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BRIDGE - Building Resources for Individuals with Disabilities to Gain Employment

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Building Resources for Individuals with Disabilities to Gain Employment (BRIDGE)

"...We must forge a national disability policy that is based on three simple creeds-inclusion, not exclusion; independence, not dependence; and empowerment, not paternalism..."

President Bill Clinton
1996

Introduction

On March 13, 1998, the President issued an Executive Order entitled "Increasing Employment of Adults with Disabilities" with the goal of increasing the employment of adults with disabilities to a rate that is as close as possible to the employment rate of the general adult population. The Executive Order called for the Federal Government to create a coordinated and aggressive national policy to reduce the unemployment rate of individuals with disabilities and to assist those individuals in obtaining competitive jobs. To accomplish this goal, the Labor Department, Education Department, Social Security Administration, Small Business Administration, Transportation Department, Commerce Department, Health and Human Services Department, and the Veterans Affairs Departments are proposing an initiative called "Building Resources for Individuals with Disabilities to Gain Employment" ("BRIDGE") Program.

The purpose of this proposed grant program is to increase the employment rate of adults with disabilities by fostering the development of consortiums among state and local disability service systems or programs that promote full integration of employment-related services and support to adults with disabilities. The work of the consortiums would be to identify and eliminate conflicting policies and programmatic barriers, and to create policies and programs that integrate service delivery systems and the support services needed to obtain and maintain employment.

Background

According to the 1998 Harris Survey of Americans with Disabilities, two-thirds of individuals with disabilities between the ages of 16 and 64 are not working. Only three in ten working-age adults with disabilities are employed full or part-time. And, of the non-employed, 75% have indicated that they would prefer to be working (Harris Survey, 1998). Most importantly, the numbers of working age adults with disabilities who are not employed have not increased in the past 10 years. The vast majority of these individuals receive income support and other services through programs funded at the federal, state, and local level, and often at all three levels. Examples of these programs include Temporary Aid to Needy Families (TANF), Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Medicaid (including Medicaid waiver programs), Medicare, subsidized housing, and food stamps.

Despite the increase in potential for employment -- created by legislation, technology,

and changes in societal attitudes -- only a small percentage of adults with disabilities on public benefit programs actually leave these programs for employment. For example, over the past decade, the total number of SSI and SSDI disability beneficiaries has doubled to more than eight million working age individuals. Federal cash payments to these individuals have steadily increased to more than $75 billion per year (SSA, 1998). Yet, annually, fewer than 1% of the eight million SSI and SSDI beneficiaries actually return to work and terminate benefits.

The Policy Problem

"...Eligibility is linked to SSDI and gross earned income qualifying determinations. Either I have it or I don't...Incredibly, despite these kinds of requirements, there is no such thing as Federal or State accounting assistance for working benefit recipients! Government representatives. . . deal with only one program per letter, and nothing ever gets comprehensively integrated. . . "

Phil Schultz, SSDI beneficiary
Racine, Wisconsin

People with disabilities are a diverse population, they need a variety of services and supports to seek or retain employment and federal assistance is dispersed between many programs and agencies. In addition, states and localities vary enormously in the structure, availability and effectiveness of their employment, health care, and other human services and support programs. Lack of information and poor integration of public support programs causes program-related barriers and complexities that inhibit individuals with disabilities from effectively using available services. From the individual's perspective, public programs make no sense, are too complex, have conflicting rules and goals and work at cross-purposes much of the time.

There is also limited information sharing and/or program coordination by federal administrators with their counterparts at other federal, state, local, and nonprofit agencies, and with the private sector or with the disability community. The consequence of this is evidenced in the difficulty adults with disabilities experience in getting reliable information about the various work incentives, the myriad of state health care benefits under Medicaid, and the impact of work on their federal benefits status for SSI, SSDI, Medicaid and Medicare.

Lack of service coordination and integration also has negative consequences for employers and service providers, both public and private. For example, in some states, counselors do not have access to job listings from agencies that administer employment and training programs. In addition, many different service providers (a vocational rehabilitation counselor, an employment training specialist, a supported employment job developer, or a representative from Projects With Industry) may all be independently contacting the same

employer to develop employment opportunities for persons with disabilities. This results in duplication of effort, confusion, and complications in the relationship between the service providers and employer; the very relationship that is critical to employment success.

Clearly programs and agencies need to coordinate, by sharing basic program information, establishing compatible eligibility criteria, and cooperating in service provisions.

Current Efforts

Currently the Social Security Administration, and the Departments of Labor, Education, and Health and Human Services have discretionary and demonstration grant initiatives to develop and evaluate models of program coordination, service/systems integration and systems change to increase employment outcomes for people with disabilities at the state and local level. Much of this effort is focused on beneficiaries of federal SSI and SSDI programs.[1] These agencies have published individual and joint grant announcements for competitive grant awards to be made in FY 1998 (less than $8 million total for projects in 4-6 states).

The following five examples of proposed projects under the current demonstration grants initiative at the Social Security Administration provide insight into different approaches to addressing employment barriers experienced by certain SSA beneficiaries. (Applicants are not identified because the SSA awards have not yet been announced. These examples do not necessarily represent the grand award recipients.)

1. Project #1 proposed to involve three of 28 existing Department of Rehabilitation/Mental Health Cooperative Project sites, by adding services for at least 200 individuals with severe psychiatric disabilities each year at sites that have One-Stop Career Centers. The sites will enhance services by adding two staff positions: a Benefits Coordinator and a Service Coordinator. The service delivery to the individual will use a team approach with representatives of SSA, VR, MH, and other relevant agencies. At the state level, a State Coordinating Council will seek waivers from SSA, HCFA, and perhaps others (i.e., HUD). The waivers will be used to pilot ways to encourage adults with disabilities to work and be less dependent on public assistance.

2. Project #2 proposed to address barriers created by the fear of losing public health insurance and income supports experienced by beneficiaries who are mentally ill, mentally retarded, and developmentally disabled. Barriers will be addressed through education of SSA beneficiaries who are VR clients on available work incentives, promotion of VR services, and the use of a Medicaid Earned Income Disregard Waiver and an SSA Waiver to Suspend the Extended Period

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[1] There is also a similar ongoing multi-year health care project sponsored by the Robert Wood Johnson Foundation (RWJ).

of Eligibility.

3. Project #3 proposed to integrate current workforce development efforts in ways that increase efficiency of operations, enhance program quality and outcomes, and ultimately increase the employment and wages of beneficiaries with serious mental illness in meaningful jobs. The proposal will request waivers from HCFA, SSA, and HUD. Employment services will be integrated through One-Stop Career Centers, a centralized location that can simplify the service interface for consumers. The project will also explore new structures such as "Consumer Credit Unions" to help solve the complicated financial problems of consumers. The project also projects two regional pilots to test employment vouchers in years 3-5 of the funding.

4. Project #4 proposed to use interventions in two cities to increase employment and decrease reliance on public supports. A third comparable city will be selected to collect control group data. The project plans to serve SSI/SSDI beneficiaries who have severe and persistent mental illness and are served by DVR; who are blind or visually impaired, and are served by the Division of Services for the Blind; and consumers who have physical disabilities that might be able to transition to employment through the Independent Living Program (ILP). The main approaches will be to reduce uncertainty regarding the effect of increased wages on benefits and streamlining access to employment supports and services through use of Benefit Counselors, increasing incentives for working via waivers regarding SSI related benefit reductions, ensuring health care by targeting employers who provide health benefits, and providing specific training to make participants attractive to those employers.

5. Project #5 is the product of five years of study and pre-testing. To continue its work in this area, this project, coordinated through a state health agency, proposed to provide 1,800 SSI/SSDI beneficiaries with physical disabilities, mental illness, developmental disabilities, and AIDS/HIV with comprehensive help in securing and maintaining gainful employment. It will make better use of existing SSI/SSDI work incentives and add new assurances of health and long term care coverage regardless of earnings. It will reduce fragmentation and assure participants are better off financially as a result of employment.

The BRIDGE Initiative

The new BRIDGE grant program builds on the current efforts of the federal agencies, described above. It would begin by providing all interested applicants intensive orientation to the relevant federal programs and technical assistance on the flexibility in federal programs, including the ability to obtain waivers and develop options specific to the state or local community. It would then support a much greater number of states and localities in the planning, creation and early implementation of integrated and coordinated service delivery at the state and local levels. Projects would be designed to put into practice the best approaches to competitive employment of adults with disabilities and take into account the economic, educational, health, and public policy environment in the state or locality in question.

BRIDGE grants would be awarded, primarily or exclusively, on a competitive basis from a national account of $150 million in FY 2000. Grants would last for three years with funding in FY 2001 and FY 2002 being contingent upon subsequent appropriations. Current funding for traditional disability employment programs would not be supplanted by this initiative.

In order to promote coordination and integration of services, the BRIDGE program will emphasize the need to focus on the point of the delivery of services and the need to be flexible and adapt to state and local conditions. Specifically, individual programs and services would be linked by: (1) convincing service providers and officials of the need to cooperate and developing incentives for them to participate in cooperative consortiums, (2) getting key participants to agree to the goals of the initiative and the role of each entity in developing and implementing policy, program and systems changes, and (3) establishing a forum to address issues and promote change and to establish ongoing communication and integration of services. Some states have developed strategies that use this type of practical approach to improve service delivery and have reported that their coordination efforts have reduced time and expense for administrators and consumers alike. (p. 20, GAO/HEHS-96-126, 1996.)

The BRIDGE program would encourage coordinated and integrated service delivery approaches by encouraging the use of the following mechanisms by grantees:

- establishing formal interagency workgroups and alliances;
- entering into formal agreements for information sharing and coordination;
- developing needed waivers of federal and state program requirements (e.g., Medicaid waivers and individual waivers of SSA eligibility and income requirements under SSA demonstration authority);
- developing state, local and private expertise in providing employment services and assisting individuals in the use of the myriad of programs and incentives;
- improving customer information systems and customer service;
- developing relevant cross-agency data analysis and comparative analysis;
- developing multi-program, multi-level evaluation capacity;
- improving and enhancing case management and supporting development of the individual's ability to self-manage program services and benefits;
- involving employers and unions in the public and private sector in planning and design of services and systems;
- supporting employers in the hiring, accommodation and provision of ongoing supports for workers with disabilities (as needed);
- measuring inter and intra-governmental cost-savings of return-to-work activities;
- measuring customer satisfaction;
- evaluating the impact of work on other social factors (quality of life, community participation, recreation, health status, etc.);
- evaluating effectiveness and efficiency of interventions.

Eligible Applicants

Applicants must demonstrate that they represent a consortium of state and/or local agencies that provide or could provide a range of supports and services to adults with disabilities which lead to identification, access and maintenance of employment. The public agencies should have the legal authority to provide the services they propose. Consortiums may include not-for-profit providers of employment, assistive technology, health and other related services to adults with disabilities.

For example, a consortium could consist of a local Private Industry Council, the local Small Business Administration office, the local metropolitan planning organization, the state vocational rehabilitation agency, the local One-Stop office, the local school district, the state Medicaid program office and, if appropriate, agencies providing access to the Medicare program. Successful applicants would demonstrate that they have identified the means to integrate and coordinate the services provided across disciplines and to remove barriers to employment for adults with disabilities. The consortium must also demonstrate that it has consulted with diverse elements within the community of adults with disabilities in the planning, implementation, and evaluation of the project.

Finally, each applicant would be required to demonstrate an ability and willingness to expend some percentage of the funds provided to evaluate customer satisfaction and the efficiency and effectiveness of their coordination and integration efforts in a valid and reliable manner.

Expected Outcomes

These grants will produce a diverse array of integrated and coordinated service systems in states and local areas across the country. Some of the expected outcomes will include the following:

Adults with disabilities will:

- enter into gainful employment within a competitive work environment at a higher rate of pay than they do currently;
- more easily and rapidly access a wider and more diverse array of employment services resulting in efficient and rapid job placement that will improve job skills, job opportunities, job placement, and job retention for adults with disabilities;
- be more satisfied with employment and related support services;
- have more input concerning their life goals and career plans;
- have more choices with respect to employment and career decisions;
- be more readily accommodated within the work force;
- have a better understanding of work incentive provisions; and

- report that their quality of life has improved.

State and local service delivery systems will:

- be less fragmented, have improved communication across systems, and be more efficient by decreasing duplication of services;
- be more user friendly and customer oriented;
- be more cost-effective than services provided in less integrated delivery service systems;
- systematically decrease barriers to employment of adults with disabilities at state and local levels (e.g. lack of: transportation, health care/insurance, education, workforce training, housing, assistive technology, civil rights, on-site and off-site job accommodations and long-term follow-along supports);
- increase the use of Medicaid waivers and individual waivers of SSA eligibility and income requirements; and
- realize substantial cost savings in terms of reducing the costs of public benefit programs.

Outstanding Administrative and Policy Issues to be Decided

1. Which federal agency or agencies will administer the grant program?
(Which agency or agencies will receive the funding in the President's budget?)

2. Which federal agencies' local affiliates/systems must participate in a consortium for it to be a qualified applicant?

3. What is an appropriate amount for a grant, in terms of a capped or a floor-funded program?

4. Should grants be given out exclusively on a competitive basis, or should there be a formula component to assure that every state participates in this activity? For example, should some portion of the money be given to states or cities by formula and the remaining given to local consortiums by competition?

5. How will the grantees be evaluated?

6. Should there be a reward for achieving certain outcomes?