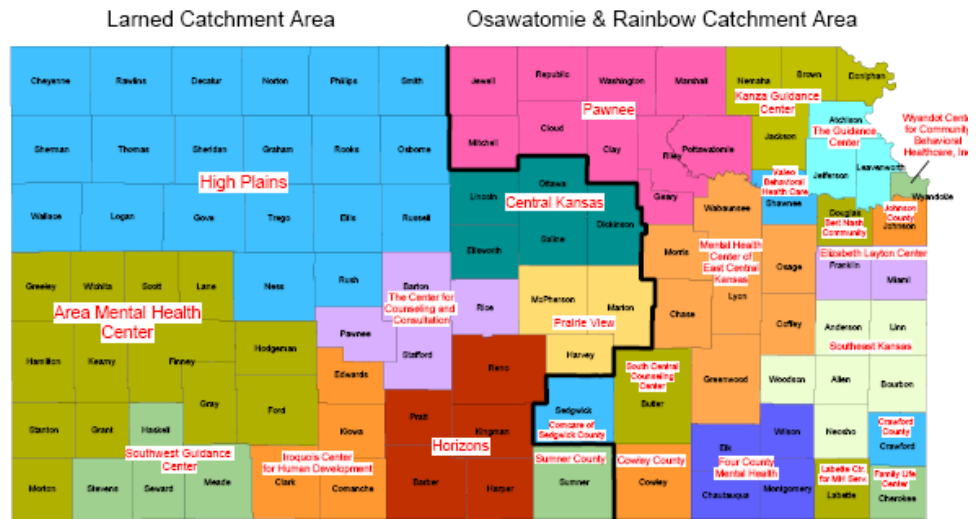


Community Mental Health Centers and Mental Health Organizations

The primary local coordinating agencies for mental health services, including employment services, are the licensed CMHCs. There are 26 CMHCs in Kansas and one licensed affiliate.

There are other community-based mental health services in Kansas, including 20 Consumer-Run Organizations (CROs) and numerous mental health advocacy organizations. A significant number of private providers have been added to the mental health service delivery network as a result of implementation of the PAHP. Employment services are typically funded using a combination of Medicaid and Vocational Rehabilitation dollars.

COMMUNITY MENTAL HEALTH CENTERS



Employment Networks

The assignment of “tickets” to Employment Networks (ENs), initiated to provide consumers with choice as a result of TWWIIA, play a very minimal role in the employment of people with disabilities in Kansas. Social Security reports that twelve community providers within the state have enrolled as ENs, including KRS. An additional 16 listed as serving the state are located outside of Kansas. As of November 7, 2007, 1,676 tickets, of a total 77,813 distributed in Kansas, have been assigned. Only 110 have these have been assigned to ENs. The remaining 1,566 were assigned to KRS. Although the system was designed to promote consumer choice, the few ticket holders actually utilizing their tickets are either choosing VR as their primary provider, or are resorting to VR because they are unable to locate an EN that will accept their ticket due to the severity of their disability.

Private Organizations

There are also numerous private for-profit and not-for-profit organizations that contract with KRS to provide employment services and/or with CSS to provide HCBS services.

HEALTH CARE INFRASTRUCTURE

KHPA AND SRS

Medicaid

KHPA shares responsibility for the Kansas Medicaid program, with KHPA having policy oversight, and SRS responsible for eligibility determination. Medicaid, also known as Title XIX, is a federal-state partnership program that provides health and long-term care services to people with low-incomes. These services include preventive, primary and acute health services for individuals, children and families. It also provides certain long-term care services, such as HCBS waivers and nursing homes, for people with disabilities and the elderly. The Kansas Medicaid is paid for with approximately 60% federal funds and 40% state funds.

Medicaid provides services for people whom they consider “categorically eligible”; in other words people who meet the criteria for a particular category, e.g., pregnant women with low income. Youth and adults with disabilities may qualify for Medicaid in a number of different categories.

Kan-Be-Healthy

Early Periodic Screening, Diagnosis, and Treatment (EPSDT), called *Kan-Be-Healthy* in Kansas, is the children’s component of the Medicaid program. Under this program, youth with disabilities up to the age of 21 may receive medical coverage.

Supplemental Security Income, 1619(a), 1619(b)

For persons who receive Supplemental Security Income (SSI), Medicaid coverage is available if they are eligible to receive even \$1.00 in an SSI cash benefit. Persons whose earnings exceed the Substantial Gainful Activity (SGA) level (\$900.00 for 2007), yet still receive a cash benefit, will continue Medicaid eligibility under Section 1619(a). Medicaid coverage under Section 1619(b) may be continued for persons who lose their SSI cash benefit due to earned income and whose resources remain below the SSI limit, as long as they need Medicaid coverage to remain employed. Their gross annual earnings must be less than the Kansas threshold of \$29,866.00, or an individualized threshold determined by Social Security.

Medically Needy

Those who no longer receive SSI cash benefits or Section 1619(b) benefits due to excess income or resources, or who receive Social Security Disability Insurance (SSDI) only, or those whose SSDI cash benefit has ended due to earnings at SGA or above, may access Medicaid based on their medical need. However, they are required to “spend down” their income to meet the income limits imposed by Medicaid. The income limit in Kansas is \$475.00 for people who are eligible as “Medically Needy.” (For people on HCBS Waivers it is \$716.00.)

Working Healthy

Individuals who no longer receive SSI cash benefits or Section 1619(b) benefits due to excess income or resources, or who receive Social Security Disability Insurance (SSDI) only, or those whose SSDI cash benefit has ended due to earnings at or above SGA, may access Medicaid, without a spend down, through the Kansas Medicaid Buy-In program, *Working Healthy*.

Working Healthy was implemented July 1, 2002. Beginning with an enrollment of 150 individuals, the program has grown to 1,044 enrollees as of October 2007. Program highlights include the ability to earn countable income up to 300% of the Federal Poverty Level (FPL), accumulate assets up to \$15,000, participate in retirement and individualized savings programs without a limit, and eliminate the need to meet a “spend down” in order to obtain health care coverage. Participants whose countable income is at or above 100% of the FPL pay a premium. Individual premiums range from \$55.00 to \$152.00 per month. Approximately 65% of *Working Healthy* enrollees pay premiums.

To be eligible for *Working Healthy*, individuals must be 16 to 64 years of age, be employed and have earned income verified through FICA or SECA payments, meet the Social Security disability criteria, and be a Kansas resident. *Working Healthy* is also available to individuals who have been determined “Medically Improved” by SSA.

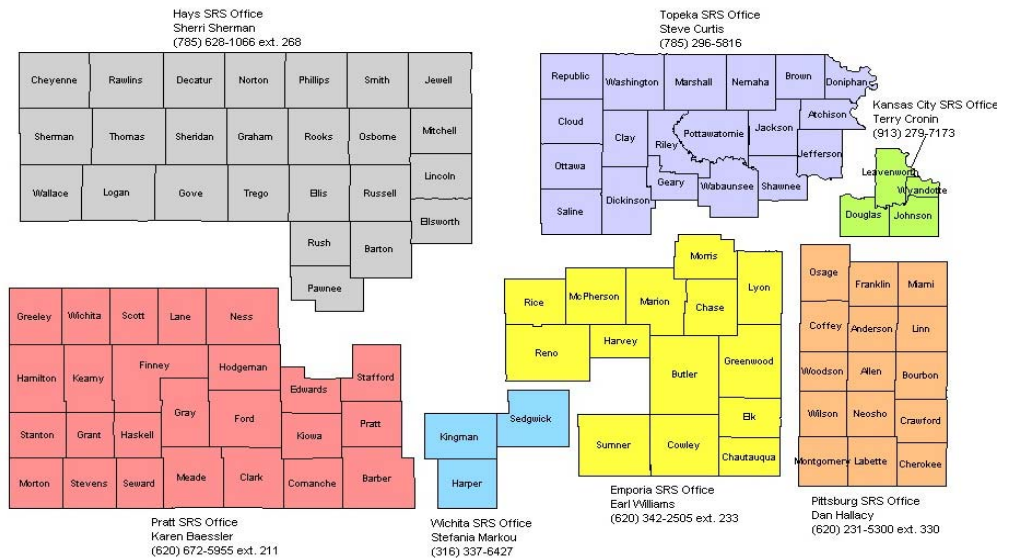
Working Healthy offers benefits planning, via seven Benefits Specialists placed regionally throughout Kansas, in order to assist consumers in making an informed choice regarding whether to go to work or increase employment earnings.

Work Opportunities Reward Kansans (WORK)

In September 2006, KHPA received approval from CMS for a Medicaid State Plan Amendment (SPA) submitted under Section 6044 of the Deficit Reduction Act of 2005, “State Flexibility in Benefit Packages.” The SPA provides a package of services, including assessment, personal assistance services, independent living counseling, and assistive services, for individuals with developmental disabilities, physical disabilities, and traumatic brain injury, who are eligible for *Working Healthy*. CMS also approved the use of the “cash and counseling” model, allowing a direct cash payment to individuals who choose to act as their own fiscal manager. This Medicaid State Plan package of services is titled *WORK: Work Opportunities Reward Kansans*.

KHPA believes that *WORK*, combined with the work incentives of *Working Healthy*, will promote employment of people with significant disabilities. KHPA expects the number of people with severe cognitive and physical disabilities who enter the workforce will increase if personal assistance and related services are provided at a sufficient level in the home, at work, and in the community. KHPA anticipates that participants will increase the number of hours worked, increase their income, and self-report better health-related outcomes and improved quality-of-life as a result of the combination of *Working Healthy* and *WORK*. *WORK* was implemented on July 1, 2007. As of November 1, 2007, there are 14 individuals enrolled in the program.

WORKING HEALTHY Benefits Specialists Current Coverage Area



Home and Community Based Services

Although KHPA is responsible for Medicaid programs in Kansas, in 2005 the Kansas Legislature did not immediately move all programs to the new Health Policy Authority. All disability programs, with the exception of *Working Healthy*, are administered by SRS, with KHPA maintaining oversight. Although the Legislature included a provision for KHPA to assume control of these programs eventually, KHPA is currently choosing to leave the programs under SRS.

Among these disability programs are the HCBS waiver programs. Medicaid currently provides personal assistance services to youth and adults with cognitive, developmental, mental, and physical disabilities, and those who are frail and elderly, through four HCBS Waivers. These waivers include the Developmental Disability (DD) Waiver for individuals age five and above; the Physical Disability (PD) for individuals age 18 to 65 (and after that with the option to remain on the PD Waiver or move to the Frail Elderly Waiver); the Severely Emotionally Disturbed (SED) Waiver, for children up to age 21; and the Traumatic Brain Injury (TBI) Waiver for individuals age 18 and above. (There are two other HCBS waivers in Kansas; one for technology assisted children, and the other for the frail elderly).

Each waiver offers services designed to meet the needs of individuals with specific disabilities. Kansas is a strong supporter of self-direction, and most consumers direct their own services. All four waivers for working-age individuals provide personal assistance services, inside and outside the home, and to some extent at work.

“The only thing
that overcomes
hard luck is hard
work.”

– *Harry Golden*

Overview of Medicaid Home & Community Based Services Waivers Operated by HCP/CSS

WAIVER	DEVELOPMENTAL DISABILITY	PHYSICAL DISABILITY	TRAUMATIC BRAIN INJURY	SEVERLY EMOTIONALLY DISTURBED
Institutional Equivalent	Intermediate Care Facility for Persons with Mental Retardation	Nursing Facility	Head Injury Rehabilitation Facility	State Mental Health Hospital
Eligibility	<ul style="list-style-type: none"> ➤ Individuals age 5 and up ➤ Meet definition of mental retardation or developmental disability ➤ Eligible for ICF/MR level of care 	<ul style="list-style-type: none"> ➤ Individuals age 16-64* ➤ Determined disabled by SSA ➤ Need assistance with the activities of daily living. ➤ Eligible for nursing facility care <p style="font-size: small; margin-top: 10px;"><i>*Those on the waiver at the time they turn 65 may choose to stay on the waiver</i></p>	<ul style="list-style-type: none"> ➤ Individuals age 16-65 ☐ Have traumatic, non-degenerative brain injury resulting in residual deficits and disabilities ➤ Eligible for in-patient care in a Head Injury Rehabilitation Hospital 	<ul style="list-style-type: none"> ➤ Children under 18; or 18 through 21 if they received at least 12 months of intensive services between 16-18 and services have continued after age 18 ➤ financially eligible for Medicaid ➤ Meet the definition of severely emotionally disabled ➤ Meet admission criteria for a state mental health hospital
Point of Entry	Community Developmental Disability Organization	Center for Independent Living or Designated Home Health Agency	Center for Independent Living or Designated Home Health Agency	Qualified mental health professionals at CMHC
Financial Eligibility Rules	<ul style="list-style-type: none"> ➤ Only the individual's personal income & resources are considered ➤ For individuals under age 18, parent's income & resources are not counted, but are considered for the purpose of determining a family participation fee ➤ Income over \$716 per month must be contributed towards the cost of care 	<ul style="list-style-type: none"> ➤ Only the individual's personal income & resources are considered ➤ For individuals under age 18, parent's income & resources are not counted, but are considered for the purpose of determining a family participation fee ➤ Income over \$716 per month must be contributed towards the cost of care 	<ul style="list-style-type: none"> ➤ Only the individual's personal income & resources are considered ➤ For individuals under age 18, parent's income & resources are not counted, but are considered for the purpose of determining a family participation fee ➤ Income over \$716 per month must be contributed towards the cost of care 	Only individuals own income and resources are considered beginning in the first month of HCBS (income over \$691 per month must be contributed towards cost of care) plus for individuals under 18, parental income and resources are not counted.
Services/Supports Additional regular Medicaid services are provided	<ul style="list-style-type: none"> ➤ Residential Services ➤ Day Services ➤ Medical Alert ➤ Wellness Monitoring ➤ Family/Individual Supports ➤ Environmental/Adaptive Equipment 	<ul style="list-style-type: none"> ➤ Independent Living Counseling ➤ Personal Services ➤ Assistive Services ➤ Sleep Cycle Support ➤ Personal Emergency Response ➤ Personal Emergency Response Installation 	<ul style="list-style-type: none"> ➤ Personal Services ➤ Assistive Services ➤ Rehabilitation Therapies ➤ Transitional Living Skills ➤ Sleep Cycle Support ➤ Personal Emergency Response ➤ Personal Emergency Response Installation 	<ul style="list-style-type: none"> ➤ Wraparound facilitation/community support ➤ Independent living/skill building services ➤ Parent support and training ➤ Short term respite care ➤ Professional resource family care (crisis stabilization) ➤ Attendant care <i>(Case management and attendant care are available through Title XIX state plan)</i>
Average Monthly Number Persons Served FY 07	6418	6102	183	2158
FY 07 Expenditures	\$243,982,579	\$92,052,466	\$8,132,766	\$27,994,547
Estimated Average Waiver Expenditure Mo/year	\$3,168 / \$38,026	\$1,257 / \$15,086	\$3,703 / \$44,441	\$1,081/\$12,972

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Children and Youth with Special Health Care Needs

Authorized under Title V of the Social Security Act, the Children and Youth with Special Health Care Needs (CYSHCN) program provides health care for children and youth under 22 years of age who have certain medical conditions and whose families meet the income limits established by the program. SHS may pay for all or part of the cost of medical services. Each case is considered individually, and the amount paid is based on family income and the anticipated cost of the health services. Funding is a combination of federal and state dollars.

Those eligible are youth under the age of 22 years who live in Kansas, have a medical condition covered by the program, and meet the program financial guidelines (except for those with PKU, congenital hypothyroidism, or galactosemia). Kansas residents of any age who have congenital hypothyroidism, sickle cell disease, PKU, galactosemia, or hemophilia, are eligible for the program.

“A Perpetual holiday is a good working definition of hell.”
– *George Bernard Shaw*

Conditions that are eligible for treatment include:

- Spina bifida
- Cleft palate/cleft lip
- Acquired or congenital heart disease
- Burns
- Major orthopedic problems
- Limited gastrointestinal or genitourinary conditions requiring surgery
- Genetic and metabolic conditions (PKU, sickle cell, cystic fibrosis, congenital hypothyroidism, galactosemia, hemophilia)
- Hearing loss
- Vision disorders
- Craniofacial anomalies (selected)
- Seizures
- JRA (juvenile rheumatoid arthritis)

CYSHCN provides the following services:

- Diagnostic Services – Diagnostic services are available, without regard to family income, to Kansas youth under the age of 22 years who are suspected to have a severe disability, or chronic disease. Prior authorization is required and may be obtained by phone or letter from program staff.

- Treatment Services – Treatment services include medical specialists, outpatient care, hospitalization, surgery, durable medical equipment, reimbursement for transportation to medical specialty care, and interpreter services. A limited amount of therapy (speech, PT, OT) is provided for eligible conditions. All treatment services must be prior authorized.
- Outreach Clinics – Outreach clinics bring specialty diagnosis, consultation, and follow-along care as close to the child's home as possible. Clinics are conducted for hearing loss, orthopedic conditions, neurological impairment, cardiac diseases, and genetic diseases.

Special Services – Special Services include counseling and planning for health care needs, developing an individual plan of health care, and follow-along for each person accepted for services. Where Services for Children and Youth with Special Health Care Needs cannot provide the needed health services, an effort is made to identify other resources in the state.

SUPPORTING INFRASTRUCTURE

EDUCATION

Kansas State Department of Education

The Kansas State Department of Education (KSDE) provides oversight of the education system in Kansas, including services for children and transition age youth with disabilities.

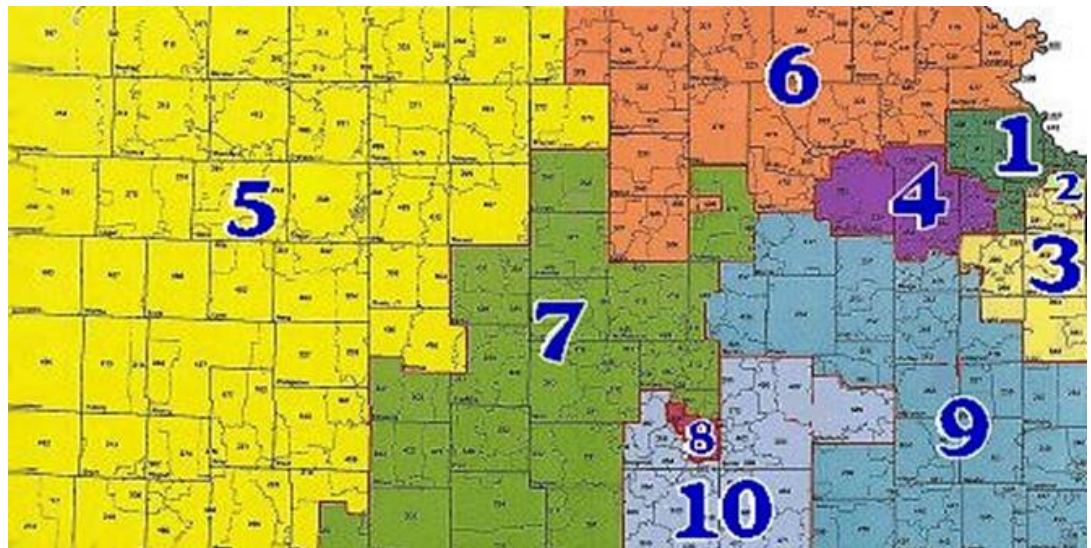
Local Education Agencies

Kansas Special Education statute mandates that transition planning begin at age fourteen, if not before. Services for students with disabilities transitioning from secondary programs to post-secondary education, training, or employment are coordinated by Local Education Agencies (LEA). An Individualized Education Plan (IEP) team, including the student, must develop appropriate, measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills. The goals should relate to the student's courses of study based on strengths, interests and preferences. When a student reaches age 16, in addition to the post-secondary goals, the IEP team must develop a statement of the services needed to assist the student in achieving post-secondary goals.

“Work while you have the light. You are responsible for the talent that has been entrusted to you.”

– *Henri-Frederic Amiel*

LOCAL EDUCATION AREAS



Transition Services

KSDE does not separate out funding for transition services and cannot estimate the amount of money targeted for this population, nor do they report outcomes data on transition plans. This information would only be available at the district level on an individual basis, and obtainable only with the permission of the student or family.

Federal reporting requirements require states to collect data on employment and education outcomes one year after graduation or exit from school. KSDE has begun to track self-reported outcomes utilizing a survey administered approximately one year after graduation. The survey includes questions regarding two year and four year college attendance as well as gainful employment. KSDE is still determining the accuracy of the data, and does not have trend data at this time.

HOUSING

Kansas Housing Resources Corporation

Kansas Housing Resources Corporation (KHRC) is responsible for a number of housing programs that in some way provide subsidies for people with lower incomes. While only a few are specifically for individuals with disabilities, many Kansans with disabilities are eligible to participate in these programs because they typically have lower incomes. Data regarding the number of people with disabilities who participate in the various programs was unavailable.

Housing subsidies are funded by the U.S. Department of Housing and Urban Development (HUD) through state and local entities, as well as with state and local funding. Kansas subsidized housing programs include:

Emergency Repair Program

KHRC funds the Emergency Repair Program, which subsidizes housing costs by paying for emergency repairs to owner-occupied homes; funding is limited to \$7,500 for owner-occupied homes. KHRC has granted \$500,000/year to this program, and it is managed by community service providers throughout the state.

“It has been my experience that one cannot, in any shape or form, depend on human relations for lasting reward. It is only work that truly satisfies.”- *Bette Davis*

HOME

- The HOME First Time Homebuyers Program subsidizes the purchase of a home. The First Time Homebuyers down payment assistance allows additional funding for accessibility features, if needed.
- The HOME American Dream Downpayment Initiative subsidizes the purchase of a home. It operates similarly to the First Time Homebuyers Program.
- The HOME Homeowner Rehabilitation program subsidizes the cost of renovating low-income owner-occupied housing.
- The Tenant Based Rental Assistance (TBRA) program awards grants to local public housing authorities and non-profits to assist families for up to two years, while they are on a Section 8 waiting list. The grants pay the difference between 30 percent of the family's adjusted monthly income and the lesser of the established payment standard or federal Fair Market Rent (FMR). The FMRs are published annually by HUD. KHRC awards TBRA grants to public housing authorities and non-profits across the state. Entitlement cities have the option of using their HOME Investment Partnership funds for TBRA, but none in Kansas use this option.

Housing Choice Vouchers

Housing Choice Vouchers may be used in housing of the resident's choice that meets program quality requirements. Housing Choice Vouchers are typically awarded to public housing authorities, and they are considered "portable" to wherever the tenant wants to live. Housing Choice Vouchers may allow the tenant to pay up to 40 percent of the family's income toward rent, in certain circumstances.

Kansas Accessibility Modifications Program

KHRC is responsible for the Kansas Accessibility Modifications Program (KAMP), which can fund accessible modifications to rental or owner-occupied homes. Funding is limited to \$4,000 for rentals and \$7,500 for owner-occupied homes. KHRC has granted \$500,000/year to this program. The program is managed by community service providers throughout the state.

Section 8 Subsidies

Subsidies may be attached to certain properties, such as traditional Section 8 properties. In the Section 8 properties, HUD pays the difference between 30 percent of the family's adjusted monthly income and the rent established by the Housing Assistance Payment (HAP) contract. KHRC administers Section 8 Housing Assistance Payments for more than 200 Section 8 properties across the state. In its role, KHRC reviews each property's payment requests, processes the payments, and reviews each property's recordkeeping annually. Many cities and communities have local public housing authorities which administer their own Section 8 properties.

Shelter Plus Care

States, local units of government (including public housing authorities) and non-profits may also apply through a Continuum of Care application for Shelter Plus Care subsidies, which fund housing and supportive services for persons with severe and persistent mental illness. Through Continuums of Care in both entitlement cities and the "balance of state" in Kansas, several have received Shelter Plus Care awards from HUD.

Weatherization Assistance Program

The Weatherization Assistance Program helps low-income renters and owners make energy-efficiency improvements in their homes, which benefits them by lowering their energy costs.

"Blessed is he who has
found his work; let
him ask no other
blessedness."

– *Thomas Carlyle*

TRANSPORTATION

Kansas Department of Transportation

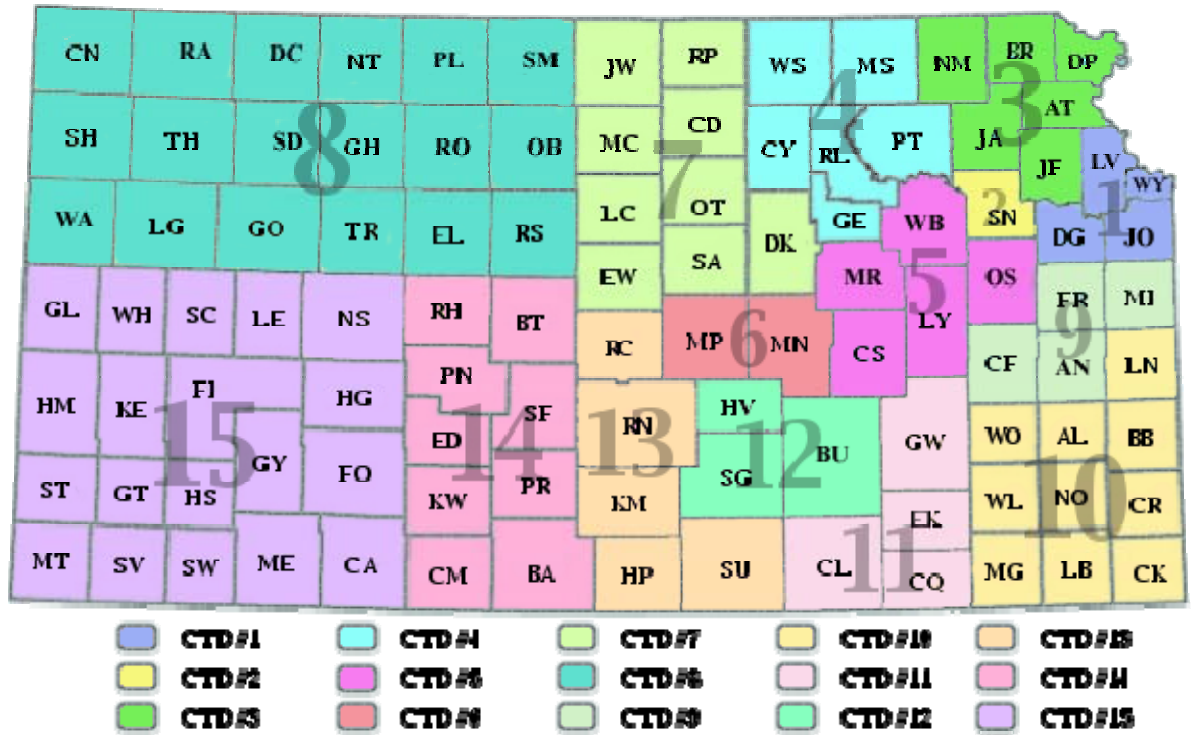
As in other states, transportation for people with disabilities is funded through a variety of programs. Education, Medicaid, Temporary Assistance to Needy Families, Vocational Rehabilitation, and Workforce Centers are just a few examples. In Kansas, coordination of transportation is the responsibility of the Kansas Department of Transportation (KDOT). KDOT administers public transportation programs funded by the Federal Transit Administration and the State of Kansas. Both the Federal and State programs are supposed to be designed to meet the transportation needs of elderly persons, persons with disabilities, and the general public. KDOT currently supports approximately 180 transit providers covering 99 of the state's 105 counties.

Coordinated Transit Districts

KDOT has designated Coordinated Transit Districts (CTDs) as the lead to develop transportation plans for their areas. There are 15 CTDs in Kansas. CTDs are required to develop a coordinated plan for transportation in their districts. The plan must identify the needs of individuals, including those with disabilities, and strategies for meeting these needs.

In addition to funding public transportation, KDOT also provides funding to private non-profit corporations and associations of public bodies (local governments), in both urbanized and non-urban areas, for providing transportation services to meet the special needs of the elderly and persons with disabilities. Although grant recipients are usually agencies which have a specific clientele, transportation services under this program can be opened to all elderly persons, persons with disabilities and the general public once the immediate transportation needs, as specified in the grant application, have been satisfied.

COORDINATED TRANSIT DISTRICTS



SECTION	Number of Counties	Number of Providers
CTD # 1	4	15
CTD # 2	1	14
CTD # 3	6	17
CTD # 4	6	37
CTD # 5	5	22
CTD # 6	2	13
CTD # 7	9	36
CTD # 8	18	61
CTD # 9	4	19
CTD # 10	10	38
CTD # 11	4	12
CTD # 12	3	42
CTD # 13	5	25
CTD # 14	9	25
CTD # 15	19	16
Totals	105	392

University of Kansas

Transportation Research Institute/United We Ride

Supporting the efforts of KDOT and the CTDs in Kansas is United We Ride, located at the University of Kansas Transportation Research Institute. Kansas United We Ride was initiated in 2004 with the mission of enhancing multi-agency coordination to provide efficient, sufficient, and reliable transportation to all Kansans. The Governor's Committee on Human Service Transportation Coordination and the Governor's Cabinet Secretaries have appointed key staff to participate in efforts to explore opportunities at the state, regional, and local level to improve mobility throughout the state, particularly to transportation-disadvantaged Kansans. United We Ride provides technical assistance to CTDs and other stakeholders regarding transportation, coordinates statewide meetings, develops and disseminates materials, and maintains a website providing transportation resource information.

STRATEGIC PLANNING

The size of the state, its few large urban areas combined with its rural and frontier composition, the regional nature of service provision, and the fact that regions vary widely based on the type of disability and service, presented certain challenges for strategic planning. To address these challenge, Kansas held strategic planning sessions with major stakeholders, many with disabilities themselves, who also act as representatives of people with disabilities with the Governor, Kansas Legislature, and state agency program. While not possible to have a regional representative for every local region, disability group, or service MIG staff invited representatives, and requested assistance in identifying additional representatives, to assist with strategic planning.

All strategic planning meetings were open to anyone who wanted to participate. MIG staff contacted consumers, agencies, and organizations to request participation in the strategic planning process. Follow-up calls requesting alternative recommendations when the original person did not respond, or chose not to attend, also occurred with some frequency. Participating were advocates for people with disabilities, many of whom have disabilities, or parents of a child with a disability, representatives of community organizations serving people with disabilities, representatives from key state agencies, a federal agency representative, a small business development representative, and University of Kansas evaluation staff. Attempts to recruit employers or human resource personnel were not successful.

Strategic planning meetings were followed up by consumer focus groups facilitated by CILS and held throughout the state, employer focus groups conducted throughout the state, a youth focus group, and information gathering at already established statewide activities such as the Kansas Disability Caucus and the Kansas Youth Leadership Forum.

INITIAL STRATEGIC PLANNING

Primary Stakeholders

MIG program and evaluation staff made the decision to begin the strategic planning process while developing the 2006 Medicaid Infrastructure Grant to Support the Competitive Employment of Individuals with Disabilities. The 2006 grant would then provide the foundation for the Kansas Strategic Plan.

To that end, MIG staff convened three day long meetings with Kansas stakeholders, including consumer representatives, advocates, community providers, a small business representative, state agency representatives, and a representative from the Social Security Administration and the Small Business Development Center Network (KSBDC). The meetings were facilitated by Kathleen Harnish-Ducet and Joel Wright of TeamTech.

Key stakeholders from state agencies were identified by MIG staff and invited to participate in the meetings. Disability advocacy organizations and community organizations were contacted and asked to send a representative or representatives. Kansas is known for its powerful disability advocates. Advocacy organizations in the state are often run by individuals with disabilities, and individuals with disabilities are employees of these organizations. In a number of cases the representative sent to strategic planning meetings was also a person with a disability. MIG staff also attempted to identify employers and human resource personnel to participate in the meetings.

“Nothing will ever be attempted if all possible objections must first be overcome.”- *Abraham Lincoln*

ADDITIONAL STRATEGIC PLANNING

Youth with Disabilities

In January 2006 the University of Kansas (KU) evaluation staff, supported by MIG funds, conducted a youth focus group and survey at the Kansas Youth Leadership Forum five-year reunion in order to obtain a youth perspective on employment and health issues.

Consumer Focus Groups

Recognizing that there were an inadequate number of consumers represented in the stakeholder meetings conducted in 2006 to reflect true consumer input, MIG staff contracted with nine Centers for Independent Living (CILS) in the spring of 2007 to conduct Consumer Focus Groups throughout the state. The nine focus groups were held between April and June, and dealt entirely with employment issues in Kansas, and recommendations for the Kansas Strategic Plan.

Employer Focus Groups and Human Resource Personnel/Employer Surveys

A second group that was under-represented during the 2006 strategic planning meetings was employers. In order to obtain additional input, Employer Focus Groups were conducted throughout the state during the summer of 2007. In addition, surveys of employers and Human Resource personnel were also conducted.

10th Kansas Disability Caucus

During August 2007, MIG funds were used to co-sponsor the ***10th Kansas Disability Caucus***. Focusing entirely on employment, MIG staff were able to promote employment, educate people about employment initiatives, and at the same time obtain crucial feedback from regional groups, a youth group, a pre and post *Caucus* survey, and *Caucus* evaluations.

FINAL STRATEGIC PLANNING WITH STAKEHOLDERS

Primary Stakeholders

In the fall of 2007, the original stakeholder group, with increased developmental disability and mental health representation, returned to the table to review the additional input obtained from the youth and adults with disabilities, providers, employers, and human resource personnel, as well as the goals, objectives and activities included in the 2007 MIG application. Following this review, stakeholders discussed what to include in the final version of the Kansas Strategic Plan. Stakeholders recommended that the original goals not change. There were, however, recommendations to revise, or add to, objectives and activities.

Data Users

A disability data users meeting was convened on October 19, 2007 to work toward improved information exchange and data sharing between and among state agencies and researchers.

PRIMARY STAKEHOLDERS JANUARY-MARCH 2006

During the winter of 2006, MIG staff convened three day-long meetings with stakeholders to discuss issues surrounding the employment of Kansans with disabilities. The meetings were held on January 20th, February 15th, and March 9th, 2006.

The purpose of these meetings was to develop the foundation for the Kansas Strategic Plan while also obtaining input into the 2007 Medicaid Infrastructure Grant to Support the Competitive Employment of Individuals with Disabilities. Meetings were held in Topeka, Kansas. Meeting notes were prepared by strategic planning facilitators, and sent to participants via e-mail.

The following agencies and organizations were represented:

A. State Agency Partners

1. Kansas Department of Social and Rehabilitation Services

- a. Community Mental Health Services
- b. Kansas Rehabilitation Services

2. Kansas Department of Commerce

- a. Commission on Disability Concerns
- b. Workforce Operations

3. Kansas Department of Health and Environment

- a. Children with Special Health Care Needs

4. Kansas Health Policy Authority

- a. *Working Healthy* and Medicaid Infrastructure Grant

5. Kansas Housing Resources Corporation

- a. Kansas Accessible Modification Program

6. Kansas Planning Council on Developmental Disabilities

7. Kansas State Department of Education

“It is your work in life
that is the ultimate
seduction.” – *Pablo
Picasso*

B. Federal Agency Partners

1. Social Security Administration - Region VII

C. Community Partners

1. Cerebral Palsy Research Foundation of Kansas (CPRF)/Kansas Benefits Counselors Network (KBCN) - CPRF, through a Social Security Administration (SSA) funded grant, provides benefits planning for individuals considering employment. The Kansas Benefits Counselors Network (KBCN) has a mission to help Kansans with Social Security Benefits make informed employment decisions for lifelong financial and social independence.

2. Disability Rights Center of Kansas (DRC) - The DRC is a public interest legal advocacy agency empowered by federal law to advocate for the civil and legal rights of Kansans with disabilities. DRC is the official Protection and Advocacy System for Kansas and is a part of the national network of federally mandated and funded protection and advocacy systems.

a. Protection and Advocacy for Beneficiaries of Social Security (PABS) – administered by the DRC, PABS is an SSA grant-funded program that advocates on behalf of people receiving SSI and/or SSDI and those seeking or using employment services.

3. Families Together for People with Disabilities (FTPD) – FTPD accomplishes its mission by providing information through mailings, the internet, individual outreach by grassroots volunteers, workshops, personal contacts, and family enrichment weekends and other events

4. Governor's Mental Health Services Planning Council – The Governor's Mental Health Services Planning Council is actively involved in planning, implementation, monitoring, and evaluation of statewide mental health initiatives.

a. Vocational Subcommittee - The mission of the vocational subcommittee is to make recommendations to the Governor's Mental Health Planning Council which helps identify barriers and create opportunities in order for persons with SPMI to gain competitive employment.

5. Great Plains ADA Center/Region VII – The Coordinator in Kansas provides technical assistance, training, and program evaluation, in Kansas and other Region VII states regarding the Americans with Disabilities Act (ADA).

6. Kansas Assistive Technology Cooperative (KATCO) – KATCO is a community-based reduced-interest assistive technology financial loan program, is also responsible for the development and implementation of the Tele-work Loan Program. KATCO is currently the contractor responsible for *Working Healthy* premium billing and collection, as well as *WORK* monthly allocation payments for personal services.

7. Kansas Association of Centers for Independent Living (KACIL) – The association is comprised of ten of thirteen Centers for Independent Living in Kansas (CILS). CILS in Kansas must offer five core services to people with disabilities, including advocacy, de-institutionalization, information and referral, independent living skills training, and peer counseling.

8. Kansas Small Business Development Center Network (KSBDC) – The KSBDC network provides free, confidential, one-on-one consulting designed to find practical solutions to business problems.

9. Kansas Youth Empowerment Academy (KYEA) – The mission of the KYEA is to promote and support the development of youth with disabilities through education, mentoring, and peer support, to enable them to become empowered as community leaders. This mission is achieved through the implementation of various programs that target youth with disabilities. It is also achieved through presentations and workshops provided by youth themselves, which focus on disability awareness and youth issues.

10. Statewide Independent Living Council of Kansas (SILCK) – Kansas is known for the strong leadership of its SILCK. Advocating on behalf of consumers wishing to live independently, the SILCK presence in the Kansas Legislature, as well as with state agencies and programs, has contributed to increased funding of services, program expansion, and decreasing emphasis on institutionalization.

11. Self-Advocacy Coalition of Kansas (SACK) – SACK is a statewide self-advocate group for adults with developmental

disabilities with the purpose of providing leadership experience, community involvement opportunities and supporting the inclusion of people with developmental disabilities in the community.

D. University Partners

1. University of Kansas

a. Center for Research on Learning (KUCRL) – KUCRL provides program evaluation for *Working Healthy* and *WORK*. KUCRL will also assume a lead role in developing a system for sharing data across state agencies. KUCRL staff are committed to enhancing quality of life for people with disabilities. This commitment is achieved through efficacy-based, transdisciplinary, consumer-focused methods that result in improved practice and experiences for numerous stakeholders and is operationalized through the following activities: policy analysis, research, product development, staff development, dissemination, and evaluation. Stakeholders include individuals with disabilities and family members, service providers, staff development personnel, policy developers, and policy analysts.

b. School of Social Welfare/Office of Mental Health Research & Training - (OMHRT) – OMHRT’s focus is on improving the lives of people with psychiatric disabilities through the design and testing of new mental health practices and the dissemination of information through training, workshops, conference presentations, consultation and technical assistance and articles in scholarly journals. Staff work at the local and state levels in policy, service delivery and professional methods.

c. Transportation Research Institute/United We Ride – The mission of United- We-Ride is to enhance multi-agency coordination to provide efficient, sufficient, and reliable transportation to all Kansans. The Kansas United We Ride effort was initiated in 2004 to provide a forum to explore improved human service transportation coordination in the State of Kansas. The Governor's Committee on Human Service Transportation Coordination and the Governor's Cabinet Secretaries have appointed key staff to participate in efforts to explore opportunities at the state, regional and local level to improve mobility throughout the State, particularly to transportation-disadvantaged Kansans. (Appendix A – Participant List)

Process

Participants were initially asked to identify the strengths in Kansas. Stakeholders identified a number of employment initiatives both in Kansas and nationally that they believed were worth celebrating. Participants were then asked to review the current status of employment of persons with disabilities in Kansas, and to identify the problems. Following this identification process, the problems identified were grouped into four categories, including lack of interagency coordination among state and local agencies; lack of knowledge of business and employers; attitudinal barriers toward employment, and lack of data. Participants were then asked to break into four work groups based on their expertise and interest, and to address these issues and recommend strategies for change. On the final day, participants presented their strategies to the larger group, strategies were discussed, revised, and finalized pending the additional input from consumers and employers.

“In reality, serendipity accounts for one percent of the blessings we receive in life, work and love. The other 99 percent is due to our efforts.”

–Peter McWilliams

Employment Barriers

The following were the barriers identified during the three initial stakeholder strategic planning meetings:

1. System Fragmentation - Despite multiple resources focusing on employment of people with disabilities, limited success has been achieved in increasing employment opportunities for Kansans with disabilities. While some collaboration occurs, there continues to be a “disconnect” among many of these resources. Alignment of programmatic services which would allow individuals to transition easily from one system to another is lacking. In some instances this is due to an age- or disability specific focus. In many instances, however, it is clearly a lack of communication and coordination among programs focusing on the same population and the same issue.

One reason for this disconnect may be that Kansas has no “lead authority” responsible for employment of individuals with disabilities. There is currently no mechanism for reviewing what has been done previously, or is being done currently, to determine whether various programs are resulting in increased employment. No central entity is monitoring the types of resources that exist, the employment outcomes, or the quality of the services to determine whether the employment needs of people with disabilities are being met. State-level employment goals for workers with disabilities have not been established, nor has competitive and integrated employment been established as a clear cut goal.

One example of where this disconnect has been particularly detrimental to employment of people with disabilities is Vocational Rehabilitation and the One-Stop employment system. Funding limitations experienced by Kansas Rehabilitation Services often result in VR only serving individuals with the most severe disabilities and a long waiting list for everyone else. Yet when these individuals attempt to obtain assistance through the Kansas Workforce Centers, they are referred to Kansas Rehabilitation Services because VR is where disabled people get services.

A second example related to these same systems is that, because the Workforce Centers perceive VR as the principal agency for people with disabilities, they have not made an effort to tailor their system to the unique needs of people with disabilities. The result is that people with disabilities do not seek employment assistance through the Workforce Centers, resulting in the Workforce Centers not having to improve their ability to work with people with disabilities.

2. Policy Disincentives - While Social Security Administration policies are a major disincentive to employment, stakeholders recognize that there are also disincentives within the Kansas system. Funding source mandates result make it difficult for programs allocate funds in a flexible manner that result in more people with disabilities becoming employed. For example, in the Education and Vocational Rehabilitation systems, there is inadequate funding of transition services for students with disabilities. While Vocational Rehabilitation may become involved with students at the age of fourteen while they are still in school, funding assistance is not available until students leave the education system.

State agencies also make funding decisions and establish policies that are disincentives to competitive employment. An example of this is the developmental disability system in Kansas, supported with a combination of local, state and federal funds. With the advent of the Medicaid funded Home and Community Based Service waivers in the early 1990s, Medicaid funding began to be directed toward day care and sheltered employment for adults with developmental disabilities, promoting group settings and limiting one-on-one employment supports in the community.

3. Employers – Unfortunately, although a major partner in the employment of people with disabilities, employers in Kansas are seldom at the table with disability stakeholders. Recognizing that knowledge of disability issues does not necessarily contribute to understanding the needs of employers, there was general agreement

among participating stakeholders that it is necessary to enlist employers as partners in the employment process. Acknowledging that there may be different methods for approaching this, and there is some uncertainty about what works best, stakeholders believed that best practices for engaging employers as partners should be identified and pilot demonstrations of employer/disability partnerships should be promoted.

4. Low Expectations – Despite many advancements medically, educationally, technologically, and legislatively, children with disabilities continue to be saddled with low expectations. While it is understood that children without disabilities will some day have to work to support themselves, and education and early work experiences focus on that outcome, children with disabilities are given a different message. Parents are encouraged to apply for Supplemental Security Income (SSI), a system based on the inability to work, encouraging early financial dependency on the part of the parents and, ultimately, children. Eventually fear of losing these benefits prevent these individuals from becoming employed upon reaching adulthood.

“Opportunity follows struggle. It follows effort. It follows hard work. It doesn’t come before.” – *Shelby Steele*

Kansas stakeholders believe that medical providers, educators, and social service staff reinforce that employment is not a viable option because it may cause mental or physical decline, may be too taxing, is unrealistic given the nature of the disability, etc. (e.g., Hall and Fox, 2004; Kurth and Hall, 2005). Eventually, these low expectations result either in segregated and low-income sheltered employment or no employment, and impoverishment and isolation. The ultimate outcome of these low expectations is adults with disabilities reliant on Social Security and other intrusive social service systems such as food stamps, subsidized housing, subsidized or special transportation, etc.

5. System Complexity and Fear of Losing Benefits – The difficulty of obtaining a Social Security disability determination, the effort required to prove that they are “too disabled to work,” and the need, not just for financial assistance, but adequate health care coverage, reinforce the reluctance to work. The Social Security system is complex and difficult to navigate. Even professionals working in disability related fields have difficulty understanding this system, and are cautious about recommending employment fearing loss benefits. It is therefore little wonder that many people with disabilities are unwilling to attempt employment.

Other systems also have income limits that are a disincentive to employment. And the fact that earnings result in a loss of benefits

across systems may be too much of a net loss for employment to be considered worthwhile. This is particularly true when one recognizes that a strong work ethic may not play a major role in the decision making of people who have been discouraged to seek or maintain employment.

Education regarding the Social Security and other social service systems, as well as trained staff able to assist in reviewing benefits and the impact employment will have on them, are crucial to help people overcome their fear of employment and “making too much money.”

6. Status Quo –Finally, many stakeholders felt that there was a sense of being “stuck in the status quo” that it is easier to continue to approach employment of people with disabilities the way we always have, without consideration for what works and what does not, because it is far less challenging. State and Federal bureaucracies are particularly difficult to change; providers become reliant on funding that promotes dependency rather than independence; turf issues exist, and collaboration can be difficult. The result is a stagnating system that is not providing equal access to employment for people with disabilities.

Following extensive discussion, participants in the strategic planning meetings determined that Kansas Strategic Plan goals would address the following; 1) improved coordination and collaboration of employment initiatives across and within state agencies in Kansas; 2) establish employment as an expectation for children and adults with disabilities, their families, educators, and health care providers; 3) form partnerships with employers, the true gatekeepers of employment for all people; 4) develop a comprehensive and consistent state-wide data system for improved program planning; 5) promote the Kansas Medicaid Buy-In program, *Working Healthy*, and the supplemental benefit program for people with severe disabilities, *WORK*.

YOUTH JANUARY 7, 2006

Kansas Youth Leadership Forum (KYLF) is a program offered annually by the Kansas Youth Empowerment Academy (KYEA), a consumer organization run by young adults with disabilities. Utilizing a competitive selection process, KYLF brings together 20 – 30 youth with disabilities who demonstrate leadership potential for one week each summer. During this week, youth are exposed to a variety of activities, including the state legislative process, peer mentoring, employer mentoring, and presentations regarding independent living philosophy, *Working Healthy*, benefits planning, etc. MIG funds are used to co-sponsor the event each year.

During a five-year reunion of the first KYEA participants, MIG funds were used to conduct an employment and health care focus group, and a survey, in order to gain information from a youth perspective. The focus group and survey were conducted by MIG Evaluation staff from the University of Kansas. Thirty young adults, ages 18 to 24, participated in the group.

Findings from the KYLF survey respondents regarding health care issues in 2006 seemed to parallel those identified by the Kansas Disability and Health Steering Committee and Kansas Department of Health and Environment's Disability and Health Program in their *Disability and Health in Kansas* report produced four years earlier when they said "Limited access to health and wellness services and education are a significant barrier to a healthy life for people with disabilities in Kansas" (KDHE, 2002, p. 16). Ten percent of the youth reported having no health insurance and another 10 percent did not know if they had health insurance. Not surprisingly, perhaps, "paying for health care" was the number one area about which the youth said they needed more information.

The survey indicated 20 percent of participants were currently working full-time for pay, 50 percent were working part-time for pay, and 20 percent had volunteer positions. Another 13 percent expected to be working for pay within the next six months. Seventy-seven percent of participants said they planned to work in the future, but only 53 percent had received vocational or career training in school to help them prepare for a job. Although the state transition process does not mandate vocational education for all students with disabilities, it does require that services to support transition goals be addressed in the Individualized Education Plan (IEP) for each student. In the focus groups, the youth stressed that grade school experiences are important in forming the self-

confidence needed to be successful in later years. In high school, they cited a lack of enough paraprofessional support as a problem. They felt that some teachers need more information about disabilities. They also noted that it helps when their parents are involved with school issues.

The following is a summary of the information obtained from the focus group and the surveys regarding employment issues: (The results were eventually published in *The Kansas Nurse, Volume 82, No. 7.*)

Employment Barriers

- Employers are wary of hiring people with disabilities and, once they are hired, are often treated badly in the work place.
- Advancement is difficult and many feel that they are passed over for promotions.
- People with hidden or invisible disabilities are uncertain about how, and even if, to tell their employers about their disability.
- Lack of transportation could be a barrier to employment.
- 20 percent of the youth surveyed feared losing health insurance or disability benefits if they worked too much.

Suggestions for Employers

- Define job responsibilities very clearly in the job description, and once a person is on the job, so that expectations are clear
- Realize that young adults with disabilities are just as able and motivated to work and do a good job, and that they want to advance as much as others do.
- Provide feedback to employees about what is needed and when they have done well.
- Make an effort to become aware of issues around disabilities and promote fairness in the workplace.

Youth Recommendations

- Job placement services provided by VR (youth think they receive good training through VR programs);
- Disability awareness training for employers;
- Career fairs for youth with disabilities;
- Classes on behavior management, sexual harassment, etc.;
- Resources in order to provide employers with information; and
- Disseminate materials to educate employers and the general public-websites, media, flyers, etc.

(Appendix B - Youth Survey and Survey Results)

CONSUMER FOCUS GROUPS APRIL- JUNE 2007

Recognizing that the input of the consumer representatives attending the three strategic planning meetings during the winter of 2006 did not represent sufficient consumer input, the MIG Project Director contracted with nine of Kansas' thirteen Centers for Independent Living to conduct consumer focus groups throughout the state. Participating CILS were asked to facilitate a two-hour focus group consisting of 15 to 20 individuals with varying disabilities, representing a variety of age groups, and with varying ethnic and racial backgrounds.

Nine CILS chose to participate, and held focus groups during the spring of 2007. 159 consumers participated in the discussions. Participants in the focus groups were asked to address positive aspects, if any, of competitive employment opportunities for Kansans with disabilities, drawbacks to competitive employment opportunities, attitudes toward becoming employed, reaction to the goals that were included in the Kansas Medicaid Infrastructure Grant to Support the Comprehensive Employment of People with Disabilities, and recommendations to improve competitive employment opportunities for Kansans with disabilities.

“Opportunity follows struggle. It follows effort. It follows hard work. It doesn't come before.”- *Shelby Steele*

Most of the consumers who participated appeared to be living marginally, relying on SSI or SSDI payments for income, receiving food stamps, using special, subsidized transportation, and residing in subsidized housing. Most, but not all, participants were interested in working. Many of those wanting to work recognized their financial limitations due to unemployment. Some felt that with a decent job, it might be worth giving up the benefits. And some recognized the social limitations of not working. As one person who actually was employed commented, “I was tired of looking at those four walls. I knew every program that was on every channel at any time of the day...”

Employment Barriers

The following are the reasons that people identified that they were not working or not willing to work.

Health – For some participants, health was a factor in not working. A number of people had physical conditions, such as triple by-pass, diabetes, respiratory illnesses, seizures, etc., and believed complications resulting from these conditions prevented them from becoming employed. Some people were not able to go back to the type of work they had done previously, and were not certain how to

pursue something new. The need to maintain health care coverage was mentioned repeatedly. (*Working Healthy* Benefits Specialists attended all sessions, and provided information about the program).

Self-Attitude – A number of participants indicated that their own attitudes regarding their disability prevented them from becoming employed. Fear of failure and the loss of incentive to go to work once they began getting Social Security and food stamps were mentioned. An attitude of “sometimes it is just easier to stay on SSI/SSDI” was prevalent.

Attitudes of Others - In general, people seemed to think that people without disabilities had a negative attitude toward them, including lower expectations, that they were “looked down upon,” that they were not equal to their peers without disabilities, and that they can do less because of the disability. Age discrimination was also mentioned by older adults who participated in the focus groups.

Employer Attitudes – Participants in all groups felt that it was difficult to get through the application process, get hired, and prove that they can do the job. The idea that “once they know you have a disability, they won’t hire you” was prevalent. Participants believed that employers were afraid to hire people with certain medical conditions, e.g., mental illness, heart and respiratory problems, or seizures, because they were afraid people would get hurt on the job. Employer’s fear of losing Workers Compensation coverage if they hired people with disabilities was mentioned.

People with mental illness, in particular, expressed a reluctance to disclose their disability to an employer. They also stated that they had a hard time explaining the “gaps” in their work history that were due to mental illness.

Attitudes of Medical Professionals – Some participants indicated that their doctor or other medical professional were unwilling to release them to go to work. Participants felt that medical professionals believe “they know your disability best”. They also felt that medical professionals were concerned about liability issues if they “cleared” someone to go back to work.

Benefits - Consistent across all groups was the concern of losing benefits. Considerable confusion was expressed about the impact of earned wages on benefits. The complexity of the policies governing benefits appeared to make people fearful of even attempting employment. Even when there was understanding that employment did not necessarily result in the loss of all cash benefits, there

appeared to be an attitude of working a minimum amount in order to maintain as much of the cash benefit as possible. As one participant stated, “I’ll figure out how much I can make and stay right there”. The fact that someone could make even more money by working did not factor in.

Veteran’s Administration (VA) benefits in particular were identified as a major disincentive to employment. All veterans in the group indicated that, for them, it was an “all or nothing” proposition, and their need for the cash benefit and health care prevented them from even considering employment.

Access – Transportation was identified as a problem in all focus groups. While particularly true for rural regions of Kansas, it was also an issue for Kansans living in urban areas. It was generally agreed that special transportation was limited and inconvenient. It was not available in the evenings, and sometimes weekends, limiting the ability to work evening, night, or weekend shifts. The general consensus seemed to be that consumers have to fit their needs to the transportation providers schedule, which is not always possible for people who are employed. A second access issue related to physical access. In the rural areas of Kansas, physical access to buildings remains a problem.

Previous Employment Supports

Regarding employment, participants indicated that the following supports had helped or would help them go to work.

In several focus groups, CILS were mentioned as providing beneficial employment supports. In some areas Vocational Rehabilitation was mentioned as being particularly helpful. Some people indicated that their Eligibility Workers had encouraged them to work. It appeared that strong employment supports were dependent upon individual people providing the assistance rather than programs as a whole.

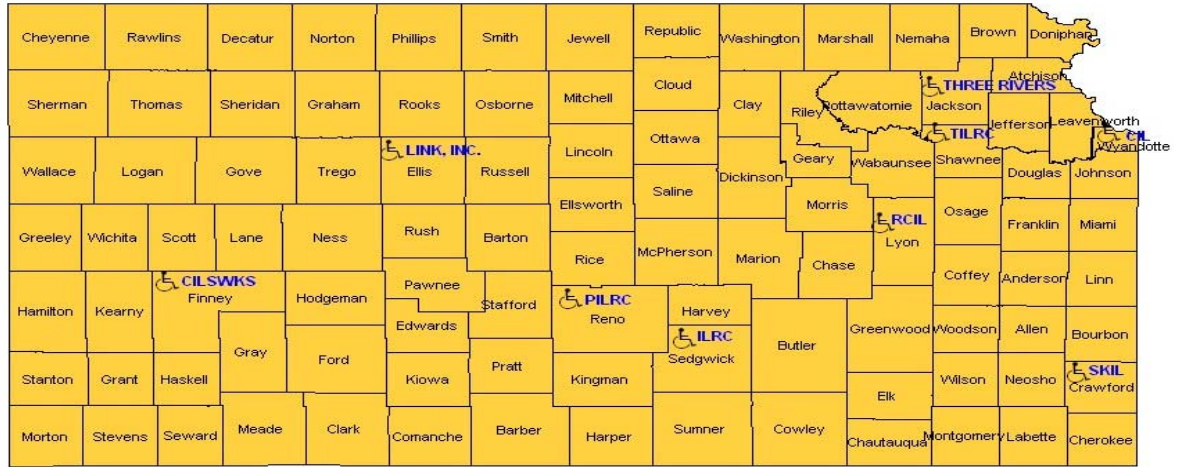
It should be noted that the Kansas Workforce Centers were not identified by participants in any focus group as a source of employment support.

Recommended Employment Supports

Consumers identified the following supports as those needed to help Kansans with disabilities seek and maintain employment.

- Flexible transportation;
- not losing all benefits because you are making some money;
- educate the public, employers, and health care providers that people with disabilities can do the job;
- employer mentoring (employers who hire people with disabilities mentor employers who do not hire them);
- small business opportunities (rural areas);
- assistance in job seeking, including job clubs, job fairs, employment resources, training;
- support in seeking job accommodation; and
- support to understand job responsibilities.

CONSUMER FOCUS GROUPS 2007



Group Locations and Number of Participants

Center for Independent Living Southwest Kansas Garden City, Kansas	15 participants	LINK, Inc. Hays, Kansas	17 participants	Southeast Kansas Independent Living Resource Center Chanute, KS	18 participants
Coalition for Independence Kansas City, Kansas	18 participants	Prairie Independent Living Resource Center Hutchinson, Kansas	14 participants	Three Rivers, Inc. Wamego, Kansas	48 participants
Independent Living Resource Center Wichita, Kansas	10 participants	Resource Center For Independent Living Osage City, Kansas	16 participants	Topeka Independent Living Resource Center Topeka, Kansas	11 participants

EMPLOYER FOCUS GROUPS JULE- AUGUST 2007

A series of focus groups with employers took place between July 23rd and August 16th. In all, six focus group sessions were held in the cities of Dodge City, Salina, Wichita, Emporia, Chanute and Manhattan. The focus groups yielded conversations with 31 employers representing a variety of industry sectors, including manufacturing, retail, government, education and service. The starting points for discussion were recruitment, hiring, management and support.

Regarding the topic of recruitment, several common themes emerged. Nearly all employers agreed that the labor market in general is getting tighter, with more competition for good workers. Another concern was dwindling retention rates and growing number of “job hoppers”. When asked about recruitment policies, nearly all employers said their positions were open to “any qualified applicant” including people with disabilities.

On the topic of hiring, many employers expressed a lack of awareness about accommodations, but are open to the idea. They also feel like they are contacted by too many job developers and service providers. A frequent comment was the desire to have a single contact representing the disability community.

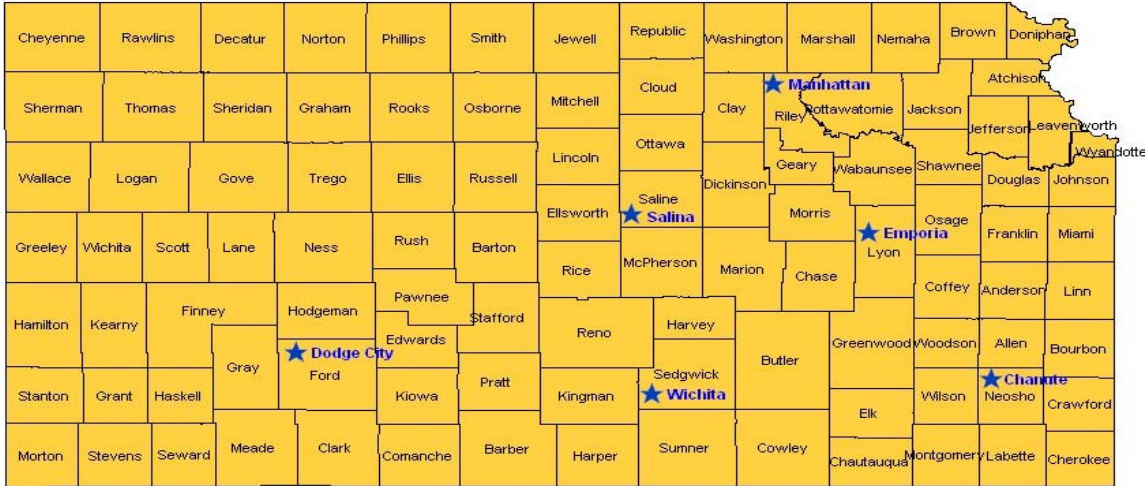
When the topic turned to management, a large number of employers recalled positive stories of managing people with disabilities, with references to their work ethic and productivity. However, another common theme was a desire for more training on “reasonable accommodation” in order to both define their responsibilities and identify opportunities to retain valuable employees. Additionally, numerous remarks were made about the effectiveness of disability sensitivity training for managers and supervisors, but they also felt it was important for that training to be repeated regularly.

When discussing support, nearly every employer expressed that incentives such as tax breaks were not a deciding factor in hiring, and rather tended to reinforce the “charity” idea, suggesting they might not be getting the best person for the job. Another recurring suggestion was to have more coordination between the various service providers. Finally, employers repeatedly noted that the most effective referrals come from other businesses, meaning that the best way to get their attention would be to have another employer tell them about their positive experiences.

“It is not wealth one asks for, but just enough to preserve one's dignity, to work unhampered, to be generous, frank and independent.”- W. Somerset Maugham (1874-1965), *'Of Human Bondage'*, 1915

It should be noted that bias is inherent in these findings because employers that made the effort to attend were probably those who were possibly the most open to hiring people with disabilities. Only a small percentage of the total employers invited attended. Many employers with more negative attitudes regarding people with disabilities probably may not have attended. Thus, findings like “they are open to the idea of accommodations” are likely not true of all or even a majority of employers in Kansas.

**EMPLOYER FOCUS GROUPS
2007**



Group Locations and Number of Participants

Chanute, Kansas	5 participants	Manhattan, Kansas	4 participants
Dodge City, Kansas	6 participants	Salina, Kansas	5 participants
Emporia, Kansas	5 participants	Wichita, Kansas	6 participants

EMPLOYER/HUMAN RESOURCE PERSONNEL SURVEYS

In order to expand employer input to more areas of the State, a survey was developed and distributed to Human Resources personnel through Chapter meetings of Society of Human Resources Management (SHRM) in the cities of Topeka, Lawrence, Overland Park, Hays/Garden City and Hutchinson. A total of 66 completed surveys were returned. The survey consisted of three sections: barriers to hiring or advancement; incidence of training in various ADA topics; and suggestions for improving employment opportunities.

When asked, “Which of the following represent a barrier to hiring or advancing people with disabilities?”, more than two thirds responded lack of related experience, followed closely by lack of related skills and/or training. Half of the respondents said that supervisors’ lack of knowledge about accommodations represented a barrier.

In response to the question “Have you or other staff received training in any of the following ADA/Disability topics?,” over three quarters indicated they had not received training in allowable limitations to health plans. Further gaps in training were revealed in the areas of conflict resolution in the accommodation process and available resources on accommodations, when more than half of respondents disclosed their lack of training.

The final question was open-ended, asking for a write-in response to the query “If there were one thing that could be done to improve employment opportunities for people with disabilities, what would it be?” While fewer than half of the returned surveys contained any answer, three themes emerged from the written replies. The most common suggestion was to make sure applicants had more job training and relevant experience. A second frequent suggestion was for more training in accommodations for businesses. Finally, several responses requested improved access to and awareness of qualified job candidates with disabilities.

10TH ANNUAL DISABILITY CAUCUS
AUGUST 8, 2007

The 10th Kansas Disability Caucus was held August 8th through 10th in Topeka, Kansas. The *Disability Caucus* is a “grass roots” gathering of people with disabilities, family members, and advocates who meet every other year to identify issues and set the legislative agenda for the next two years. The Caucus also includes presentations and training sessions about relevant issues. MIG funds were used to co-sponsor the 2007 Kansas Disability Caucus with the understanding that employment would be a major focus of the educational presentations.

Titled “*Working Towards the Future*” 525 people attended the tenth Caucus. Michael Donnelly, the Director of Kansas Rehabilitation Services and significantly disabled himself, gave the keynote address. He educated participants about the impact unemployment has on the lives of people with disabilities, and the potential impact if employment becomes an expected outcome. Author and national speaker Dale DiLeo pointed out the need to eliminate the segregation of people with disabilities in “disability industrial complexes” and to promote competitive, integrated employment for people with developmental disabilities. *Working Healthy, WORK*, benefits planning, small business development, and interactions with employers were features of the Caucus. Caucus participants also listened to a panel consisting of employed people with disabilities discuss their experiences, and the impact employment has had on their lives.

As part of the overall all Caucus, the following activities occurred:

Regional Groups - Caucus participants also met in groups based on the region where they live to discuss issues and solutions specific to their regional areas. Employment issues were reflective of information obtained from the earlier stakeholder meetings and consumer focus groups, including:

- the need for collaboration across all groups (importance of working together);
- employers (finding jobs, attitudes, skills, etc.);
- accessible transportation;
- changing attitudes regarding capabilities of people with disabilities (education system, employers, medical providers, etc.; and
- establish network (peer and professional) to outreach to youth, parents, educators, medical professionals, providers, and community members.

Youth Focus Group - 16 youth with disabilities attended a youth focus group facilitated by staff of KYEA. According to the facilitators, the overall consensus was that:

- youth with disabilities are judged when applying for jobs;
- are discriminated against based on their disability; and
- teachers make judgments about them based on their disabilities.

On a more positive note, many of the youth indicated that they are doing volunteer work, and see this as a good alternative or introduction to employment. The participants felt that there is a need to start or maintain programs for young people with disabilities, and particularly to ensure that there are programs in rural areas. KYEA facilitators believe that the youth felt that the mindset should be empowerment, positive attitude, and building confidence!

Dale DiLeo Meeting with Agency Representatives and Community Providers – Dale DiLeo met with agency representative and CIL and developmental disability organization representatives to provide information regarding how several other states have addressed the imbalances of funding favoring sheltered over community placement.

Caucus Evaluations

The Caucus evaluations were generally positive. While some consumer comments were hesitant, “maybe look for a job, but I don’t know, I get very nervous” others appeared to rise to the challenge and recognize that they hold the keys to their own future. Comments on the evaluations included the following:

- I appreciate the intent of the conference to empower people to realize they can work.
- Look for a way to improve my living income.
- Will be able to incorporate message in community - use at job club.
- Try to find areas of work I can do and go for it.
- Employment-will do better when I come back.
- Find means to work with my disability.
- Start talking to staff about how our organization can get on the ball with employment.
- I plan to recommit to work options as a way to assure our consumer’s independence.
- I plan to advocate for change regarding employment and real jobs. (Appendix C – Caucus Regional Reports)

Pre and Post Caucus Surveys

The MIG Project Director requested that KU evaluation staff conduct a survey regarding participants' attitudes toward employment at the start of the Kansas Disability Caucus and at the conclusion of the Caucus in an effort to determine whether people's attitudes are influenced by positive messages regarding employment. Pre-surveys were completed by 205 Caucus participants and 144 post-surveys were completed. The survey included items to collect demographic information to ensure a representative sample, as well as Likert-scale items to measure attitudes toward employment.

Demographically the sample was representative of all disability groups. However, one interesting difference between the Caucus participant population and those enrolled in Working Healthy is the higher proportion of people with physical disabilities participating at the Caucus. Fifty-two percent of the respondents were not working and of those who were working, 40% earned less than \$500/month. Further, a majority of participants also received a high level of unearned income from Social Security, with 62% receiving more than \$600/month.

The purpose of administering such a survey before and after Caucus activities was to measure attitudes toward employment. A statistically significant increase in attitudes toward employment ($p < .05$) was seen for the 106 individuals who completed both the pre and post surveys. After two days of participating in Caucus workshops and activities, the outlook individuals had toward employment changed significantly for the better. Further, when looking at responses to the items on work attitudes based on disability group and work status (employed v. not employed), attitudes still improved across the board.

To determine if this positive change in attitudes toward employment is sustained, KU evaluation staff will send a 6-month follow-up survey to Caucus participants in the Spring of 2008.

(Appendix D – Caucus Surveys and Survey Results)

PRIMARY STAKEHOLDERS SEPTEMBER 12, 2007

On September 12, 2007, MIG staff met again with the initial stakeholder group, with additions from the Developmental Disability and Mental Health communities, who were under-represented in the initial stakeholder meetings. The purpose of this meeting was to review all stakeholder input from consumer focus groups and surveys, employer focus groups and surveys, and the 10th *Kansas Disability* Caucus, and to finalize the goals, objectives, and activities of the Kansas Strategic Plan to Support the Competitive Employment of Individuals with Disabilities.

Representatives who participated in the original Strategic Planning meetings attended, and the following organizations were added (Appendix E - Participant List)

A. State Agency Partners

1. Kansas Department of Commerce

a. Shard Youth Vision - The objectives of the Kansas Shared Youth Vision Team are to ultimately develop and coordinate policy, within existing policy structures, and to address the needs of disadvantaged youth, maximizing interagency collaboration.

B. Community Partners

1. Assistive Technology for Kansans (ATK) – ATK has five Assistive Technology Regional Access Sites, as well as an assistive technology loan program, all providing assistive technology support for individuals with disabilities.

2. Cottonwood – Cottonwood is a CDDO providing coverage in the northeastern region of the state.

3. Four County Mental Health – Four County is a community provider of mental health services.

4. Independence Inc. – Independence Inc. is CIL located in Lawrence, Kansas. Independence Inc is also the contractor that provides assessments for *WORK*.

5. Kansas Elks Training Center (KETCH) – KETCH is a CDDO responsible for developmental disability services in central Kansas.

6. Occupational Center of Central Kansas (OCCK) –
OCCK is a CDDO responsible for developmental disability services in the north central region of Kansas.

7. Prairie Independent Living Resource Center (PILRC) –
PILRC is an ILC in Kansas that provides the five core independent living services.

8. Topeka Independent Living Resource Center (TILRC)
– TILRC is a CIL located in Topeka, Kansas.

C. University Partners

1. University of Kansas

a. Kansas University Center on Developmental Disabilities (KUCDD) - KUCDD is one of 61 “University Centers of Excellence in Developmental Disabilities” funded by the U.S. Department of Health and Human Services’ Administration on Developmental Disabilities. The statutory purpose of the UCDDs is to “provide leadership in, advise Federal, State, and community policymakers about, and promote opportunities for individuals with developmental disabilities to exercise self-determination, be independent, be productive, and be integrated and included in all facets of community life.” The Centers are interdisciplinary education, research, and public service units of university or public or not-for-profit entities associated with universities that engage in core functions of pre-service training, community services, research, and dissemination of information.

b. School of Social Welfare/Office of Mental Health Research & Training (OMHRT) – OMHRT’s focus is on improving the lives of people with psychiatric disabilities through the design and testing of new mental health practices and the dissemination of information through training, workshops, conference presentations, consultation and technical assistance and articles in scholarly journals. Staff work at the local and state levels in policy, service delivery and professional methods.

Far and away the best
prize that life offers is the
chance to work hard at
work worth doing.”
– Theodore Roosevelt

Process

During the September 12th Strategic Planning meeting, the MIG Project Director presented the information gathered from the Consumer Focus Groups, and Daniel Lassley, the MIG Employer Consultant, presented the information obtained from the Employer Focus Groups and the Employer/Human Resource Personnel Surveys.

Individuals representing each of the remaining information gathering sessions presented the information that was obtained, as well as recommendations made by participants of those sessions.

- Kansas Youth Leadership Forum Reunion Focus Group and Survey – Jean Hall;
- Kansas Disability Caucus – Shannon Jones; Statewide Independent Living Council of Kansas Executive Director
- Kansas Disability Caucus Youth Focus Group – Carrie Greenwood; Kansas Youth Empowerment Academy
- Kansas Disability Caucus Pre and Post Surveys – Noelle Kurth; University of Kansas MIG Evaluation staff person

Following the presentations, Strategic Planning participants reviewed the goals, objectives, and activities originally recommended, and reviewed these in light of the information gathered during the various 2007 activities. A discussion then followed, which included clarification, addition, and recommendations for revisions.

Final Recommendations

Strategic Planning participants chose not to deviate from the original goals recommended by them during the three 2006 Strategic. All agreed that the Kansas Strategic Plan would include goals to address the lack of coordination across state agencies; to establish an expectation of employment for people, particularly youth, with disabilities; to form partnerships with employers that satisfy the employer's need for good employees and individuals with disabilities need for jobs; to develop a data collection system that will accurately reflect the numbers of people who are employed in Kansas in order to successfully implement and evaluate employment programs; and finally to continue to promote *Working Healthy* and *WORK*, programs that are helping to improve employment outcomes for people with disabilities in Kansas.

There were, however, recommendations for some additions and revisions related to goal objectives and activities. These additions and recommendations are reflected in the Kansas Strategic Plan Goals, Objectives, and Activities.

The final version of the Kansas Strategic Plan was shared electronically, with a request to provide recommendations.

(Appendix E – Participant List)

MEDICAID AND DISABILITY DATA USER MEETING OCTOBER 19, 2007

On October 19, 2007, University of Kansas MIG evaluation staff convened a meeting to bring together disability researchers and staff from state agencies that provide services to Kansans with disabilities. The purpose of the meeting was to introduce to one another many key stakeholders in our state who use Medicaid and disability data in an effort to initiate improved data sharing and information exchange. The meeting provided an opportunity to 1) learn more about what other states have done in facilitating Medicaid and disability data use; 2) gain knowledge of what others in our own state are doing; and 3) and build stronger ties within this relatively small community of disability data users. The meeting was facilitated by Anne Reither, from the MIG Research Assistance to States center. Discussion included developing consensus on how best to implement a health data connector in the state that can facilitate data sharing to improve outcomes reporting for Kansans with disabilities. This work could be conducted under the overall authority of the new Data Consortium within the Kansas Health Policy Authority.

During the early stakeholder meetings, the need for accurate and comprehensive data about Kansans with disabilities was consistently identified as an issue that the comprehensive plan should address. The statewide data user meeting was the first effort to fully understand current efforts at data collection and analysis and extant sources of administrative information. At baseline, the Kansas Working Healthy program currently collects the following information:

Annual satisfaction surveys. These surveys are mailed to all enrollees in Working Healthy. They collect the information listed below and also include different modules related to time-sensitive policy issues such as Medicare Part D, SSDI demonstrations, employment initiatives.

- Demographics
- Self-reported disability type
- Benefits lost as a result of participation in the MBI
- Quality of Life
- Self-reported earnings
- Job type
- Employment experiences

Longitudinal study surveys. Mailed to a subset of long-term Working Healthy enrollees and a comparison group of non-enrollees, these surveys track health and employment outcomes over time for the two groups and allow comparison of outcomes for those enrolled versus those who chose not to enroll.

Medicaid claims data. Used to track overall and categorical expenditures, assess health conditions of participants, and answer specific questions such as drug utilization patterns. Data elements include:

- Diagnostic codes
- Procedure codes
- Provider type
- Place of service
- Charged and paid amounts

Medicare claims data, obtained through a Data Use Agreement with CMS. Used to track overall and categorical expenditures, assess health conditions of participants, and answer specific questions about utilization for dual eligibles in our buy-in. Data elements are similar to those in the Medicaid claims files.

Kansas has an agreement in place to monitor earnings data from the state Unemployment Insurance system for enrollees in Working Healthy.

Finally, we have access to Kansas BRFSS data through the Kansas Department of Health and Environment and various disability modules they have implemented over the years. These data can be supplemented with population data from the American Community Survey.

The researchers and state agency representatives will continue to meet via conference call over the next several months to further compile a listing of the specific disability data repositories in the state, existing Memorandums of Understanding (MOUs) and Data Use Agreements (DUAs), and ways to connect data sources for responding to specific requests for information by policy makers or

program directors and for tracking project progress and outcomes. Work has begun on an “Inventory and Catalog of Available Data as part of a Comprehensive, State-wide, System and Person-level data system to Collect, Analyze and Disseminate Data on the Employment of Persons with Disabilities.” (Appendix F- Participant List)



Where We Are Going





MISSION

Promote employment among youth and adults with disabilities in order to allow them to become a valued human resource capable of meeting the needs of the Kansas labor market.

Core Values and Strengths

Core Values

- Full participation in the community by individuals with disabilities includes competitive, integrated, employment.
- Kansas with disabilities, particularly youth, perceive themselves as an integral part of the competitive workforce, have increased access to career opportunities, and achieve greater economic self-sufficiency.
- Kansas employers recognize that they can better meet their need for labor resources by recruiting, hiring and promoting people with disabilities of their choice.
- The employment of people with disabilities is mutually beneficial to the employer and the employee.
- Public policy at all levels must promote employment incentives, and eliminate disincentives, for both people with disabilities and employers.
- Partnership and collaboration with all stakeholders is the key to achieving our goals.

Strengths

- Kansans with disabilities increasingly indicate that they are willing to work.
- A “tight” labor market in Kansas, requiring employers to look outside the traditional labor pool.
- Recognition of mid-level staff across many state agencies that employment must become a priority, and the willingness to work to achieve that goal.
- A strong disability advocacy presence in the state, consisting of consumers with disabilities and those representing them.
- The *Kansas Youth Empowerment Academy*, run by young adults with disabilities, promoting employment initiatives, and educating youth about the need to assume a leadership role in order to influence public policy.
- Partnerships with many community organizations who want to promote employment opportunities.

- *Working Healthy*, the Kansas Medicaid Buy-In program, as a sustainable Medicaid program supported by KHPA and the Kansas Legislature.
- *WORK*, providing personal assistance and other services for *Working Healthy* enrollees with severe cognitive and physical disabilities.
- Home and Community Based Services providing personal assistance services at home, work, and in the community.
- A newly implemented Disability Navigator program, with a coordinator and five Navigators available to provide technical assistance to Kansas Workforce Center staff as they assist consumers with disabilities.
- Assistive Technology Regional Access Sites that are state funded and provide assistive technology services and effecting system change related to assistive technology access.
- KATCO, an assistive technology financial loan program that is also implementing an Individual Development Account program.
- KRS (Vocational Rehabilitation) no longer accepting sheltered employment as a successful closure.
- The Kansas Commission on Disability Concerns having as one of their objectives: Develop awareness, understanding, collaboration and advocacy with employment partners to reduce barriers to employment for people with disabilities.
- The Kansas Planning Council on Developmental Disabilities promoting self-employment and micro-enterprise for adults with developmental disabilities.

Goals, Objectives, Activities

GOAL I

A cross-government vision of equal participation that compels coordination across and within state agencies, with the result that an increased number of Kansans with disabilities are competitively employed.

Rationale

Currently, there is no clear vision or mission regarding employment of people with disabilities in Kansas. Several state agencies bear a major responsibility for the employment of people with disabilities, while others have a peripheral role. No central body exists however, that is responsible for establishing employment goals in Kansas, determining the number of people with disabilities who are employed and unemployed, ensuring that employment initiatives are coordinated across state agencies, that these initiatives result in increased numbers of people becoming employed, and resources are allocated to the best advantage. In order for a comprehensive employment initiative to be successful, it will be crucial for state programs to establish a shared vision for employment of people with disabilities and for a coordination of efforts with the goal of eventually achieving that vision. Ideally, to ensure participation and accountability, this initiative should be carried out under the auspices of the Governor. At this writing, the Director of the KHPA is working with other state agency heads to request a Governor's Executive Order that will establish employment of people with disabilities as an administration priority, direct state agency heads to improve and increase their coordination and collaboration with the goal of Kansans with disabilities being employed in equal numbers to their peers without disabilities, and direct agency heads to account to the Governor annually. Cabinet Secretaries would assign staff in their agencies to participate on a cross-agency Task Force to carry out the Governor's Executive Order.

In the event, however, that this Governor's Executive Order is not forthcoming, MIG staff believe that there is enough support to carry out the Kansas Strategic Plan goals, objectives, and activities, by establishing a cross-agency Task Force. Members of the stakeholder group who represented state agencies would be the members of this

task force and would obtain the input of non-state agency stakeholders as they move forward with employment initiatives.

The Task Force would be expected to:

- Implement changes necessary to coordinate employment programs across agencies to maximize the employment of Kansans with disabilities, as well as tap into an under-utilized source of labor;
- Inventory state plans, strategic plans, and mission and vision statements, to ensure competitive, integrated, employment of people with disabilities is encouraged and supported;
- Identify policies and procedures within agencies that are a disincentive to competitive employment of people with disabilities, and revise so that they support competitive employment;
- Explore the possibility of implementing new initiatives that will increase the number of Kansans with disabilities who are competitively employed;
- Identify mechanisms for determining baseline data of how many people with disabilities are currently employed in Kansas, how many become employed, and the fiscal impact of their being employed; and
- Report annually to the Governor the number of employed Kansans with disabilities and the fiscal impact for the state.

Inputs

MIG staff, state agency partners, community provider partners, advocates, consumers with disabilities

Objective 1: State programs, policies, and procedures that support competitive and integrated employment.

Activity 1 - Request a Governor's Executive Order establishing employment of people with disabilities as an administration priority. *Completed June 2008*

Activity 2 - Establish a cross agency Task Force. *Completed August 2008*

Activity 3 - Inventory key state agencies state plans, strategic plans, and mission and vision statements, to determine whether competitive employment of people with disabilities is included. *Completed December 2008*

Activity 4 - Identify and advocate the elimination of policies and procedures that are a disincentive to competitive, integrated employment, while at the same time promoting those that are an incentive. *On-going, 2008-2010*

Activity 5 - Explore the possibility of implementing new initiatives that may increase the number of individuals who are competitively employed. *On-going, 2008-2010*

Evaluation

Process Measures:

1. Executive Order in place
2. Task Force in place
3. Inventory of state agencies' plans, policies, vision and mission statements
4. Make funding recommendations to state agencies based on inventory and individual agency goals

Outcome Measure (Policy):

1. Revise or eliminate policies that are a disincentive to employment.
2. Implement at least one new policy initiative.

Data Sources:

1. State agencies' plans, vision and mission statements

Entities Responsible:

1. MIG Staff

Objective 2: Partner with staff of the Kansas Department of Commerce and the local Workforce Investment Boards to increase the use of Workforce Centers services by youth and adults with disabilities, resulting in an increased number of individuals competitively employed.

Activity 1 - Facilitate the development of a referral and tracking process and tool kit for people with disabilities, to be used by Vocational Rehabilitation and community providers when referring consumers needing employment services to the Kansas Workforce Centers. *Completed June 2008*

Activity 2 – Provide training for community organization staff to enable them to assist consumers to complete the tool kit in order to more effectively access employment services through the Workforce Centers. *December 2008 and ongoing*

Evaluation

Process Outcomes:

1. Development of Tool Kit.
2. Provide Tool Kit and training to at least 100 VR counselors, community based-organization staff members, and other partners.
3. Determine baseline number of referrals to Workforce Development Centers via a developed tracking process

Outcome Measures – (System):

1. 10% increase in use of Workforce Development Centers by people with disabilities
2. 10% increase in successful employment by Workforce Development Center customers with disabilities
3. 10% increase in number of referrals to Workforce Development Centers

Data Source(s):

1. Tool-kit and training evaluations administered by MIG staff
2. Local Workforce Development Center data and/or KS Department of Commerce data on local Workforce Center(s)
3. Workforce Development Center referral tracking system

Entities Responsible:

1. MIG Staff
2. MIG Employment Consultant
3. Workforce Development Center partners

Objective 3: Increased numbers of individuals with developmental disabilities in competitive, integrated employment.

Activity 1 – Promote the re-direction of Medicaid funds, providing financial incentives for community providers to support individuals with developmental disabilities in competitive, integrated employment, versus non-competitive, segregated employment. *January 2009 and ongoing (dependent upon completion of Goal 1, Objective 1, Activity 3)*

Activity 2 – Educate eligible adults with developmental disabilities, their families, educators and service providers working with them, about the advantages of enrollment in *Working Healthy* and *WORK (Working Healthy Personal Attendant Services)*. *On-going, 2008-2010*

Evaluation

Process Measures:

1. Elimination of policies that incentivize sheltered employment to those that encourage competitive employment.
2. Educational outreach provided to 300 individuals, family members and service providers annually

Outcome Measures (Policy and System):

1. 5% annual increase in *WORK* enrollment from the Developmental Disability (DD) Waiver.

Data Source(s):

1. *WORK* enrollment database
2. *WORK* eligibility assessment files
3. Evaluations from trainings to individuals, family members and service providers

Entities Responsible:

1. MIG Staff
2. *Working Healthy* Benefits Specialists

GOAL II

Establish an expectation of employment for youth and adults with disabilities, empowering them to become independent and self-sufficient economic agents.

Rationale

Youth and adults with disabilities are still surrounded by messages that discourage employment despite medical advancements, the advent of assistive technology, accessible buildings, and civil rights legislation in the areas of education and employment. Parents, educators, human service and medical personnel all contribute to these messages. Unless there is a major effort to change these attitudes, employment initiatives are doomed to failure. Parents must be educated that their children with disabilities can and should work in the same way that their peers without disabilities are expected to work. Professionals in all fields must be educated that promoting entrance into the Social Security system is counter-productive, encourages poverty and dependence not economic self-reliance and independence. Results from pre and post Kansas Disability Caucus surveys demonstrate that a consistent message in combination with education about employment can positively influence the attitudes of consumers and others regarding the rewards of employment.

Inputs

MIG staff, KU partners, Departments of SRS (includes Vocational Rehabilitation), Commerce, and Health and Environment partners, Kansas Workforce Center partners, Kansas Assistive Technology Cooperative (KATCO) community provider partners, consumers with disabilities

Objective 1: Increased understanding of the advantages of competitive employment and independent living when compared to sheltered employment and unemployment among youth with disabilities, their families, and their medical and service providers.

Activity 1 – Offer individual benefits planning, benefit workshops, and develop and distribute benefit fact sheets to youth and adults about Social Security, work incentive programs and their impact on employment income. *April 2008 and on-going*

Activity 2 - Develop and offer presentations targeted to specific groups (e.g., parents, educators, service providers, and medical personnel) that explain the economic

disadvantages of unemployment and its negative impact on quality of life versus the economic advantages of employment and its positive impact on quality of life. *January 2009 and on-going*

Activity 3 – As part of training provided in conjunction with the Kansas Workforce Centers to community organizations and providers under Goal 1, Objective 2, Activity 2, determine what supports can be provided to assist high school students in obtaining after school, weekend, and summer employment. *December 2008 and on-going*

Activity 4 – In partnership with Vocational Rehabilitation, pilot at least one model program to collaborate with high school students and their families, high school personnel and educators, and local businesses to provide career exploration/education and work experience; evaluate outcomes for possible replication. *August 2008-December 2009*

Activity 5 - Publish articles promoting employment of people with disabilities in newsletters of parent organizations, educators, community providers, and medical providers. *On-going, 2008-2010*

Activity 6 - Contingent on the level of MIG funding available to Kansas, fund a media promotional campaign encouraging children and adults with disabilities to pursue employment. *May 2008 and on-going*

Evaluation

Process Outcomes:

1. Development of fact sheets
2. Distribution of fact sheets to 200 consumers with disabilities and their families or caregivers annually
3. Provide 5-7 workshops to agencies and/or consumers with disabilities and their families annually
4. Administer pre/post surveys to workshop attendees to assess level of understanding of Social Security and work incentive programs and attitudes toward employment

Outcome Measures (System):

1. Increase in understanding and attitudes on post survey of workshop participants

2. 20% of students with disabilities in pilot program obtain part-time and/or summer employment
3. 50% of those students in pilot program who obtain part-time and/or summer employment are able to maintain their job(s) for at least 6 weeks
4. Publish 6 articles in newsletters and other publications annually

Data Source(s):

1. Workshop surveys
2. Data from pilot program

Entities Responsible:

1. *Working Healthy* Benefits Specialists
2. MIG Employment Consultant
3. Pilot project staff
4. KU Partners

GOAL III

Fully engage employers as partners in the employment of people with disabilities.

Rationale

Employers are an obvious and critical link in the chain of increasing competitive employment opportunities for people with disabilities. They are connected not only to consumers (job seekers), but also to service providers and the State's workforce system. Employers in Kansas face a growing shortage of skilled labor, which can be at least partially alleviated by people with disabilities. Legislation such as the Workforce Investment Act was created to draw together employers, job seekers, and education and service providers, but large gaps remain as evidenced by the relative lack of change in the number of people with disabilities who are unemployed or underemployed.

Based on a review of accepted best practices and promising initiatives in other States as well as the results of focus groups and surveys of Kansas employers, a series of objectives to fully engage employers as partners has been developed. Employers said they responded best to referrals and testimonials from their peers, rather than from service providers and government agencies. They also expressed a need for greater education in providing accommodations. One of the most consistent comments from employers was a desire for greater coordination among service providers to provide a consistent message and level of service.

Job developers directly engage employers continuously on behalf of their clients with disabilities. Supporting their professional development and enhancing their access to the State workforce system and other resources will improve their ability to respond to employer needs and result in increased placement rates and client satisfaction.

To be fully inclusive and responsive to diverse needs and preferences, alternatives to traditional employment must also be supported and encouraged. By educating consumers about small business ownership and telework opportunities, people with disabilities gain access to greatly expanded work and income options. Partnerships with key organizations will enable robust implementation of new initiatives.

Inputs

MIG Employment Consultant, Kansas Commission on Disability Concerns (KCDC), Kansas Small Business Development Center partners, Chambers of Commerce, Society for Human Resource Managers (SHRM) chapters, local government, community partners, employers, consumers with disabilities

Objective 1: Promote the development of Business Leadership Network (BLN) chapters throughout the State.

Activity 1 - In conjunction with KCDC, conduct seminars on employing people with disabilities to local Chambers of Commerce throughout the State; through this effort, collect names of interested businesses for participation in BLN chapters. *May 2008 – June 2009*

Activity 2 – Assist in recruiting high visibility business leaders to serve in BLN leadership capacities using referrals from local Chambers of Commerce, SHRM chapters, state agencies partners, and service providers. *July 2008 – October 2008*

Activity 3 - In conjunction with KCDC, develop an information packet for prospective BLN members. *Completed April 2008*

Activity 4 - Development of BLN by-laws and general organization; provide on-going support based on MIG staff and funding capability. *October 2008 and on-going*

Activity 5 – Create and implement referral and tracking process for BLN employment placement. *June 2009 and on-going*

Evaluation

Process Measures:

1. Conduct 2 seminars per month for Chambers of Commerce
2. Distribute packets to at least 50 prospective members for initial BLN

Outcome Measures (System):

1. Recruit at least 5 business leaders for participation in initial BLN

2. Establish 1 BLN in the first year
3. Replicate work with first BLN to establish at least 1 more in next 2 years
4. 20 job referrals from initial BLN
5. 5 individuals with disabilities placed in employment from a BLN

Data Source(s):

1. Seminar attendance and follow-up records
2. BLN referral tracking system

Entity Responsible:

1. MIG Employment Consultant
2. KCDC partners
3. Community-based organization partners
4. Workforce Development Center Disability Program Navigators

Objective 2: Increase awareness of opportunities for small business ownership and other entrepreneurship.

Activity 1 - Work with Kansas Small Business Development Center (KSBDC) and local SBDC offices to facilitate seminars for consumers, service providers Workforce Development Center staff and other employment professionals about self-employment as an option for people with disabilities. *January 2009 and on-going*

Evaluation

Process Measures:

1. Consult with KSBDC and local SBDC offices to ensure reliable and accurate knowledge base regarding people with disabilities

Outcome Measures (System):

1. Small business development support provided to at least 5 people with disabilities in planning self-employment and/or setting up their own business

Data Source(s):

1. KSBDC databases

Entity Responsible:

1. MIG Employment Consultant
2. Kansas Small Business Development Center partners

Objective 3: Increase employer knowledge of ADA requirements and resources.

Activity 1 - In conjunction with KCDC, market and co-sponsor ADA workshops throughout Kansas, to be held at business-friendly venues such as Chambers of Commerce, SHRM chapter meetings and Workforce Centers. March 2008 and on-going

Evaluation

Process Measures:

1. Conduct 4 ADA workshops for employers

Outcome Measures (System):

1. Increase in understanding of the ADA on post workshop surveys

Data Source(s):

1. Pre/Post ADA workshop surveys

Entities Responsible:

1. MIG Employment Consultant
2. KCDC partners

Objective 4: Increase awareness and facilitate the adoption of telework opportunities.

Activity 1 – Identify businesses currently employing teleworkers to promote the inclusion of people with disabilities in their job recruitment activities. *Completed December 2008*

Activity 2 – Educate additional employers who could benefit from the employment of people with disabilities through

telework via seminars and other outreach. *January 2009 and on-going*

Activity 3 – Work with Kansas Assistive Technology Corporation (KATCO) to educate consumers and service providers about telework through seminars and other outreach. *January 2009 and on-going*

Evaluation

Process Measures:

1. Complete inventory of current employers using telework at their businesses
2. Conduct 2 telework information seminars for employers annually
3. Conduct 1-2 telework information seminars for consumers with disabilities annually
4. Conduct 1-2 telework information seminars for service providers annually
5. Information about telework opportunities posted via KATCO website

Outcome Measures (System):

1. 5% increase in the number of telework participants through KATCO

Data Source(s):

1. KATCO records

Entities Responsible:

1. MIG Employment Consultant
2. KATCO partners

GOAL IV

Develop a comprehensive, statewide, system-level and person level data tracking system to collect, analyze, and disseminate data on the health and employment of Kansans with disabilities.

Rationale

Stakeholders recognize that data can be a powerful tool in prompting meaningful systems change, but all too often data regarding people with disabilities are incomplete or inaccurate and can only estimate the magnitude of barriers or problems. Without a solid understanding of the current health and economic status of Kansans with disabilities, it is difficult to effectively create interventions and meaningfully gauge their impact. Stakeholders, representing a broad array of state, non-profit agencies, and members of the research community, recognize that some data elements are collected but not systematically inventoried, reported or analyzed. Moreover, different pieces of data reside in different agency databases, and merging the data to create a comprehensive understanding of the status of people with disabilities rarely occurs.

Inputs

MIG staff, KU partners, state agency partners, disability research partners in Kansas

Objective 1: Baseline health and employment status of Kansans with disabilities using existing population based data such as the Kansas BRFSS and American Community Survey (Census).

Activity 1 - Produce a series of yearly reports on employment status of persons with disabilities in Kansas, incorporating both state and federal norms whenever possible, to be distributed to all agencies serving persons with disabilities in the state. *June 2008 and on-going*

Activity 2 - Produce a disability chart book in conjunction with the Kansas Department of Health and Environment, Office of Disability and Injury Prevention, that will be posted on-line and updated annually that provides broader indicators of health, wellness, and activities for persons with disabilities in the state. *April 2008 and on-going*

Evaluation

Process Measures:

1. Completed reports on employment status of people with disabilities in Kansas, annually.
2. Completed disability chart book.

Data Source(s):

1. State agency administrative databases
2. BRFSS
3. Census, Adult Community Survey

Entity Responsible:

1. KU Partners

Objective 2: Inventory of existing data sources and data dictionaries among state agencies in Kansas.

Activity 1 - Identify all contact information for persons at each state agency who are responsible for data collection and management, and update this information annually. *April 2008 and on-going*

Activity 2 - Meet with persons responsible for disability data to inventory and catalog data systems, data elements, and data dictionaries, so that they can be shared with all stakeholders in Kansas and other states involved with disability, work, and health issues. *December 2008*

Evaluation

Process Measures:

1. Completed inventory and catalog of data systems used in all state agencies and their respective contacts responsible for data

Data Source(s):

1. State agency administrative databases

Entity Responsible:

1. KU Partners

Objective 3: Catalog of existing Memoranda of Agreement and/or Understanding and Data Use Agreements between and among state agencies and researchers documenting the current level of data sharing and needed areas for further information exchange, with the goal of merging cross-agency data.

Activity 1 - Identify contact information for persons at each state agency who are responsible for developing or maintaining Memorandums of Understanding (MOUs)/Memorandums of Agreement (MOAs)/ Data Use Agreements (DUAs) and update this information annually. *April 2009 and on-going*

Activity 2 - Coordinate with contacts to identify obstacles in information use related to people with disabilities among state datasets, and initiate steps necessary to develop new agreements that will facilitate greater and more effective data and information sharing. *June 2009 and on-going*

Activity 3 – Create and implement a data connector that will allow HIPAA compliant and seamless merging of cross-agency data for reporting, program evaluation, and policy development. *January 2010 and on-going*

Evaluation

Process Measures:

1. Compile and keep current a list of individuals responsible for MOUs, MOAs, DUAs
2. Complete inventory of current MOAs in place at state agencies

Outcome Measures (Data):

1. Develop and implement at least 3 new, needed MOUs/MOAs and/or DUAs

Data Source(s):

1. State agencies administrative databases

Entities Responsible:

1. KU Partners
2. MIG Staff

GOAL V

Maintain and strengthen the Kansas Medicaid Buy-In program, *Working Healthy*, and the supplemental program of personal assistance and related services, *Work Opportunities Reward Kansans (WORK)*.

Rationale

Kansans maintain a strong belief in self-sufficiency, economic and otherwise. People with disabilities, those that represent them, and even the Kansas Legislature, continue to recognize the importance of *Working Healthy*, both as a program providing critically needed health care, as well as a major initiative promoting employment. The concepts of employment, independence, and decreased reliance on publicly funded systems resonate with many Kansans. And with the addition of the services available through *WORK*, Kansas will have an opportunity to see more people with severe cognitive and physical disabilities enroll in the program.

Inputs

MIG staff, KU partners, Benefits Specialists, *Working Healthy* Advisory Council (includes consumers with disabilities), community partners

Objective 1 – Increased enrollment in *Working Healthy*.

Activity 1 – Provide outreach and training presentations for consumers and their families, advocates, services providers, at conferences, workshops, community agencies, membership organizations, etc., statewide. *On-going, 2008-2010*

Activity 2 – Offer vending booths at conferences and other events. *On-going, 2008-2010*

Activity 3 – Co-sponsor disability activities that have an emphasis on employment. *On-going, 2008-2010*

Activity 3 – Provide individual benefits planning to assist individuals in making an informed choice about employment. *On-going, 2008-2010*

Activity 5 – Provide technical assistance and facilitate enrollment in the program. *On-going, 2008-2010*

Activity 6 – Identify and address primary reasons for disenrollment from *Working Healthy* through follow-up by Benefits Specialists. *On-going, 2008-2010*

Evaluation

Process Measures:

1. Conduct 50 training presentations annually
2. Have information booths and specialists at 20 conferences annually
3. Co-sponsor 2 disability and employment related activities in the state annually
4. Provide individual benefits planning assistance to 100 consumers with disabilities annually
5. Continue outreach via *Working Healthy* newsletter, Policy Briefs, toll-free telephone help line and website

Outcome Measures (Programmatic):

1. 5% increase in Working Healthy enrollment annually
2. 10% re-enrollment of those who dis-enrolled quarterly

Data Source(s):

1. Annual *Working Healthy* Satisfaction surveys
2. *Working Healthy* enrollment database

Entities Responsible:

1. MIG Staff
2. *Working Healthy* Benefits Specialists
3. KU partners

Objective 2 – Increased enrollment of individuals with severe physical and cognitive disabilities in *Working Healthy*/WORK.

Activity 1 - Provide outreach and training presentations for consumers and their families, advocates, services providers, at conferences, workshops, community agencies, membership organizations, etc., statewide. *On-going, 2008-2010*

Activity 2 – Review and, if necessary, revise program policies and procedures to ensure program accessibility. *On-going, 2008-2010*

Evaluation

Process Measures:

1. Conduct 80 presentations with a focus for those with severe physical and/or cognitive disabilities

Outcome Measures (Programmatic):

1. 10% increase in the number of people with physical disabilities enrolled in *Working Healthy* annually
2. 5% increase in the number of people with developmental disabilities enrolled in *Working Healthy* annually

Data Source(s):

1. Annual *Working Healthy* Satisfaction surveys
2. Annual *WORK* Satisfaction surveys
3. *Working Healthy* enrollment database
4. *WORK* assessments

Entities Responsible:

1. MIG Staff
2. *Working Healthy* Benefits Specialists
3. KU Partners

EVLAUATION PLAN

Process and outcome measures included in the evaluation plan are in place to monitor each objective contained within the strategic plan. Outcomes are measurable and balanced between being reasonably attainable while also pushing state systems and policies to improve. Process measures will guide MIG staff throughout implementation in order to examine the degree to which activities are being completed and objectives met.

Dissemination

Along with the rest of the Kansas Strategic Plan's Goals, Objectives and Activities, the evaluation plan will be available publicly on the *Working Healthy* website. The document will be posted and an area for stakeholders and consumers to post their comments and suggestions will be provided. Viable suggestions made will be brought to the attention of the Advisory Council and discussed in order to make decisions about changes and implementation. Evaluation findings will be made available in alternative format upon request.

Findings

Findings from the project, including those related to process and outcome measures, will be made available through a variety of sources. The Kansas quarterly report to CMS which discusses progress on measures will be posted on the *Working Healthy* website. Articles will continue to be included in the quarterly newsletter which is disseminated to about 700 stakeholders, agency staff and consumers in Kansas. Data reports on specific topics will continue to be written for the Policy Briefs as well as written and submitted to peer-reviewed journals in the field.

Keeping in mind that the evaluation plan must change along with any changes made to the rest of the strategic plan, any changes will also be made available to the public for their input and comment.

TECHNICAL ASSISTANCE

MIG staff will continue to rely on the American Public Human Services Association (APHSA)/Center for Workers with Disabilities (CWD) and Health and Disability Advocates (HDA)/National Consortium for Health Systems Development (NCHSD) for technical assistance, state-to-state sharing, participation in issue specific work groups, and participation in annual meetings to educate MIG staff about trends in health care and employment.

KHPA may also contract with the University of Missouri, Columbia/Rehabilitation Continuing Education Program (RCEP) to provide technical assistance and training regarding SSA benefits and work incentives information for the seven Benefits Specialists, as well as access to the benefits technical assistance website.

Finally, On July 1, 2007, Kansas implemented a personal assistance services (PAS) program, utilizing the “cash and counseling” model, for *Working Healthy* enrollees who needs these services to live independently and work. Currently, the Robert Wood Johnson “cash and counseling” grantees (15 states) obtain technical assistance through Boston College Graduate School of Social Work. Kansas has been allowed to participate in national technical assistance calls, and has a request before the program administrators to contract with Boston College for technical assistance pertaining to our “cash and counseling” program for Medicaid Buy-In enrollees. Boston College is giving consideration to this request. If Boston College agrees to provide this technical assistance, MIG funds will be used to purchase it.

Specific areas where Kansas may be requesting technical assistance from the CWD and NCHSD in 2008 include:

APHSA/CWD

- Strategies to educate consumers about self-employment and micro-enterprise;
- strategies to facilitate the implementation of successful Business Leadership Networks;
- employer outreach strategies based on information obtained through collaboration with the United States Chamber of Commerce;
- technical assistance in the form of the Working With Business Task Force conference calls and the Working For

Tomorrow newsletters, as well as state-to-state technical assistance facilitation and one-on-one assistance on an as needed basis; and

- federal level Medicaid legislative and policy information sharing.

HDA/NCHSD

- State examples of effective referral systems for individuals with disabilities to the One-Stop system, and support tool kit development as needed;
- share information and examples of successful sheltered workshop conversion projects, including policy development and planning, implementation and outreach;
- identify and disseminate promising and innovative practices in youth transition programs;
- share promising practices in building partnerships with business, including state examples and expert consultants;
- share state strategies for partnering with and supporting job developers, and help identify job development training opportunities and materials;
- support cross-state collaboration to develop effective messages about employment and disability; and
- provide timely news of emerging initiatives, strategies and opportunities to increase competitive employment.

COMMUNICATION

Working Healthy has both a website and publishes a quarterly newsletter. The Strategic Plan will be placed on the website with the opportunity to comment or make recommendations by clicking and entering information. The fact that the Strategic Plan is located on the website with an opportunity for comment will be published in the quarterly *Working Healthy* newsletter. Also published in the newsletter and on the website will be that the Strategic Plan will be made available in alternative format upon request.

The Strategic Plan will also be sent to all stakeholders who participated in the strategic planning process, with a request for comments and recommendations. Stakeholders will also be asked to share the Strategic Plan with any other parties who may be interested, direct interested parties to the *Working Healthy* website, (www.workinghealthy.org) to view it, or provide the contact information for MIG staff who will then provide a copy.

The Strategic Plan will also be sent to CILS that coordinated the consumer focus groups with the request to disseminate the Plan, direct consumers to the *Working Healthy* website to view it, or provide the contact information for MIG staff who will ensure that consumers receive a copy.

OVERSIGHT

The cross-agency Task Force discussed in Goal One will provide oversight for the Kansas Strategic Plan initiatives. Once formed, this Task Force may choose to direct and assess the progress of all activities, or to designate a second group to perform these functions. Either way, MIG staff will ensure that there is consumer representation on this Task Force.

Working Healthy/WORK also has an Advisory Council that meets three times a year, and all grant activities and initiatives are reviewed by them three times a year. This group consists of consumers, advocates, community providers, and state agency personnel.

GOAL GANTT CHART

Goal I: A cross-government vision of equal participation that compels coordination across and within state agencies, with the result that an increased number of Kansans with disabilities are competitively employed.

Objective 1: State programs, policies, and procedures that support competitive and integrated employment.

Activities	2008												2009												2010			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Q1	Q2	Q3	Q4
1. Obtain Governor's Executive Order	█	█	█	█	█	█																						
2. Establish cross agency Task Force	█	█	█	█	█	█	█	█	█																			
3. Inventory state agencies	█	█	█	█	█	█	█	█	█	█	█	█																
4. Identify disincentives	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
5. Explore initiatives to increase employment	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█

Objective 2: Partner with staff of the Kansas Department of Commerce and the local Workforce Investment Boards to increased the use of Workforce Centers services by youth and adults with disabilities, resulting in an increased number of individuals competitively employed.

Activities	2008												2009												2010			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Q1	Q2	Q3	Q4
1. Facilitate the development of a tool kit	█	█	█	█	█	█																						
2. Provide training for CBO staff													█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█

Objective 3: Increased numbers of individuals with developmental disabilities in competitive, integrated employment.

Activities	2008												2009												2010			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Q1	Q2	Q3	Q4
1. Promote re-direction of Medicaid funds													█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
2. Educate eligible adults with developmental disabilities	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█

Goal II: Establish an expectation of employment for youth and adults with disabilities, empowering them to become independent and self-sufficient economic agents.

Objective 1: Increased understanding of the advantages of competitive employment and independent living when compared to sheltered employment and unemployment among youth with disabilities, their families, and their medical and service providers.

Activities	2008												2009												2010			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Q1	Q2	Q3	Q4
1. Offer benefits planning, workshops, & fact sheets				■	■	■	■	■	■	■	■	■																
2. Offer presentations to explain disadvantages of unemployment													■	■	■	■	■	■	■	■	■	■	■	■				
3. Determine supports to assist high school students in gaining employment													■	■	■	■	■	■	■	■	■	■	■	■				
4. VR pilot with high school students & local businesses								■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
5. Publish articles	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
6. Fund a media campaign				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				

Goal III: Fully engage employers as partners in the employment of people with disabilities.

Objective 1: Promote the development of Business Leadership Network (BLN) chapters throughout the State.

Activities	2008												2009												2010			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Q1	Q2	Q3	Q4
1. Conduct seminars to Chambers of Commerce				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■										
2. Recruit business leaders							■	■	■	■	■																	
3. Develop an information packet	■	■	■	■																								
4. Develop by-laws & general organization										■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
5. Create & implement referral & tracking process																		■	■	■	■	■	■	■	■	■	■	

Objective 2: Increase awareness of opportunities for small business ownership and other entrepreneurship.

Activities	2008												2009												2010			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Q1	Q2	Q3	Q4
1. Facilitate seminars about self-employment																												

Objective 3: Increase employer knowledge of ADA requirements and resources.

Activities	2008												2009												2010			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Q1	Q2	Q3	Q4
1. Market & co-sponsor ADA workshops																												

Objective 4: Increase awareness and facilitate the adoption of telework opportunities.

Activities	2008												2009												2010			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Q1	Q2	Q3	Q4
1. Identify businesses currently employing teleworkers																												
2. Educate additional employers																												
3. Educate consumers & service providers																												

Goal IV: Develop a comprehensive, statewide, system-level and person level data tracking system to collect, analyze, and disseminate data on the health and employment of Kansans with disabilities.

Objective 1: Baseline health and employment status of Kansans with disabilities using existing population based data such as the Kansas BRFSS and American Community Survey (Census).

Activities	2008												2009												2010			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Q1	Q2	Q3	Q4
1. Produce reports on employment status of persons with disabilities																												
2. Produce a disability chart book																												

Objective 2: Inventory of existing data sources and data dictionaries among state agencies in Kansas.

Activities	2008												2009												2010			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Q1	Q2	Q3	Q4
1. Identify contact information																												
2. Inventory & catalog data systems, elements and dictionaries																												

Objective 3: Catalog of existing Memoranda of Agreement and/or Understanding and Data Use Agreements between and among state agencies and researchers documenting the current level of data sharing and needed areas for further information exchange, with the goal of merging cross-agency data.

Activities	2008												2009												2010			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Q1	Q2	Q3	Q4
1. Identify contact information																												
2. Identify obstacles & develop new agreements																												
3. Create & implement a data connector																												

Goal V: Maintain and strengthen the Kansas Medicaid Buy-In program, Working Healthy, and the supplemental program of personal assistance and related services, Work Opportunities Reward Kansans (WORK).

Objective 1: Increased enrollment in Working Healthy.

Activities	2008												2009												2010			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Q1	Q2	Q3	Q4
1. Provide outreach & training presentations																												
2. Offer vending booths at conferences																												
3. Co-sponsor disability activities																												
4. Provide benefits planning to assist in informed choice about employment																												
5. Provide technical assistance																												
6. Identify & address primary reasons for dis-enrollment																												

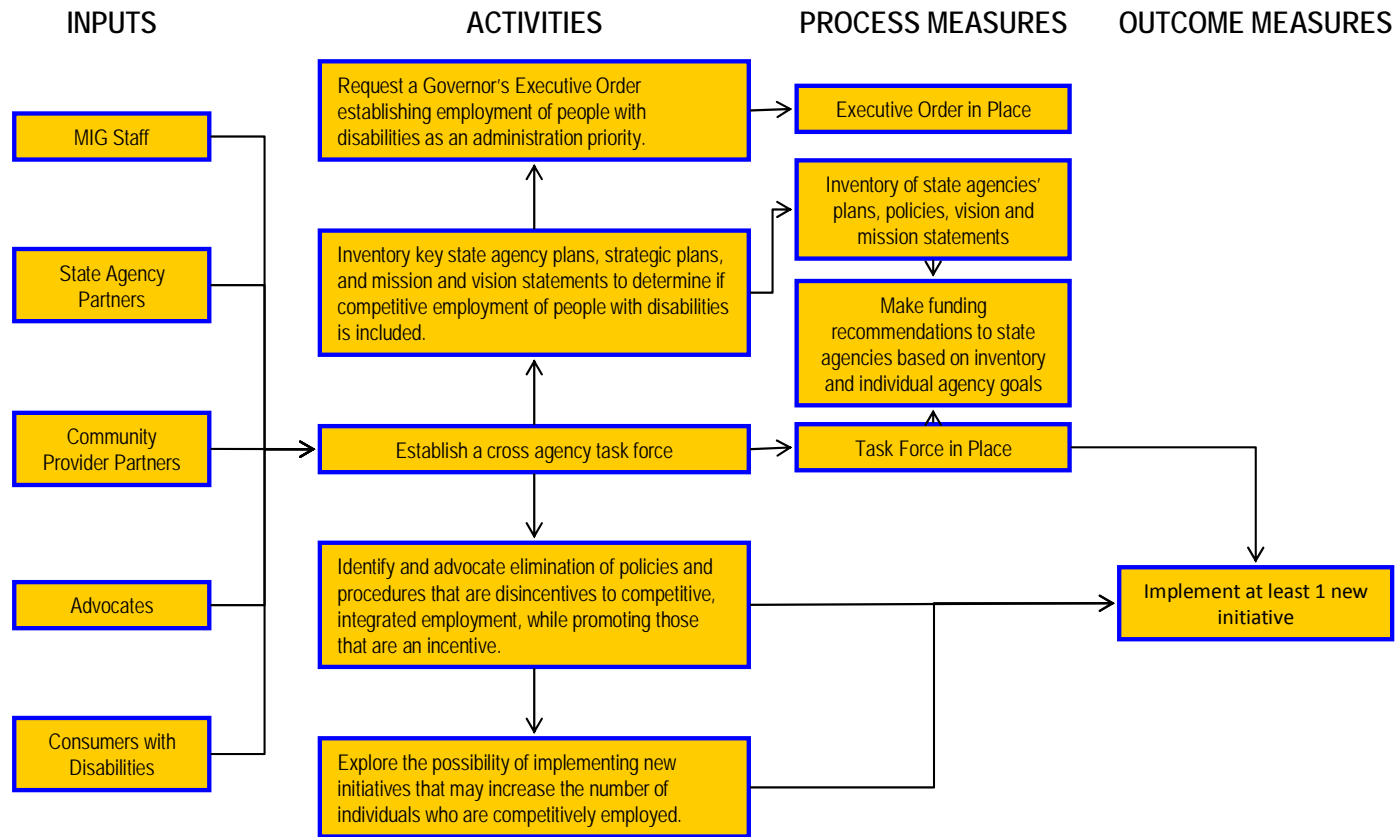
Objective 2: Increased enrollment of individuals with severe physical and cognitive disabilities in Working Healthy/WORK.

Activities	2008												2009												2010			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Q1	Q2	Q3	Q4
1. Provide outreach & training presentations																												
2. Review and revise program policies & procedures																												

LOGIC MODEL

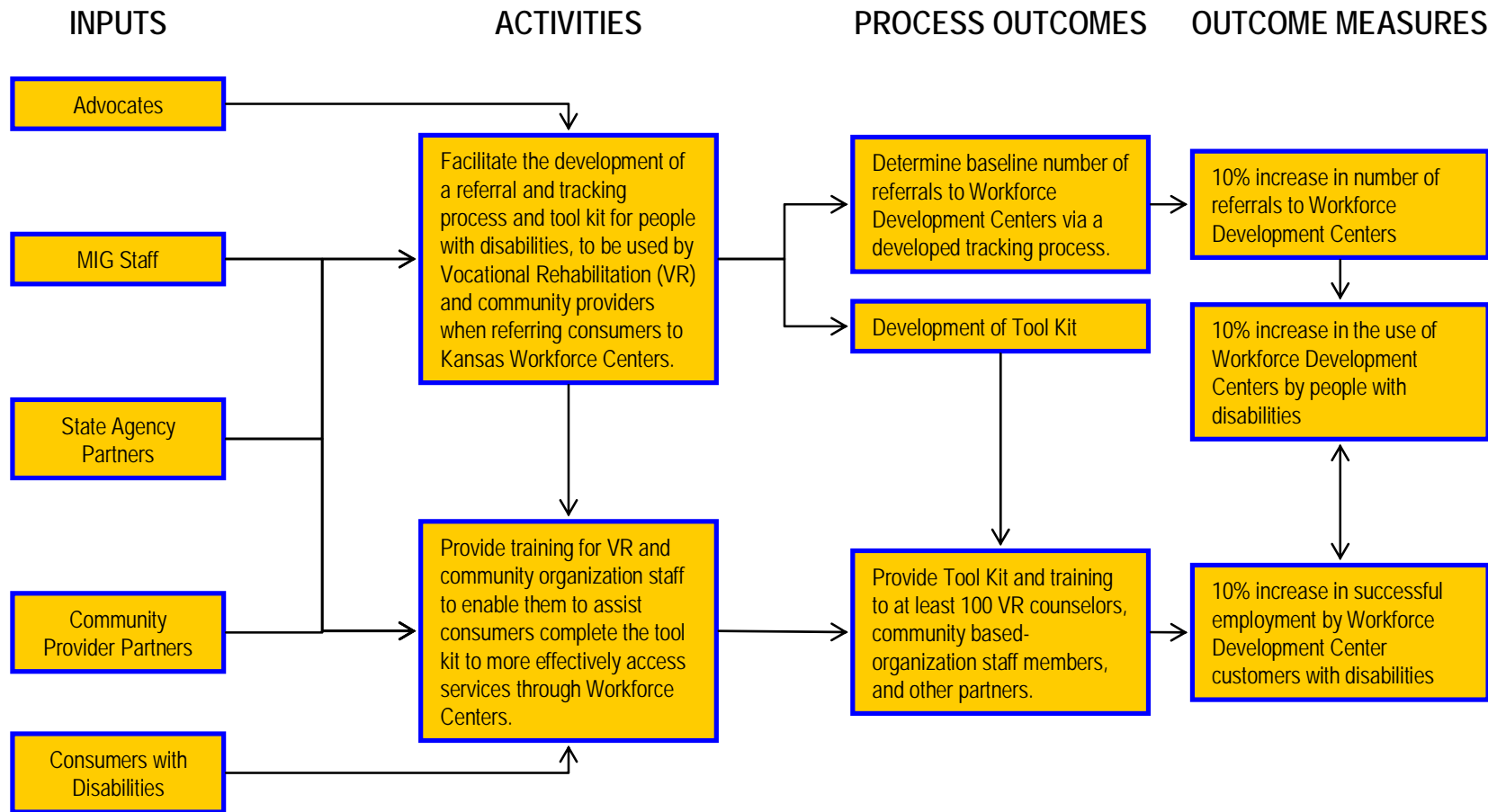
GOAL 1 - A cross-governmental vision of equal participation that compels coordination across and within state agencies, that results in an increased number of Kansans with disabilities competitively employed.

Objective 1: State programs, policies, and procedures that support competitive and integrated employment.



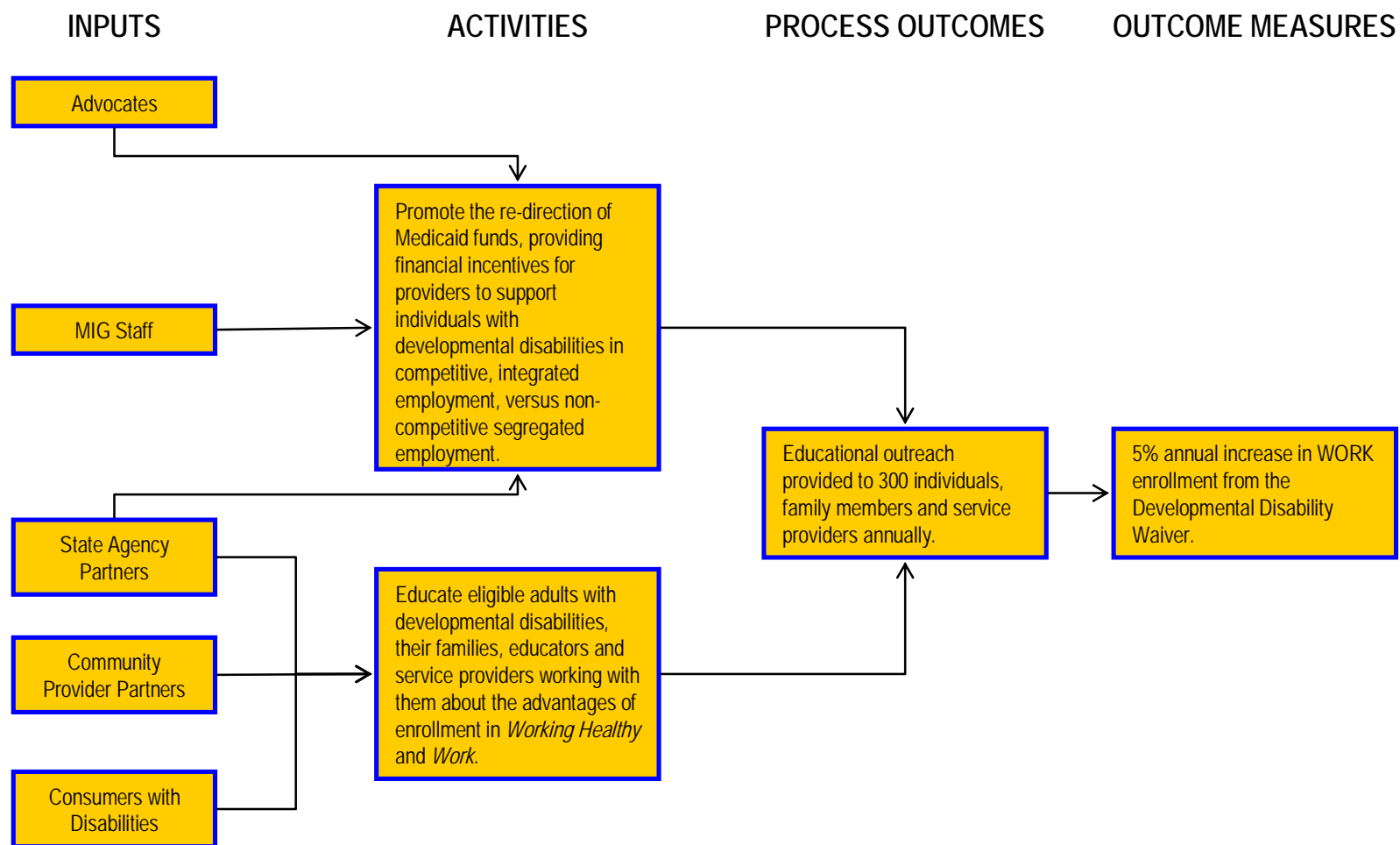
GOAL 1 - A cross-governmental vision of equal participation that compels coordination across and within state agencies, that results in an increased number of Kansans with disabilities competitively employed.

Objective 2: Partner with staff of the Kansas Department of Commerce and the local Workforce Investment Boards to increase the use of Workforce Centers services by youth and adults with disabilities, resulting in an increased number of individuals competitively employed.



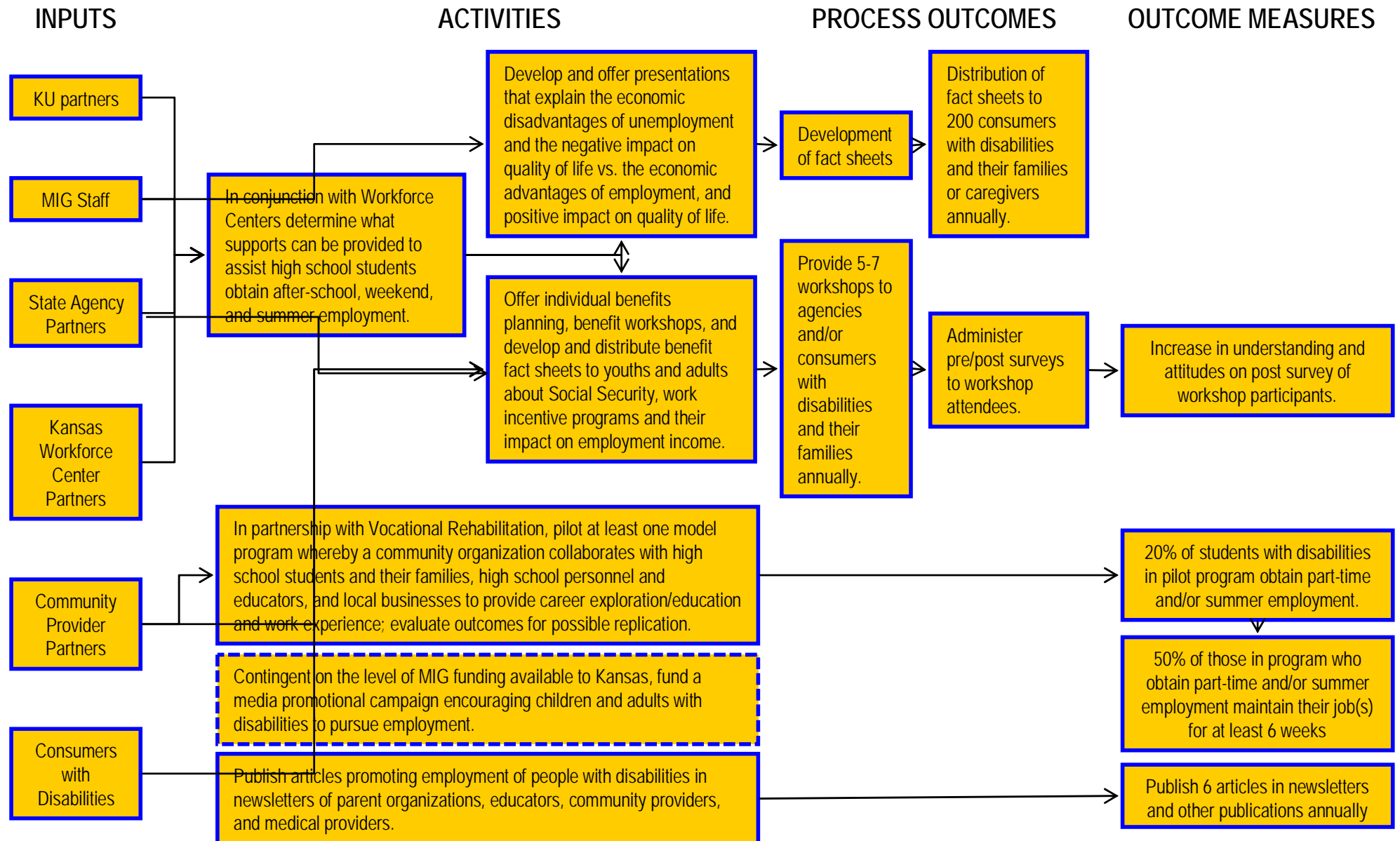
GOAL 1 - A cross-governmental vision of equal participation that compels coordination across and within state agencies, that results in an increased number of Kansans with disabilities competitively employed.

Objective 3: Increased numbers of individuals with developmental disabilities in competitive, integrated employment.



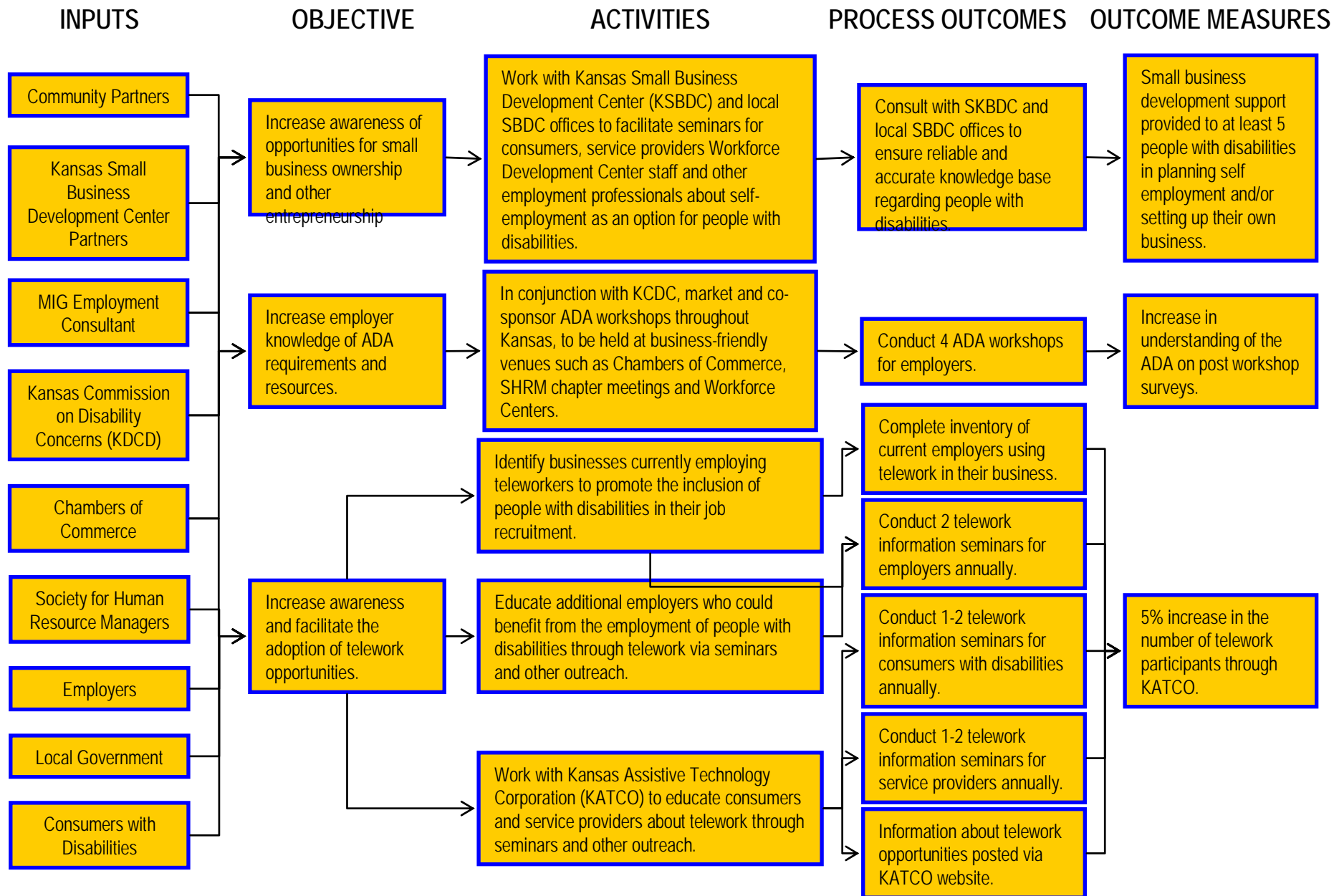
Goal II - Establish an expectation of employment for youth and adults with disabilities, empowering them to become independent and self-sufficient economic agents.

Objective: Increased understanding of the advantages of competitive employment and independent living when compared to sheltered employment and unemployment among youth with disabilities, their families, and their medical and service providers.

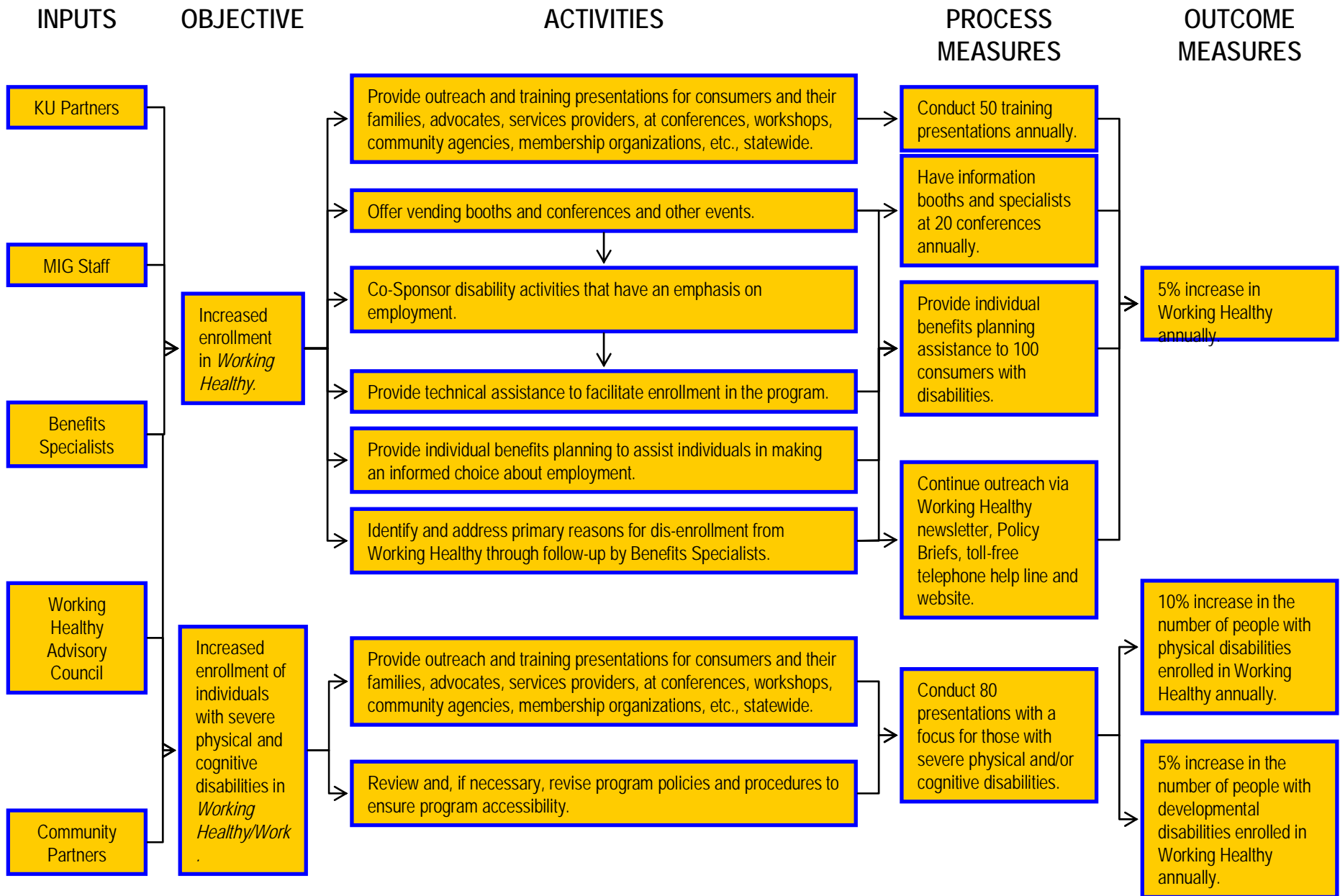


Goal III - Fully engage employers as partners in the employment of people with disabilities.

Objective 2 - 4



Goal V - Maintain and strengthen the Kansas Medicaid Buy-In program, Working Healthy, and the supplemental personal assistance and related services, Work Opportunities Reward Kansas (WORK).



APPENDICES

APPENDIX A

Strategic Planning Participant List January – March 2006

Person	Agency / Program	Contact Information	Representing
Susan Arnold	Families Together, Inc.	501 Jackson, Suite 400 Topeka, KS 66603 (785) 233-4777	- Parent of a child with a disability - Statewide parent advocacy organization
Mary Ann Bechtold	Kansas Department of Health and Environment / Services for Children w/Special Health Care Needs	1000 SW Jackson, Suite 220 Topeka, KS 66612 (785) 296-1311 Mbechtol@kdhe.state.ks.us	- State agency; health
Wendy Blaauw	Kansas State Department of Education	120 SW 10 th , Topeka, KS 66610 (785)296-0948 wblaauw@ksde.state.ks.us	- State Agency; education
Clark Byron	Coalition for Independence	4911 State Ave. Kansas City, KS 66102 (913) 321-5140 cbyron@cfi-kc.org	- Center for Independent Living
Ann Duffy	Kansas Department of Commerce - Workforce Development Center	1000 SW Jackson, Suite 100 Topeka, KS 66612 (785) 296-5115 gmcatee@kansascommerce.com	- State Agency; Workforce Centers
Randy Fisher	Kansas Commission on Disability Concerns	1430 SW Topeka Blvd. Topeka, KS (785)296-1722 rfisher@kansascommerce.com	- Person with a disability - State agency; disability
Julia Fonseca	Kansas Youth Leadership Forum - Disability Heritage Project	PO Box 475 Topeka, KS 66601 (785)215-6655 Juliaf@kyea.org	- Person with a disability - Youth organization
Martha Gabehart	Kansas Commission on Disability Concerns	1430 SW Topeka Blvd. Topeka, KS (785)296-1722 mkgabehar@hr.state.ks.us	- State agency; disability

Carrie Greenwood	Kansas Youth Empowerment Academy	PO Box 475 Topeka, KS 66601 (785)215-6555 carrieg@kyea.org	- Person with a disability - Youth organization
Jean Hall	University of Kansas Center for Research on Learning, Division of Adult Studies	1122 West Campus Road, Room 521 Lawrence, KS 66045 (785) 864-7083 jhall@ku.edu	- <i>Working Healthy</i> program evaluation
Kathleen Harnish-Doucet	TeamTech	18970 W 117 th Street Olathe, KS 66061	- Facilitator
Karl Hockenbarger	Kansas Department of Social and Rehabilitation Services, Resource Development	915 SW Harrison, State Docking Bldg, Rm 830-E Topeka, KS 66612-1570 (785)296-0761 KDH@srskansas.org	- State agency
Bob Hull	Cerebral Palsy Research Foundation	5111 E. 21 st N. Wichita, KS 67208 (316)652-1551 bobh@cprf.org	- Local developmental disability community organization
Shannon Jones	Statewide Independent Living Council of Kansas	700 SW Jackson, Suite 212 Topeka, KS 66603 (785) 234-6990 shanoz@aol.com	- Person with a disability - Statewide Independent Living Council
Wally Kearns	Kansas Small Business Development Center Network	214 SW 6th St, Suite 301 Topeka, Kansas 66614 - 3719 (785)296-6514 Ksbdc.wkearns@fhsu.edu	- Small business
Basil Kessler	KATCO	625 Merchant, Suite 205 Emporia, KS 66801 (620)341-9002 katcodir@sbcglobal.net	- Financial loan program for people with disabilities
Becky Kester	Kansas Department of Commerce - Workforce Services	1000 SW Jackson, Suite 100 Topeka, KS 66612 (785) 296-3339 bkester@kansascommerce.com	- State agency; Workforce Centers
Noelle Kurth	University of Kansas Center for Research on Learning MIG Research & Evaluation	1122 West Campus Road, Room 517 Lawrence, KS 66045 (785) 864-7085 pixie@ku.edu	- <i>Working Healthy</i> program evaluation

Nialson Lee	Kansas Health Policy Authority	900 SW Jackson, Suite 900 Topeka, KS (785)296-4753	- State Agency; Medicaid
Brad Linnenkamp	ARC of Douglas Co / Self Advocacy Coalition of Kansas	2518 Ridge Court # 236 Lawrence, KS 66046 (785)749-5588 bradlinnenkamp@yahoo.com	- Person with a disability - Advocacy organization for people with developmental disabilities
Stacie Martin	Kansas Department of Social and Rehabilitation Services - Rehabilitation Services	3640 SW Topeka Blvd. St. 150 Topeka, KS 66611 Phone: (785) 267-5301 ext 226 Fax: (785) 267-0263 szm@srskansas.org	- State agency; education
Shelly May	Kansas Council on Developmental Disability	915 SW Harrison, Room 141 Topeka, KS (785)296-2608 smaygm@alltell.net	- State Developmental Disability Council
Tim McEvoy	Social Security Administration Region VII - Plan to Achieve Self-Support	850 Nebraska Avenue Kansas City, KS 66101 (913) 621-3014 Timothy.mcevoy@ssa.gov	- Federal agency; Social Security
Ray Petty	University of Missouri Rehabilitation Continuing Education Program (RCEP); Region 7 - ADA Project	2009 Alabama Street Lawrence, KS 66046-2855 (785)842-4317 raypetty@aol.com	- University RCEP
Norma Phillips	Kansas Housing Resources Corporation	611 S Kansas Ave., Suite 300 Topeka, KS 66603 (785) 296-2954 nphillips@kshousingcorp.org	- State agency; housing
Nancy Rapp	Kansas Department of Social and Rehabilitation Services – Health Care Policy – Mental Health	900 SW Harrison, 10 th street Topeka, KS 66612 (785)296-3471 NAR@srskansas.org	- State Agency; mental health

Jennifer Schwartz	Kansas Association of Centers for Independent Living	(785)215-8048 jennifers@kacil.org	- Parent of a child with a disability - Kansas Independent Living Center advocacy and membership organization
Nancy Scott	Kansas Health Policy Authority – Working Healthy / WORK	900 SW Jackson Rm 900-N Topeka, KS 66612 (785) 291-3461 nas@srskansas.org	- MIG staff
Sitka Stueve	Governor's Mental Health Services Planning Council – Wyandot Center for Behavioral Healthcare Supported Employment Services – Vocational Subcommittee	1302 N. 47 th Street Kansas City, KS 66102 (913)288-4247 Stueve_s@wmhci.org	- Local mental health organization - Governor's Council
Pat Weaver	University of Kansas Transportation Research Institute - United We Ride	1530 West 15 th Street 2160 Learned Hall Lawrence, KS 66045 (785)864-2595 weaver@ku.edu	- University; transportation
Norm White	Kansas City Metro Region SRS - PC II Community Collaborations - Working Healthy Benefits Specialist	1901 Delaware St, PO Box 590 Lawrence, KS 66044-0590. (785)832-3850 LNBW@srskansas.org	- Person with a disability - State agency; northeast region
Kathleen Wilson	Disability Rights Center	(785)273-9661 ext. 107 mike@drckansas.org	- Advocacy and Protection
Joel Wright	TeamTech	18970 W 117 th Street Olathe, KS 66061	- Facilitator
Mary Ellen Wright	Kansas Health Policy Authority – Working Healthy	900 SW Jackson Rm 900-N Topeka, KS 66612 (785) 296-5217 meow@srskansas.org	- MIG staff

APPENDIX B

ASSESSING THE NEEDS
(Health Status, Health Insurance,
Employment, and Education)
OF YOUTH WITH DISABILITIES
IN KANSAS



Creating Youth Agents of Change
Funded by Sunflower Foundation
Award No. 05-103-088
FINAL REPORT

June 15, 2006

EXECUTIVE SUMMARY

The Kansas Youth Leadership Forum (KYLF), a program of the Kansas Youth Empowerment Academy (KYEА), provides the opportunity for youth with disabilities from across the state to learn about disability issues and become agents of change in their communities. KYLF also provides policy makers and researchers the opportunity to meet with these young people to learn about their life experiences, concerns, and aspirations. "Creating Youth Agents of Change," a KYEA program, created one such opportunity.

The following report is based on a survey and focus group discussions with alumni of the KYLF. These young men and women conveyed to us their personal insights and experiences regarding access to health care as well as employment and educational issues related to having a disability.

We learned that Kansas' health care, educational, and employment systems often do not meet the needs of youth with disabilities. Further, at the community level, many youth with disabilities were not able to access services that could improve their health and well-being.

Fortunately, these same youth provided suggestions about how to address some of the problems they encounter. What follows is a summary of findings and recommendations.

ASSESSING THE NEEDS (Health Status, Health Insurance, Education, and Employment) OF YOUTH WITH DISABILITIES IN KANSAS FINAL REPORT SYNOPSIS

I. Introduction

The Kansas Youth Leadership Forum (KYLF) "Creating Youth Agents of Change" program's information-gathering phase commissioned this study to identify health-related issues that concerned youth with disabilities, including issues related to health insurance, employment, education, and transition from school to community life issues. The purpose of this study is to provide a basis for developing advocacy strategies that put youth with disabilities in the driver's seat for promoting health-related change.

II. Methods

Health Surveys and Focus Groups

This study was designed to identify and increase understanding of the health-related concerns of Kansas' youth with disabilities using quantitative and qualitative data collected through a written survey instrument and focus groups. The survey instrument was written by the research team at the University of Kansas, Division of Adult Studies, based on a similar study in North Carolina (see Appendix A). Three focus group sessions, each addressing a specific topic, i.e., health care, employment, and education, were facilitated by research staff using a prepared set of prompts and questions similar to those used in the North Carolina study (see Appendix B).

Sample Population

The sample population for the survey and focus groups were KYLF "alumni," who attended a five-year reunion in Salina, Kansas on January 6-8, 2006. These individuals became KYLF participants through a competitive selection process open to Kansas residents with a disability (as defined by the Americans with Disabilities Act) in 11th or 12th grade who demonstrate leadership potential in school and community. A panel coordinated by the local Transition Council selects approximately 45 KYLF participants each year. The KYLF alumni making up the sample population of the study were between 18 and 24 years old.

All KYLF alumni who attended the reunion ($n = 30$) voluntarily participated in the survey and focus groups without monetary compensation. The survey was administered to all participants first, followed by the three focus group sessions.

Comparative Evaluation

Researchers evaluated the survey and focus group results using comparative data. Findings from a similar survey and focus groups made available in the *2001 Final Report: Assessing the Health-Related Needs of Youth with Disabilities and Chronic Health Conditions in North Carolina* (see Appendices A and B) provide comparative data for our study's findings. We were not able to locate comparable survey information at the national level for this sample population. When possible we provided national data for the general population in the relevant age range, and on occasion data for the general population in the relevant age range for Kansas and/or North Carolina, as comparisons for the sample population.

The North Carolina (NC) study differed from the Kansas (KS) study in the following ways: (1) coordinators from established networks and organizations that served children, youth, and families with chronic health conditions and disabilities recruited participants throughout North Carolina in 2000, and (2) the North Carolina participants ($n = 19$) received a stipend for participation. The Kansas and North Carolina age ranges were similar (between 18 to 24 years of age), as was the fact that participants completed a written health survey prior to participating in focus group sessions.

Neither the Kansas nor North Carolina studies focused attention on dental health care issues. As with other health care, dental health care tends to be impacted by insurance coverage. As youth transition from coverage under their parents' insurance to young adult status with no, limited, or public-only coverage, dental care usually becomes inaccessible. It would be beneficial to incorporate dental health questions into any follow up work with this sample population because of the direct impact of dental health on physical health.

By collecting subsequent and on-going rounds of data at yearly or eighteen-month intervals, the information in this report would readily lend itself to a report card-type format, similar to the *Kansas Children's Report Card* produced by the Kansas Action for Children. To achieve a report-card measurement system, benchmark and indicator data must be available from at least two points in time for comparison against itself as well as comparison against national trends.

III. Demographic Characteristics

Table 1
Survey Samples Characteristics

Category	National general population	NC survey sample	KS survey sample
Prevalence of 18-24 year olds limited in any activities because of physical, mental, or emotional problems^a	9%	9%	7%
Participant sample size		19	30
Percentage males		37%	57%
Age range		18-24 yrs	18-24 yrs
Race/ethnicity:			
African American		32%	7%
American Indian		0%	0%
Asian or Pacific Islander		0%	0%
Hispanic		0%	0%
White		68%	93%
Participants' county representation:		7:100	19:105
Living arrangements^b			
College dormitory		37%	10%
Parent's home/apartment		16%	73%
Shared home/apartment		11%	10%
Own home/apartment		11%	7%
Group home		0%	0%

^aNational Center for Chronic Disease Prevention & Health Promotion (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2005 Prevalence Data: Nationwide (States & DC), Disability, Prevalence Data: North Carolina, Disability, and Prevalence Date: Kansas, Disability.

^bData does not total 100%.

IV. Findings at a Glance

Findings at a Glance – The Survey

Survey findings are presented in five major categories: health care, health insurance, employment, education, and community participation.

A. Health Care

- 10 percent of participants had no regular source of medical care.
- 13 percent had not seen a doctor in the past year.
- 23 percent were not satisfied with their current medical care.
- 30 percent reported barriers to seeing the doctor, including expense, lack of transportation, lack of insurance, and attitudes of the medical staff regarding disability.
- 50 percent had received no information on birth control, pregnancy or sexually transmitted diseases (STDs) from their doctors.
- “Paying for Medical Care” was the most frequently identified area about which they needed more information.

B. Health Insurance

- 10 percent of participants reported having no health insurance.
- 10 percent did not know if they had health insurance.

C. Employment

- 20 percent worked full time.
- 50 percent worked part time.
- 20 percent were afraid to work more for fear of losing insurance or disability benefits.

D. Education

- 40 percent had not received vocational or career training to help them prepare for a job.

E. Community Participation

- 30 percent were not satisfied with their current level of social activity.
- Being involved in the community in various ways, such as becoming more physically active, finding a support group, and participating in recreation activities were among the top 10 areas about which they wanted more information.

Findings at a Glance - The Focus Groups

Key focus group findings are organized by subject areas. The first three areas address health promotion practices, whereas the subsequent areas address broader environmental issues of employment and education. Each area corresponds with questions posed to the participants.

A. Challenges with Health Care

- Participants detailed many of the barriers they experienced in accessing needed health care, including transportation, red tape and delays in getting services and equipment, difficulty finding doctors who accepted Medicaid, difficulty understanding which services were covered, and difficulty getting referrals to specialists.
- Participants discussed the effects of the attitudes of medical providers and how they felt that doctors did not understand the disability perspective, how they could be rude or insensitive to people with disabilities, and how they needed to talk directly with patients rather than through others.
- The transition from children's Medicaid to adult Medicaid is difficult to understand and little information was provided to individuals about the services that were lost (for example, yearly eye exams switched to every four years; dental care was lost; coverage for out-of-state medical care changed).

B. Suggestions for Improvement to the Health Care System

- The youth suggested a simplified health care system, with scaled co-pays and universal coverage regardless of disability status.
- Medical professionals should be courteous to people with disabilities and treat them as equals with others.
- More education and support should be provided to families of people with chronic health conditions.

C. Challenges with Employment

- Participants felt that employers were wary of hiring people with disabilities and that once they were hired they were often treated badly in the work place.
- Many participants noted that advancement was difficult and many felt they were passed over for promotions.
- People with hidden or invisible disabilities were uncertain about how and if to tell their employers about their disabilities.
- Lack of transportation could be a barrier to employment.

D. Suggestions for Employers

- Define job responsibilities very clearly in the job description and once a person is on the job so that expectations are clear.
- Realize that young adults with disabilities are just as able and motivated to work and do a good job and that they want to advance as much as others do.
- Provide feedback to employees about what is needed and when they have done well.
- Make an effort to become aware of issues around disabilities and promote fairness in the workplace.

E. The Educational System: Observations and Suggestions

- At the grade school level, help students with disabilities gain self-confidence.
- At the higher grade levels, more paraprofessionals and alternate formats like books on tape are needed.
- Teachers need more information about teaching youth with disabilities and need to strive not to be afraid of people with disabilities.

APPENDIX C

Caucus Regional Reports

Region One

Barrier 1:

Employers fear the financial risk of employing people with disabilities due to medical and accommodation costs.

Solution:

1. Develop a comprehensive training for Kansas Employers to include:

- * diversity & awareness
 - * capabilities
 - * creativeness
 - * problem solving
 - * tax incentives
 - * accommodations
 - * state resources that have direct economic impact to employers
 - * Kansas Vocational Rehabilitation
 - * empathy
 - * identification of mentors to demonstrate successful employment of people with disabilities
2. Training to be delivered
- * Chamber of Commerce by team from Disability Community
 - * State conference
 - * Individual employers across the state
 - * People with disabilities seeking employment

- * Disability community members within the community

Barrier 2:

Accessible transportation in all areas of Kansas

Solution:

1. Community transportation assessments

- * List what is currently available
- * Search for community providers who will be willing

2. State conference

- * Communities report assessments
- * Create state needs report
 - * Brainstorm funding possibilities

* Create state plan

3. Take to legislature

- * Secure appropriations

Barrier 3:

Lack of adequate support regarding the capabilities of people with disabilities in education, resources, and benefits

Solution:

1. Create an education/ public relations campaign to counter act negative images of people with disabilities targeting all disabilities and all ages zero plus.

- * Developed by a cross section of people with disabilities to include youth, adults and professional people such as doctors and teachers

2. Establish a Peer Network of people with disabilities to deliver the campaign one person at a time to:

- * Youth

- * Educators
- * Parents
- * Medical Professionals
- * System Providers
- * Community members

Note: Overall consensus of Region One was that we all need to work together to eliminate our barriers to employment.

August 8, 2007
Caucus Session – Region Two

Reaction to Opening Panel/Barriers

- Geared toward young people, but people over 50 want to work too!
- Agencies tell people they can't apply because it's a safety issue – such as can't hear on the job or “we can't insure you if you fall.”
Employers say “you'll raise our insurance rates.”
- Would like to know more about resources like the grant the young man on the panel received (DD Council, Small Business Administration) and how the grants work.
- Going back to college isn't an option for everyone, but people still want to work.
- Sometimes potential employers seem to look at disability more than at the person and don't give the person a fair chance.
- Employers need to know about incentives to hire people with disabilities.
- A lot of people need access to basic computer classes and resume writing classes.
- Been fired because “disability created an insurance liability.”
- Hard to find a job that will match skills and that accurately portrays what they are looking for.
- So many jobs and job searches require computers and internet access, but if you're on Social Security you can't afford it. Could government provide it during your job search?
- Affordable, accessible and integrated housing is critical to get a job.
- VR is in order of selection, so only people with most severe disabilities are getting served (80% of VR clients are receiving services).
- Don't like the word disabilities. We all have different abilities – NEED a new word.
- We also need to think about it as re-claiming the word disability. We tell people what it means to us.
- People need information about resources available to them and about their employment rights.
- Language matters. But if too much time is spent on it, we lose credibility in talking about bread and butter issues.
- Talking about transition and work at age 14 is too late.
- Employers aren't aware about need for accommodations. They are afraid of hiring a deaf person, because they think they also must hire an interpreter.
- Need reliable public transportation and not just in urban areas.
- Could there be a subsidy of some sort to compensate employers for insurance costs that group.
- Stay vigilant with county commission to ensure transportation needs are met.
- People need to know about resources and know someone believes in you.
- Employers need to be ready to look at creative options like part-time work.
- Message maps are good tools for people to learn how to interview and apply for jobs. (WA state's “work source” materials).
- Tax credits and other incentives for employing people with disabilities.

- High schools don't think about working everyday hourly jobs.
- Hard for someone with functional illiteracy to fill out applications.
- Need alternate work schedules at full-time pay.

Solutions

- When you're told you can't do a job, and get SSDI, you should be required to apply for a few jobs and take a chance. (similar to unemployment method).
- Subsidies to compensate employers that actually experience higher insurance rates when they hire people with disabilities.
- Public Service Announcements about how easy it is for employers to hire people with disabilities.
- People need to discover their own passion to find a job in that field. (Tools like "what color is my parachute").
- Peer support can help people who are looking for jobs.
- CILs could do employment skills assessments to help people find jobs that fit their skills.
- Need a clearinghouse of resources about employment and what you need to be employed and what your rights under the law are.
- CIL employees contact employers to explain how easy it is to hire people with disabilities. We need integrated employment.
- Market people with disabilities better.
- Use accessible parking permit holder lists to share resources.
- VR Could also market to businesses about hiring people with disabilities.
- People need to be encouraged to consider going to work when asked.
- People need to take pride in having a disability and not let a disability stop them.
- CILs can offer employment training programs that give people real-life work experience.
- We need to be prepared to work with employers who discriminate based on disability. Arm people with the right responses to say to negative comments.
- VR's community-based Job Try-out program needs to be more widely marketed.
- VOTE
- Strong and well informed advocacy for the ADA Restoration Act of 2007
- Advocate for a new ADA bill that would make sure people have all the same rights.
- Workforce Centers – educate them about choice in jobs and about the abilities all people have – KCDC is doing this later this year.
- Advocate with higher education to add courses on disability awareness – especially business classes and human resources.
- KACIL or SILCK take panel like yesterday to schools all over the state.
- Add requirements in school that teach all kids about disability awareness fairly in-depth. Take the mystery out of it.
- People need to be ready to talk about all their skills when they look for jobs.
- Offer more high school students with disabilities internships at CILs to draw them into the movement.
- Let high school students peer mentor with younger students with disabilities.

- Educate parents about the opportunities their kids with disabilities have ahead.
- www.pacer.org = statistics on unemployment and dropout rates.
- Offer credit to any high school student who does an internship at a CIL.
- Encourage more volunteers to work with high school students about their employment options and preparing for employment (especially families).
- Realize the skills you already have by running your life on SSI – then translate those skills to potential jobs.

Caucus Notes from Region 3

Problems/Barriers to Employment for People with Disabilities (brainstorming session)

- Quality of education
- Become informed of quality systems
- Learn lessons that are put in front of us
- Be able to fight for what you believe in
- Be able to advocate for yourself
- Have employers give us a chance to prove that we can do the job
- Decrease the stigma from employers for discrimination because of your disability
- Show that you have self respect for employers/ develop the skills to present yourself well during the interview phase. Be well prepared.
- People with fear giving up the social security check
- To start a job club in your community
- Peer mentoring among consumers and have the community get involved
- How to show the employers for jobs and volunteer around your community and ask for feedback to improve your job performance and call my supervisor to let them know that you are doing a good job
- Realize we are just like everyone else and should be treated that way

If you are being discriminated by employer file a formal complaint with the EOC.

- Problems with voc rehab
- Not getting enough support with voc rehab
- Having interpreters for the consumers that are deaf

Identified key points related to removing employment barriers:

- Education: developing the skills and training to compete effectively in the marketplace, increasing the graduation rates for PWD
- Transportation
- Creative thinking about jobs
- Self Employment/Entrepreneurship programs: more funding and training of service providers to help folks who want to start their own business.
- Job discrimination-knowledge of your rights/how to file a complaint with the EEOC & KS Human Rights Commission
- Technology to help with job interviews
- Better funding for Vocational Rehab to hire more counselors
- To teach consumers how to become better advocates. Be more assertive
- VR needs to be educated about deaf culture
- VR needs to be educated about the blind culture as well
- Educate the teachers at any school to help out with all children and adults having trouble with classes at any level.
- Increase mentoring programs/opportunities for people with disabilities (National Disability Mentoring Day for example); involve members of the business community and local Chambers of Commerce

- Provide job seminars and professional mentoring programs that target college students with disabilities.
- People need to be informed of the various types of technology available to help with school or employment. In addition, people needed to be provided information on funding options for technology. Also technology needs to be provided in a timely manner...without delay.
- Start or attend a consumer run organization because they can be a big help to people with peer support and advocacy.
- Better networking with Department of Commerce. All CILs should have a representative attending commerce meetings.
- Better training of Workforce Centers about PWD.
- Better training of employers about state and federal laws related to employment for PWD.
- We have to get involved in political force; We need to vote for people who will support our rights, we need to find out where the candidates stand on issues.
- To talk to other agencies and see what they offer to help those who have disabilities
- Educate and create awareness in the community about employment issues for PWD.
- Come up with creative ideas to work with your hands; people coming up with their own ideas to assist them with a task
- Networking and getting together with other consumers to work as a team
- Being a self advocate is the best thing you can do
- To find more words that are positive to talk to other people and feel that you are representing yourself
- Job readiness by the center for independent living facilities
- Most of the time it is good self advocacy that can help you get the job. If you don't believe in your ability, neither will the employer.
- We believe that the VR is the way to help consumers get jobs. That is like waiting for a miracle and we end up having to find the job for ourselves.
- You have to do the advocating for yourself, because it will get you what you want to happen in your life.
- We need to educate ourselves on how to best present ourselves to others in the community about our abilities and the accommodations we need regarding our disabilities.
- Make sure that VR is helping you the way you wish to be helped- Be a good self advocate for your needs
- Workshops for job training, personal hygiene, and basic life skills.

Barriers Combined W/Solutions Defined By Region 3:

Education: Developing the skills and training needed to compete effectively in the job market. Some educators/counselors are limited in their vision regarding opportunities for students. If a person is constantly told he/she cannot do something or that they are only

qualified for XYZ...eventually they will begin to accept those beliefs. We need to focus on increasing the numbers of graduates among PWD.

We need more creative thinking about employment possibilities.

Solutions: Start working on goal planning and transitioning early with youth. Some suggested as early as elementary school level.

Increase more mentoring/career development programs: Example Mentoring Day but focus on making mentoring and career development a year long process.

Better communication between parents, teachers, and advocates at IEP meetings.

Funding for college programs/ scholarships/PELL grant programs

Transportation Barriers Defined:

Transportation- It doesn't matter if you get the job...if you can't get to the job.

Transportation is a serious issues for PWD in rural areas.

Solutions: Community advocacy for transportation, or funding of current programs.

Research funding programs that help communities develop a transportation system.

Solution 2: Vocational Rehab Services can provide \$2,000 in funding to help clients purchase a vehicle. VR can also help with funding for modifications, insurance, and tags.

VR counselors do not often inform their clients of this option!

Discrimination in employment barriers: PWD are still finding their rights violated. A lot of PWD don't know exactly what their rights are. Employers are still un-educated or fearful about hiring PWD. Job seekers are often turned down for positions they feel they are qualified for. Some employers still believe that hiring PWD will cost them a lot of money.

Solution: Creating a dialogue/networking with our Chambers of Commerce, Workforce Centers, Department of Commerce, etc. to bring about education and awareness of employment needs for PWD. We need to be at the table where decision about employment and economics are made.

Collaboration with Chambers, Workforce Centers, Vocational Rehab, and the Disability Rights Community to present informational conference related to Career Development throughout the state: This creates a dialogue in each community and gets people started on developing a plan to increase employment for PWD.

State Conference on Employment Initiatives!

Solution 2: Focus on developing funding for programs related to Self Employment/Entrepreneurship. Provide grants and supports to PWD who want to create their own businesses.

Solution 3: Create workshops through CILs or Workforce Center that educate PWD about how to file a complaint with EEOC or Kansas Human Rights Commission when they experience discrimination.

Barriers: Vocational Rehab Services- Individuals who are blind or deaf feel that services provided to them are inadequate or lacking. VR counselors routinely fail to provide sign language interpreters for meetings with clients which delays progress for goals set. VR counselors are slow to respond to request for assistive equipment that individuals need in order to be successful at work. Examples are slow to purchase hearing aids, etc.

Solutions: Hire more Vocational Rehab Counselors. Update training of VR Counselors regarding services/programs available in the community. The better informed VR is about programs...they better they will be able to serve their clients.

Legislative/Advocacy solution to address barriers:

Legislative! There are people working to diminish programs and reduce our rights as citizens. If laws and programs that help us be independent individuals in our communities are repealed...nothing we do from this point will matter. We need to vote for people who support us and hold their feet to the fire. We need a strong advocacy front to prevent the repeal or watering down of policies that currently protect our rights.

APPENDIX D
PRE-POST SURVEY FINDINGS
2007 DISABILITY CAUCUS

DEMOGRAPHICS

- 51% Male; 49% Female
- Mean age = 43
- 82% White; 7% AA/Black; 6% Native American; 4% Multi-racial; 1% Asian
- 95% Non-Hispanic, 5% Hispanic
- 57% Single; 18% Married; 16% Divorced/Separated; 7% Widowed; 2% SO
- 15% have one or more children under the age of 19 living at home
- 15% Less than high school education; 33% HS Diploma/GED; 21% Some college; 6% 2 year degree; 18% 4 year degree; 7% graduate degree

- SELF-REPORTED DISABILITY TYPE:
 - 32% Physical Disability
 - 15% Chronic Illness
 - 12% Sensory
 - 11% MR/DD
 - 9% Mental Illness
 - 8% TBI
 - 7% - Did not disclose
 - 5% - Cognitive

- WORK STATUS:
 - 48% YES
 - 52% NO

- TYPE OF EMPLOYMENT:
 - 29% Disability-related field (CIL employees, personal attendants, etc.)
 - 23% Sheltered work
 - 20% Clerical/secretarial
 - 17% Service/maintenance (janitors, drivers, restaurant/fast food, etc.)
 - 6% Administrative/Managerial
 - 3% Farming and related work
 - 3% Self-employed

- INCOME FROM EMPLOYMENT
 - Mean hourly wage – \$6.91/ hour
 - Mean hours worked/week – 26
 - 39% earn less than \$500.00/month from employment
 - 41% earn more than \$500.00/month

- JOB SATISFACTION
 - 72% are either satisfied or very satisfied with their current job

- SS INCOME
 - 7% do not receive any SS benefits
 - 7% Less than \$300/month (more than 0)
 - 4% 301-400/month
 - 3% 401-500/month
 - 9% 501-600/month
 - Total of the above is 23% w/ less than 600/month but more than 0
 - 26% 601-700/month
 - 36% more than \$700/month
 - 8% did not know

WORK ATTITUDES – 7 items using a 5 point scale... 5 being the highest and indicative of having the best attitudes toward work and wanting to work (Survey provided on following pages)

- PRE Mean = 3.32 (SD = .435)
- POST Mean = 3.56 (SD = .526)
- It is significant to the .05 level for these 76 participants

Mean PRE of those working – 3.26
 Mean PRE of those not working 3.37

Mean POST of those working (n=35) – **3.38**
 Mean POST of those not working (n=38) – **3.67**

Mean PRE of those with mental illness (n=7) - 3.14
 Mean PRE of those with physical (n=24) – 3.26
 Mean PRE of those with chronic illness (n=10) – 3.35
 Mean PRE of those with MR/DD (n=8) – 3.32
 Mean PRE of those with TBI (n=6) – 3.31
 Mean PRE of those with cognitive (n=4) 3.50
 Mean PRE of those with sensory (n=9) – 3.52

Mean POST of those with mental illness – **3.45**
 Mean POST of those with physical – **3.47**
 Mean POST of those with chronic illness – **3.62**
 Mean POST of those with MR/DD – **3.55**
 Mean POST of those with TBI – **3.52**
 Mean POST of those with cognitive – **3.79**
 Mean POST of those with sensory – **3.73**

CONSUMER SURVEY

Print Name Clearly: _____

Signature: _____

With my signature I affirm that I am at least 18 years of age and that I agree to participate in this survey activity. I have received a letter describing the survey process and explaining that my participation is completely voluntary. I understand that all the information collected on the two surveys I complete is confidential and may be used in research efforts by the University of Kansas Working Healthy Evaluation, but that my name will in no way be associated with the findings, will not be shared with anyone and that this consent expires at the end of the project period.

Section 1. Please indicate the level to which you agree or disagree with the following statements (circle the best answer).

1. The jobs I can get don't pay very well.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
----------------------	----------	-------------------------------	-------	-------------------

2. I have many career options.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
----------------------	----------	-------------------------------	-------	-------------------

3. I feel I should work because it is expected of me, not because I want to.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
----------------------	----------	-------------------------------	-------	-------------------

4. I will never be able to work as many hours as I would like to.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
----------------------	----------	-------------------------------	-------	-------------------

5. Work can help me to feel good about myself.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
----------------------	----------	-------------------------------	-------	-------------------

6. Most jobs are boring.

- | | | | | |
|-------------------|----------|----------------------------|-------|----------------|
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
|-------------------|----------|----------------------------|-------|----------------|
- 7. Working can or does help me to be more independent.**
- | | | | | |
|-------------------|----------|----------------------------|-------|----------------|
| Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
|-------------------|----------|----------------------------|-------|----------------|

Section 2. Please provide the following information about yourself.

1. Date of birth: _____

2. Gender: Male Female

3. What is your disability? If you have more than one, please list the main one first.

4. Ethnicity (check one): Hispanic/Latino Non-Hispanic

5. Race (check all that apply):

<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> African American/Black
	<input type="checkbox"/> Caucasian/White

6. Current marital status: (check one):

<input type="checkbox"/> Single	<input type="checkbox"/> Widow/Widower
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced/Separated
<input type="checkbox"/> Significant Other/Partner	

7. Do you have children under the age of 19? No Yes If YES, how many? 1 2 3 or more

8. Which of the following best represents your current level of education?

- | | |
|---|---|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Two year degree |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Four year degree |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Graduate degree |

9. Do you have a job now? No Yes

If yes, what type of work do you do? _____

10. If you have a job now, about how many hours per week on average do you work?

_____ hours per week

Continue to next page...

11. Current monthly income from employment:

- | | |
|---|---|
| <input type="checkbox"/> Does not apply, I am not working right now | |
| <input type="checkbox"/> Less than \$200/month | <input type="checkbox"/> \$601 – \$700/month |
| <input type="checkbox"/> \$201 - \$300/month | <input type="checkbox"/> \$701 – \$800/month |
| <input type="checkbox"/> \$301 – \$400/month | <input type="checkbox"/> \$801-\$900/month |
| <input type="checkbox"/> \$401 – \$500/month | <input type="checkbox"/> \$901-\$1000/month |
| <input type="checkbox"/> \$501 – \$600/month | <input type="checkbox"/> More than \$1000/month |

12. If you are paid by the hour, how much do you make per hour? \$_____ per hour

- Does not apply, I do not get paid by the hour at my job.

13. Overall, how satisfied are you with your current job?

- Does not apply, I'm not working right now.

Very
Satisfied

Satisfied

Neither satisfied
nor dissatisfied

Dissatisfied

Very
Dissatisfied

14. Current monthly income from Social Security:

- | | |
|--|--|
| <input type="checkbox"/> Less than \$300/month | <input type="checkbox"/> \$501 – \$600/month |
| <input type="checkbox"/> \$301 – \$400/month | <input type="checkbox"/> \$601 – \$700/month |
| <input type="checkbox"/> \$401 – \$500/month | <input type="checkbox"/> More than \$700/month |

THANK YOU FOR DOING THIS SURVEY

Don't forget to come back and take another short survey at the end of the caucus on Friday to get

YOUR FREE WATER BOTTLE!!

APPENDIX E
Strategic Planning Participant List
September 2007

Person	Agency / Department	Contact Number	Representation
Askia Adams	KATCO Telework Loan Program	625 Merchant, Suite 205 Emporia, KS 66801 (913)596-1477 askia@katco.net	- Person with a disability - Financial loan program for people with disabilities
Karen Baessler	Kansas Department of Social and Rehabilitation Services - Working Healthy	400 S. Main Suite B Pratt, Ks. 67124 (620) 672-5955 ext 211 GKSB@srs.ks.gov	- State agency program southwest region
Mary Ann Bechtold	Kansas Department of Health and Environment / Services for Children w/Special Health Care Needs	1000 SW Jackson, Suite 220 Topeka, KS 66612 (785) 296-1311 Mbechtol@kdhe.state.ks.us	- State agency program
Phil Bentzinger	OCCK (Cottonwood)	2801 W 31 st Lawrence, KS 66047 (785)840-1623 pbentzinger@cwood.org	- Local DD provider
Barbara Bohm		(620)443-5859 barbarabohm@bluestemtelco.com	- Person with a disability
Linda Carlson	University of Kansas, School of Social Welfare Office of Mental Health, Research and Training	Twente Hall 545 Lilac Lane, rm 300 Lawrence, KS 66044 (785)864-3796 lcarlson@ku.edu	- University; mental health
Terry Cronin	Kansas Department of Social and Rehabilitation Services - Working Healthy	400 State Avenue, Tower 1 Kansas City, KS 66101 (913)279-7173 Tcronin@srs.ks.gov	- State agency program KC; Metro region
Steve Curtis	Kansas Department of Social and Rehabilitation Services - Working Healthy	500 SW Van Buren Topeka, KS 66601 (785)296-5816 sxxc@srs.ks.gov	- State agency program; northeast region

Jill Enyart	Independence Inc.	2001 Haskell Lawrence, KS 66046 (785)841-0333 jenyart@independenceinc.org	- Independent Living Center
Martha Gabehart	Kansas Commission on Disability Concerns	1430 SW Topeka Blvd. Topeka, KS (785)296-1722 mkgabehar@hr.state.ks.us	- State agency; disability
Carrie Greenwood	Kansas Youth Empowerment Academy	PO Box 475 Topeka, KS 66601 (785)215-6555 carrieg@kyea.org	- Person with a disability - Youth organization
Jean Hall	University of Kansas Center for Research on Learning, Division of Adult Studies	1122 West Campus Road, Room 521 Lawrence, KS 66045 (785) 864-7083 jhall@ku.edu	- <i>Working Healthy</i> program evaluation
Linda Hall	Kansas Health Policy Authority	900 SW Jackson Rm 900-N Topeka, KS 66612 Linda.Hall@khpa.ks.gov	- Person with a disability - MIG staff
Dan Hallacy	Kansas Department of Social and Rehabilitation Services - Working Healthy	3205 Broadway Pittsburg, KS 66762 (620)231-5300 CDLH@ara.ks.gov	- State agency program; southeast region
Mike Huffman	Kansas Department of Commerce	1000 SW Jackson, Suite 100 Topeka, KS 66612 (785)296-1865 mhuffman@kansascommerce.com	- State agency program;
Bob Hull	Cerebral Palsy Research Foundation	5111 E. 21 st N. Wichita, KS 67208 (316)652-1551 bobh@cprf.org	- Local developmental disability community organization
Ami Hyten	Topeka Independent Living Resource Center	501 SW Jackson Topeka, KS (785)233-4572 ahyten@tilrci.org	- Center for Independent Living

Shannon Jones	Statewide Independent Living Council of Kansas	700 SW Jackson, Suite 212 Topeka, KS 66603 (785) 234-6990 shanoz@aol.com	- Person with a disability - Statewide Independent Living Council
Basil Kessler	KATCO	Emporia, KS 620-341-9002 katcodir@sbcglobal.net	- Financial loan program for people with disabilities
Becky Kester	Kansas Department of Commerce - Workforce Services	1000 SW Jackson, Suite 100 Topeka, KS 66612 (785) 296-3339 bkester@kansascommerce.com	- State agency; Workforce Centers
Craig Knutson	Self Advocacy Coalition of Kansas	2518 Ridge Ct. #236 Lawrence, KS 66047 (785)749-5588 cknutson@sunflower.com	- Advocacy organization for people with developmental disabilities
Noelle Kurth	University of Kansas Center for Research on Learning MIG Research & Evaluation	1122 West Campus Road, Room 517 Lawrence, KS 66045 (785) 864-7085 pixie@ku.edu	- <i>Working Healthy</i> program evaluation
Brad Linnenkamp	ARC of Douglas Co / Self Advocacy Coalition of Kansas	2518 Ridge Court # 236 Lawrence, KS 66046 (785)749-5588 bradlinenkamp@yahoo.com	- Person with a disability - Advocacy organization for people with developmental disabilities
Mike Lynam	Central Kansas Mental Health Center	809 Elmhurst Salina, Ks. 67401 (785)823-6322 x 310 Vocation@ckmhc.org	- Local mental health organization
Shelly May	Kansas Council on Developmental Disability	915 SW Harrison, Room 141 Topeka, KS (785)296-2608 smaygm@alltell.net	- State Developmental Disability Council

Carolee Miner	OCCK	1710 W Schilling Rd. Salina, KS 67401 (785)827-9383 Cminer@occk.com	- Local developmental disability organization
Christine Owens	Prairie Independent Living Resource Center	17 S Main Hutchinson, KS 67501 cowens@pilr.org	- Person with a disability - Center for Independent Living
Dan Owens	Prairie Independent Living Resource Center	17 S Main Hutchinson, KS 67501	- Center for Independent Living
Nancy Rapp	Kansas Department of Social and Rehabilitation Services – Health Care Policy – Mental Health	900 SW Harrison, 10 th street Topeka, KS 66612 (785)296-3471 NAR@srskansas.org	- State Agency; mental health
Jane Rhys	Kansas Council on Developmental Disability	(785)296-2608 jrhys@alltell.net	- State Developmental Disability Council
Laura Roberds	KETCH	1006 E Waterman Wichita, KS 67211 (316)383-8712 lroberds@ketch.org	-Local developmental disability organization
Sara Sack	ATK	ssack@ukans.edu	- Statewide Assistive Technology program
Donna Schlink	Kansas Health Policy Authority – Working Healthy	900 SW Jackson Rm 900-N Topeka, KS 66612 (785)296-8006 donna.schlink@khpa.ks.gov	- MIG staff
Jennifer Schwartz	Kansas Association of Centers for Independent Living	(785) 215-8048 jennifers@kacil.org	- Parent of a child with a disability - Kansas Independent Living Center advocacy and membership organization

Nancy Scott	Kansas Health Policy Authority – Working Healthy / WORK	900 SW Jackson Rm 900-N Topeka, KS 66612 (785) 291-3461 nas@srskansas.org	- MIG Staff
Stephen Shaughnessy	KETCH Inc.- Employment Services and Day Programs	1006 E Waterman Wichita, KS 67211 (316)383-8738 sshaughnessy@ketch.org	- Local developmental disability organization
Sandra S. Shire	Four County Mental Health Center	3751 W Main Independence, KS 67301 (620)332-1944 sshire@fourcounty.com	- Local mental health organization
Sitka Stueve	Governor's Mental Health Services Planning Council – Wyandot Center for Behavioral Healthcare Supported Employment Services – Vocational Subcommittee	1302 N. 47 th Street Kansas City, KS 66102 (913)288-4247 Stueve_s@wmhci.org	- Local mental health organization - Governor's Council
Mary Ellen Wright	Kansas Health Policy Authority – Working Healthy	900 SW Jackson Rm 900-N Topeka, KS 66612 (785) 296-5217 meow@srskansas.org	- MIG staff

APPENDIX F

KS Medicaid & Disability Data Users Group

Name	Organization/Agency
Amanda Reichard	University of Kansas, Research & Training Center on Independent Living
Barbara Langner*	Kansas Health Policy Authority
Basil Kessler	Kansas Assistive Technology Cooperative
Becky Ross	Kansas Health Policy Authority
Bob Lee	University of Kansas Medical Center (Kansas City), Department of Health Policy & Management
Dave Ekerdt*	University of Kansas, Gerontology Center
Dennis Smerchek	Kansas Department of Rehabilitation Services
Doren Fredrickson	University of Kansas Medical Center (Wichita), Preventive Medicine & Public Health
Dot Nary	University of Kansas, Gerontology Center
Doug Marty	University of Kansas, School of Social Welfare
Glen White	University of Kansas, Research & Training Center on Independent Living
Hareesh Mavoori	Kansas Health Policy Authority
Jack Wier	University of Kansas, Research & Training on Independent Living
Jamie Simpson	University of Kansas, Research & Training Center on Independent Living
Jan Moore	University of Kansas, Center for Research on Learning Division of Adult Studies
Jean Hall	University of Kansas, Center for Research on Learning Division of Adult Studies
Jerry Schultz*	University of Kansas, Workgroup for Community Health & Development
Joel Stottlemire*	Kansas Health Policy Authority
Julie Sergeant	University of Kansas, School of Social Welfare, Office of Aging & Long-Term Care
Katherine Froehlich-Grobe*	University of Kansas, Gerontology Center
Kent Waltmire	Kansas Social and Rehabilitation Services
Kim Kimminau	University of Kansas Medical Center (Kansas City), Department of Family Medicine
Kristi Scheve*	Kansas Social and Rehabilitation Services
Larry Sherraden	Kansas Health Policy Authority
Linda Frazier*	University of Kansas Medical Center (Wichita)
Lori Haskett	Kansas Department of Health and Environment
Lou Saadi	Kansas Department of Health and Environment

Martha Hodgesmith*	University of Kansas, Research & Training Center on Independent Living
Mary Ellen O'Brien Wright	Kansas Health Policy Authority
Mason Vosburg	Kansas Department of Education
Melanie Manry	Kansas Department of Commerce
Michael Fox	University of Kansas Medical Center (Kansas City), Department of Health Policy & Management
Michael Huffman	Kansas Department of Commerce
Michelle Carson	Kansas Board of Regents
Nancy Dunton*	University of Kansas Medical Center (Kansas City), School of Nursing
Narinder Singh	Centers for Medicare & Medicaid Services, Regional Office
Noelle Kurth	University of Kansas, Center for Research on Learning, Division of Adult Studies
Pat Oslund	University of Kansas, School of Social Welfare
Peg Spencer*	Kansas Department of Rehabilitation Services
Phyllis Clay	Kansas Department of Education
Rosemary Chapin*	University of Kansas, School of Social Welfare, Office of Aging & Long-Term Care
Roxanne Rachlin	University of Kansas, School of Social Welfare, Office of Aging & Long-Term Care
Ruth Wetta-Hall	University of Kansas Medical Center (Wichita), Department of Preventative Medicine
Sanjay Pandey	University of Kansas, Department of Public Administration
Susan Corrigan	University of Kansas, School of Social Welfare
Theresa Shireman	University of Kansas Medical Center (Kansas City), Department of Preventative Medicine
Tom McDonald	University of Kansas, School of Social Welfare

* indicates those who have been invited to meetings & calls, but have yet been able to attend.

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