

# **Institute for Community Inclusion**

## **University of Massachusetts Boston**

### **Self-Study**

*Prepared for the 5-year site review and evaluation,  
June 7-8, 2010*





May, 2010

Dear Review Team,

We are pleased to provide you with our response to the four key questions asked of the Institute for Community Inclusion as part of the five-year review conducted by the University of Massachusetts Boston. In compliance with university policy on centers and institutes, ICI staff have prepared a comprehensive document that will offer the review team information on the role and function of the ICI at the university, the interrelationship of the ICI's functions with university's mission, faculty, and students, and a description of the range of research, training, technical assistance, exemplary service, and marketing and communications efforts of the ICI over this five-year period.

We look forward to your visit and engaging in dialogue about the various activities at the ICI as an additional feature of the review process. We encourage you to visit our core website ([www.communityinclusion.org](http://www.communityinclusion.org)) to facilitate your review of our activities and of the relationship of those activities to the mission and vision of the university.

Over the nearly ten years of our presence at the university, ICI has grown in our understanding of the university mission, increased our interactions with its faculty and students, and embraced the civic engagements of the university in its surrounding communities throughout the Commonwealth, nationally, and internationally. Our growth has been supported by and reinforced through the administration, faculty, and students and our interactions with these core elements of the university continues to grow. As the university has increased its investment in research, teaching, and community engagement, we are pleased to have been a significant part of this growth, and we look forward to the continued development of our mutual goals.

Please contact us with any questions that come up as you prepare for the review, at the time of the review, and after the review as you collect your observations and formulate your suggestions to the university and the ICI as to how we can continue to expand our efforts in addressing our shared mission and vision.

We would like to thank you in advance for joining with the university and the ICI in completing this most important review.

Sincerely,

A handwritten signature in black ink that reads "William E. Kiernan".

William Kiernan  
Director and Research Professor  
Institute for Community Inclusion



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## I. Introduction

This is the first formal evaluation of the Institute for Community Inclusion (ICI) by the University of Massachusetts Boston (UMass Boston) since the ICI moved the majority of its activities from Children's Hospital Boston (CHB) and Harvard University to UMass Boston in January 2002. The ICI remains a joint program of UMass Boston and Children's Hospital Boston.

The ICI has been a University Center for Excellence in Disabilities (UCED) or its equivalent since its founding in 1967, when the Maternal and Child Health Bureau (MCHB) awarded an interdisciplinary training grant to CHB. Over the 43 years of the ICI's existence, its core mission has evolved from a multidisciplinary training program in mental retardation to a much wider range of projects and initiatives. These include interdisciplinary and disciplinary training programs (both pre-service and in-service); a strong applied research platform; regional and national centers addressing policy as well as practice; model demonstrations addressing organizational change at the local, state, regional and national levels; and a robust dissemination effort that reaches local, state, national, and international constituents.

The following document responds to the four key questions that are posed by UMass Boston regarding the role, activities, focus, and future orientation of the ICI (see *Appendix A: Evaluation Framework for University Research Institutes*). These questions follow:

- Has the institute clearly aligned its activities and programs to the university mission and strategic research priorities and have these activities and programs helped the university to achieve its goals?
- Has the institute enabled faculty members and students to transcend the boundaries of traditional academic and disciplinary structures to enhance the exchange of ideas in ways that add value to interdisciplinary research?
- Have the interdisciplinary research activities and programs of the institute had an impact on the search for solutions to complex societal problems?
- Has the institute leveraged institutional resources to attract external philanthropic and sponsored program support, and have these resources been invested wisely to enhance the institute's effectiveness and the impact of its activities and programs?

The first section of this self-study presents our response to these four questions, while the second section follows the suggested five-section outline for the self-study. Additional materials are included in the appendices: (1) materials regarding the legislative and regulatory mandates to which the ICI must respond, (2) the overall mission and focus of UMass Boston, and (3) relevant information that will elaborate upon the mission, vision, and direction of the ICI as we respond to our constituents: persons with disabilities and their families; students, faculty, and the broader UMass Boston community; policy makers at all levels; educators; employers; the general public; and local, state, federal, and international entities.

## II. Summary of Response to the Four Fundamental Questions

This section summarizes some of the key areas where the ICI intersects with the four fundamental questions that guide this review.

***Fundamental Question 1: Has the institute clearly aligned its activities and programs to the university mission and strategic research priorities and have these activities and programs helped the university to achieve its goals?***

In considering the alignment of the activities and programs of the Institute, we use the mission and vision of the entire University of Massachusetts system, and the mission statement of UMass Boston, as our primary guides. It should also be noted that the vision and mission of UMass Boston are currently under review. The director of the ICI is a member of the UMass Boston chancellor's strategic planning committee that is charged with this review. For purposes of this site visit and five-year review, we are presenting the current mission and vision of the University of Massachusetts, as well as UMass Boston's mission as part of the five-campus system.

**University of Massachusetts Mission:** The university's mission is to provide an affordable and accessible education of high quality and to conduct programs of research and public service that advance knowledge and improve the lives of the people of the Commonwealth of Massachusetts, the United States, and the world.

The mission of UMass Boston presents four major goals: (1) increase student access, engagement and success, (2) attract, develop, and sustain highly effective faculty, (3) create a physical environment that supports teaching, learning, and research and (4) enhance campus-community engagement through improved operational structures. Supporting this mission is the clearly articulated vision statement for UMass Boston, noting its position as a leading public urban doctoral-granting research university. This vision statement notes that the university will:

- Sustain a superior faculty dedicated to excellence in undergraduate and graduate teaching
- Provide innovative and often interdisciplinary programs that can respond in a timely manner to societal issues and problems
- Meet the needs of both traditional and nontraditional students; continue to promote diversity among students, faculty, and staff; and conduct educational, scholarly, and service activities that contribute to meeting the needs of a diverse society
- Nurture both pure and applied research to advance knowledge and to create a better society for all
- Devote a high proportion of research and public service activities to the cultural, social, and economic development of the commonwealth and the global community

Beyond the mission and vision of UMass Boston, strategic research priorities have been identified. These include investigation and inquiry into the following clusters: (1) urban studies,

health, and public policy; (2) human development and learning; (3) creative economy, and (4) cultural capital. In embracing this mission, this vision, and these goals and objectives, UMass Boston is also committed to developing partnerships with external groups and institutions that advance the university's urban mission.

Within this framework, the ICI has a number of programs and activities that seek to increase the skills of UMass Boston students in addressing key societal issues in early education, human services, education, and workforce development. For example, the Boston Ready project links research in effective early-education curricula with capacity development in public schools, and develops course offerings at the graduate and undergraduate levels for students and other people interested in early education.

On a regional level, the various pre-service and in-service training activities in vision studies (Teachers of the Visually Impaired, Orientation and Mobility, and Vision Rehabilitation Teaching) address a key need in New England for professionals working with students with visual impairments. This program also offers consultation services to students in the Boston Public Schools who are blind or visually impaired. Numerous programs in employment, training services, and postsecondary education for students with intellectual disabilities are offered through the regional and national centers of the ICI (see *Appendix B: Summary of ICI Activities Across Four Core Areas: Community Life, Employment, Education, and Health Care*).

**Fundamental Question 2: Has the institute enabled faculty members and students to transcend the boundaries of traditional academic and disciplinary structures to enhance the exchange of ideas in ways that add value to interdisciplinary research?**

Over the past five years, the ICI has placed an increasing emphasis on engaging students, both in pre-service training and in graduate-assistant learning opportunities. The ICI has also reached out to other faculty at the university, engaging them in training, research, and service projects. Some of the areas of student and faculty involvement include early education and vision, as well as other newer outreach efforts. For example, a recent initiative provides ways for undergraduates in Asian-studies classes to offer support and outreach to Southeast Asian communities in the Boston area. These efforts function as service learning for the undergraduates, and also facilitate student retention.

This past year, the ICI funded 27 graduate assistant (GA) positions for students in the advanced level of their training. These positions were available to any student at the University of Massachusetts, and carried an expectation that the students would be involved with ICI activities from nine to 18 hours per week for a nine-month period. In collaboration with the Office of Graduate Studies, these GAs are funded by the ICI through existing grants or contracts, or through the ICI's Research Trust Fund. The students who participate come from a variety of departments in several different colleges. Students are expected to participate in a monthly seminar addressing issues of research, policy, and materials development. All GA opportunities are posted through the Office of Graduate Studies with students selected through a structured interview process.

The early-education program remains relatively new for UMB, and has been a core focus for the ICI. ICI staff and the College of Education and Human Development designed and

secured approval for a state-endorsed certification in this area. Certification was offered this past year, primarily at the graduate level, and was hosted in the College of Education and Human Development's Department of Curriculum and Instruction. 28 students are enrolled in the undergraduate early-education program this year, with an additional 22 students in the graduate program in the past year and 40 in the coming year.

The ICI has a robust interdisciplinary leadership training program as well as numerous disciplinary training programs that involved 286 students (mostly graduate students) in twenty discipline areas over the past year alone (see *Appendix C: Five Year Summary of Trainees at the ICI*). The interdisciplinary training is offered through the Leadership in Neurodevelopmental Disabilities Leadership (LEND) grant at Children's Hospital Boston by ICI staff (see *Appendix D: Leadership in Neurodevelopmental Disabilities (LEND) Training*). This year students worked with community-based organizations (CBOs) including the Somali Development Center, Haitian Public Health Initiative, Urban PRIDE, Boston Chinatown Neighborhood Center, Ethiopian Community Mutual Assistance Program, Congolese Women's Alliance, Eritrean Community Center, International Institute of Lowell, and Adgar (Ethiopian Women's Alliance). Trainees develop projects with the staff of these CBOs while learning about what "disability" means within those communities. This April, as in prior years, 12 fellows attended the three-day National Disability Policy Conference in Washington, DC.

In the area of vision studies, the ICI offers both degree and certificate programs at UMass Boston through our collaborative work with the College of Education and Human Development's Department of Curriculum and Instruction. The ICI receives support from the state departments of education in all six New England states, and continues to have nearly 40 new students enroll each year. We are developing considerable distance-education capabilities in this field as well, and thus attract students from across the country. The ICI is now in discussion with the UCED in Guam about the development of an online training program in vision, including teachers of the visually impaired as well as orientation and mobility specialists. The vision programs are nationally certified (by AER, the Association for Education and Rehabilitation of the Blind and Visually Impaired). The ICI also offers a totally accessible Braille Literacy program that allows attendees to maintain Braille proficiency through a unique online training.

Another ICI project, the New England Technical Assistance and Continuing Education Center (TACE), develops core training sequences in the areas of job development, job supports, marketing, and consumer participation (self-determination). These training modules have been designed to be offered in person, and in the coming year our plan is to move them online and to create an employment and training curriculum to be delivered nationally through Elsevier publishing, UMass Boston/ICI, and the College of Direct Support Professionals at the Institute for Community Integration at the University of Minnesota.

**Fundamental Question 3: Have the interdisciplinary research activities and programs of the institute had an impact on the search for solutions to complex societal problems?**

With the ICI's longstanding focus on persons with disabilities across their entire lifetime, issues of poverty, inclusion, model innovation, and program effectiveness have been at

the core of our activities over the past decade. Also central to adults with disabilities are the issues of poverty, isolation, and equality of opportunity. The ICI responds to poverty-related issues through its many employment and training projects addressing capacity development and model demonstration in employment. Within Massachusetts, the ICI is a central contractor to the University of Massachusetts Medical School in the implementation of the Medicaid Infrastructure Grant, examining ways to reform health care and to enhance employment options for persons with disabilities. As a result of the efforts of the ICI, the governor has established the state as a “model employer” for persons with disabilities. Five community efforts are also underway to integrate local programs into a more cohesive employment and training resource, while state policies and practices around contracting and documenting employment outcomes are being modified by state agencies.

At the regional level, the New England Training and Technical Assistance center (TACE) has focused its efforts on increasing the capacity of community rehabilitation providers to help persons with disabilities obtain employment, and on assisting the ten public Vocational Rehabilitation agencies in the region to more effectively serve clients who are seeking employment. Similar efforts are underway at the national level through our Rehabilitation and Technical Assistance Center (RTAC) in Rehabilitation Management. This five-year project examines state-of-the-art strategies in strategic planning, quality assurance, and human-resource management across all industries. RTAC is also developing a model administrative structure in these areas that will be used to assist all public VR agencies nationally in adopting more effective and efficient practices to supporting improved employment outcomes for persons with disabilities.

Opening Doors, a five-year project funded by the National Institute on Disability Rehabilitation Research, is examining ways to support the inclusion of children and youth with special health-care needs in community programs. The project also strives to develop more effective transition policies that will help these individuals move from school to work as well as from pediatric to adult health care when they exit school. A parallel effort through the National Center for Postsecondary Education for Individuals with Intellectual Disabilities is developing postsecondary options for students with intellectual disabilities. This center has established the ICI as a national resource in the movement of students with intellectual disabilities from school into postsecondary settings. The Think College project is developing replication sites in several states’ institutions of higher education, and supports the nationally recognized website [www.thinkcollege.net](http://www.thinkcollege.net) as a resource for students, families, and institutions of higher education. Additionally, the project continues to be actively involved in developing legislative language and policy regulations which will expand this project nationally.

The National Service Inclusion Project (NSIP), a training and technical assistance center funded by the Corporation for National and Community Service (CNCS), works to promote national service as an effective strategy for including persons with disabilities in “giving back” to the community. Working in more than 43 states, NSIP has increased the range of options for persons with disabilities and fosters increased inclusion in typical community settings. This past year the ICI was awarded a second national project (NextSTEP) from CNCS, with the mandate to link national service and employment by demonstrating in five sites that national service can be an effective gateway to employment for persons with disabilities. Both

projects further develop the capacity of service and volunteer programs to include people with disabilities, as mandated under the Edward M. Kennedy Serve America Act of 2009.

With the formation of the State Employment Leadership Network (SELN) in 2006, the ICI launched an effective public-policy roundtable. The SELN offers state developmental-disability (DD) agencies a chance to learn from each other, embrace challenging public-policy issues, and expand the employment of persons with disabilities who are served through community rehabilitation providers. In its first year, 12 states purchased an annual membership in the SELN, with 17 states subscribing to the SELN as of May 2010. This membership-funded technical-assistance resource, a collaborative effort with the National Association of State Directors of Developmental Disabilities Services (NASDDDS), has been effective in defining policies and practices around Employment First, transition, and access to employment by persons with developmental disabilities served by state DD agencies. While much of the policy is developed in the individual member states, the SELN has been able to integrate state issues into a national agenda that is shaping policies with federal agencies as well.

The ICI has over the past five years seen a considerable increase in requests for consultation and technical assistance from employers. In response to these requests, the ICI has developed a consulting service (UDS Consulting Services) available to private companies, public organizations, and educational institutions (see *Appendix E: UDS Consulting Brochure*). This service supports industry in maximizing their current work force as well as preparing for the more diverse workforce of the future, public organizations in adopting policies that support all constituents, and schools to develop curricula and practices that address all learning styles. Universal design for employment looks to identify strategies that will support older workers, immigrant workers, and workers with disabilities in accessing, maintaining, and advancing in employment.

Increased awareness of persons with disabilities, both as members of the workforce and as purchasers of services, has been demonstrated by the very recent increase in ICI contracts with health-care delivery systems in New England and now nationally. These contracts provide training to health-care professionals who serve patients with disabilities in hospitals, neighborhood health centers, and other long-term care settings. Finally, increasing the understanding of disability among diverse CBOs, and engaging as well as supporting these cultural groups in assisting members with disabilities to achieve greater inclusion in their communities, has also been an area of considerable activity for the ICI for more than two decades.

Many of the above projects address complex social issues facing persons with disabilities, families, schools, human service agencies, employers, and the community at large. Inclusion and equality of opportunity are at the core of all ICI activities and form the cornerstones of the ICI mission and vision (see Self Study Section II: Strategic Plan, Mission, Vision, Goals and Strategies, below). These research efforts, capacity development projects, training strategies, model demonstration programs, and dissemination approaches all provide greater knowledge, opportunity, and equality for persons with disabilities in those typical community settings that are available to all.

**Fundamental Question 4: Has the institute leveraged institutional resources to attract external philanthropic and sponsored program support, and have these resources been invested wisely to enhance the institute's effectiveness and the impact of its activities and programs?**

Over the past nine years, with support from UMass Boston, the ICI has experienced considerable growth. In our strategic planning document of 2003, we noted that we had 85 staff and graduate assistants and were entering our third year at our current location, which at the time had 12,500 square feet of space. We were projecting a 5% annual growth rate over the next five-year period, and felt that we would need about 15,500 square feet by 2007, and possibly 17,500 by 2009. We were estimating that the ICI staff would grow at about a 5% to 10% annual rate, meaning that by the year 2009 we would have about 108 staff and trainees (5% growth rate) or about 137 (10% growth rate).

In reviewing these projections, our actual growth rate was considerably more robust (on average 15% per year since 2003). Today the ICI has more than 180 staff and graduate assistants, and we have expanded our space in our current building to 19,700 square feet. Additional staff space for the ICI is located on the UMass Boston campus in the College of Education and Human Development, as well as in an office building owned by Children's Hospital Boston (1295 Boylston Street in Boston). Twelve of the ICI staff (part-time as well as full-time) reside in other states.

There has been a change in the nature of the the ICI's projects, with the ICI experiencing a steady increase in the number of state contracts (ISAs) from about \$150K in 2004 to more than \$1.5M today. We have also expanded our outside contracts with agencies, organizations, and states, with more than \$950K in these types of contracts today as compared to \$55K in 2004. The size and complexity of our contracts have also changed, with many of our grants moving to cooperative agreements and increasing in size from a typical range of \$200K–\$880K to up to \$1.5M today (these are annual budget figures). Several of our current projects are at or above the million-dollar mark for an annual budget.

With the move from grants to cooperative agreements, our relationship with the funding agencies has also changed considerably. Cooperative agreements tend to have a looser scope of work, where the project is expected not only to accomplish the funding agency's goals and objectives, but also serve as an expanded staff resource for the agency. There are both pluses and minuses to this, in that we have some very strong working relationships with several federal and state agencies, but the expectations for our work plans and timelines change constantly, at least from the perspective of the lead staff from the federal or state agency that has issued the cooperative agreement.

During the past five years the ICI has invested considerable efforts in expanding our relationship to the core mission of the University, its students, and its faculty. While having a strong presence in the community, the ICI has been significantly invested in supporting the Boston Public Schools in the early education and vision areas, state agencies in addressing issues of transition and employment for persons with disabilities, and the legislature at the state and national levels in the development of policies that support the inclusion and engagement of persons with disabilities in all major life areas.

Also during this five-year period, our investment in UMass Boston students has expanded. This is shown by an increase in the ICI's support of graduate assistance (this past year 27 GAs were supported through ICI funds and UMass Boston tuition waivers) and by the support of students through tuition and fee assistance in pre-service and in-service training activities. The ICI has also engaged faculty from the College of Education and Human Development and other faculty in working collaboratively on ICI projects and in developing grants and contracts in their departments. This latter effort has been more apparent in the past three years and will continue as a strategic focus in the coming years (see Self-Study Section V: Future Directions).

The annual and five-year summary of ICI utilization of resources to support the UMass Boston mission is diverse and substantial. Some of the key outcome measures for the ICI over the past five-year period include:

- Support for students in the pre-service and in-service ICI sponsored programs at UMass Boston annually (\$635,000) for a five-year total of \$3,175,000
- Average annual support of 17 graduate assistants (\$272,000) for a five-year total of \$1,360,000 (note that the number of GAs grew to 27 this current year, moving this annual return to \$384,000), with a goal of 35 graduate assistants supported annually in the coming years
- Annual engagement of other universities, agencies, and organizations through sub-contractual agreements (\$1,940,290)
- Annual net contribution of \$269,957 to Office of Research and Sponsored Programs (ORSP) budget (net represents the total available to ORSP after deductions for rental expenses and Research Trust Fund returns to the ICI from the gross indirect income from the grants and contracts of the ICI) for a five-year total of \$1,349,785
- A strong and continuing commitment to the diverse community organizations in the greater Boston area and statewide
- Increased engagement with faculty, colleges, and other centers and institutes in grant development, graduate student support, fees and tuition for students, as well as overall direction in grant development
- Active training and technical assistance involvement with several state and federal agencies
- Involvement of more than 43 states in the expansion of services to persons with disabilities, with a focus on inclusive education, national service, employment, universal design, and community integration
- A strong national reputation in the areas of disability policy, research, demonstration, and systemic change

### **III. Self-Study Question Responses**

The above, we hope, provides a broad overview of the activities of the ICI and how these activities relate to the four questions that are to be addressed in this site visit. The following

section will offer a review of the ICI's activities reflecting the five key areas outlined in the guidance from the university: (1) history and organizational review of the ICI, (2) the strategic planning activities of the ICI (including its mission, vision, goals, and objectives), (3) the metrics or benchmarks for the ICI, (4) the survey of affiliates and participants, and (5) the future directions.

### 1. Institute for Community Inclusion—the Long View

With the awarding of the Maternal and Child Health grant in 1967, a grant that provided both construction and program resources, the ICI (then the Developmental Evaluation Clinic) was established as part of the Ambulatory Services in the Department of Medicine at CHB. Its core focus was the development of clinical services and training that would meet the needs of children with mental retardation and their families. The overall goal of the clinical program was to provide exemplary services that would be part of a multidisciplinary training program. This multidisciplinary training program involved professionals from seven disciplines (Pediatrics, Nursing, Speech, Audiology, Physical Therapy, Social Work and Special Education) and had as its focus the development of professionals who could work as a team in addressing the needs of children and youth with mental retardation.

Over its first decade or more, the Developmental Evaluation Clinic provided training to professionals in these core disciplines, and added other disciplines including Genetics, Rehabilitation Counseling, Occupational Therapy, and Dentistry. The training moved from a multidisciplinary to an interdisciplinary focus. With the passage of the Developmental Disabilities Service and Facilities Construction Act of 1970, the Developmental Evaluation Clinic became a University Affiliated Faculty (UAF) and changed its name to the Developmental Evaluation Center (see *Appendix F: Administration on Developmental Disabilities PART 1388--THE UNIVERSITY AFFILIATED PROGRAMS* and *Appendix G: ACF Office of Public Affairs (OPA) Fact Sheet--Administration on Developmental Disabilities (ADD)*). This name change created an enhanced mandate for the DEC and moved the clinic's focus to persons with developmental disabilities, including mental retardation. The name change also reinforced the role of the UAFs as training, research, exemplary service, and technical assistance programs nationally. This legislation and its subsequent reauthorizations launched a national network of training and research programs now known as University Centers for Excellence in Developmental Disabilities (see *Appendix H: Association of University Centers on Disabilities Annual Report*, and [www.aucd.org](http://www.aucd.org)).

In 1993, the DEC changed its name to the Institute for Community Inclusion (ICI) and adopted a broader focus on inclusion and community membership for all persons with disabilities. The Developmental Disabilities legislation of 1970, through a series of reauthorizations, reaffirmed the role of the UCED as a training, technical assistance, research, model demonstration, policy development, and dissemination center (see *Appendix I: Administration on Developmental Disabilities DD ACT Part D*). Additional disciplines including Neurology, Law, Family, Administration, and Public Policy were added to the ICI as part of this expanded view of interdisciplinary training.

The UCED system has moved from the initial 17 members to a total of 67 centers nationally, with at least one in every state. Many of these centers are located at the public institutes of higher education. A core requirement of a UCED is a formal affiliation or tie with

an institute of higher education or a series of such institutes. Being part of Children's Hospital Boston meant that the ICI would, while being hosted through the hospital, develop and maintain formal affiliation agreements with universities that prepare professionals in the core and related disciplines (Pediatrics, Neurology, Nursing, Speech and Language, Audiology, Dental, Physical Therapy, Occupational Therapy, Special Education, Rehabilitation Counseling, Law, and Administration). These affiliations served to link the ICI activities to university curricula in these discipline areas, and offered the ICI a platform for providing academic training in interdisciplinary services and supports.

The increased emphasis on pre-service training and personnel preparation led the ICI staff, CHB, and the University of Massachusetts to enter into negotiations regarding moving a number of the programs and projects of the ICI to UMass Boston. This was accomplished in January 2002 with the full support of both Children's Hospital Boston and UMass Boston. In order to remain eligible to meet the criteria of a UCED, the ICI maintains a joint administrative relationship between the University and CHB, as well as formal academic agreements with several other universities (Harvard University, Emerson College, Boston College, Simmons College, Boston University, and Wheelock College). This structure has allowed the ICI to meet all of the statutory obligations of the Developmental Disabilities legislation as well as the Bureau of Maternal and Child Health as an interdisciplinary training program addressing Leadership and Education in Neurodevelopmental Disabilities (see *Appendix J: Leadership in Neurodevelopmental Disabilities Brochure*).

## 2. History of the ICI—The Past Decade and to Date

Over this past decade, the ICI has evolved from a center providing training as well as exemplary clinical and evaluation services to a comprehensive program that offers: (1) training at the pre-service and in-service levels; (2) research that is both applied and translational, addressing practices in early education, transition, community inclusion, health care, employment, and systemic change; (3) exemplary services addressing a variety of major areas, including early education, transition, employment, recreation, national service, and health care; (4) consultation and technical assistance in the areas of early education, teachers of the visually impaired, orientation and mobility, employment services, postsecondary educational opportunities, transition from school to adult life, peer leadership development, volunteerism (national service), public-policy formulation, and consultation to state agencies in the areas of welfare reform, employment services, health care and early education supports; (5) systemic change at the local, state, and national levels via the state developmental-disabilities agency members of the State Employment Leadership Network (SELN), ] the ten New England public Vocational Rehabilitation agencies served by the New England Technical Assistance and Continuing Education center (TACE), the 43 state offices of the Corporation for National and Community Services and their collaborating partners, and 12 institutions of higher education in the inclusion of students with intellectual disabilities in postsecondary settings; and (6) dissemination of products and materials locally, statewide, nationally, and internationally through a variety of websites and electronic communication strategies (see *Appendix K: ICI Activities from 2004 to 2009*, and [www.communityinclusion.org](http://www.communityinclusion.org) ).

**a. Location:** The ICI is located primarily at 20 Park Plaza, where the university leases the 13<sup>th</sup> floor of a fully accessible office building. The ICI has 150 staff and graduate assistants housed in approximately 19,700 square feet in this location. Additionally, ICI staff are located on the UMass Boston campus in the Wheatley Building (about 14 full- and part-time staff associated with the College of Education and Human Development), 1295 Boylston Street in office space owned by Children's Hospital Boston (about 18 staff and LEND fellows), one office on the main campus of CHB, and 12 full-time, part-time, and contracted staff located remotely in five states (Florida, Maryland, New York, Oregon, and Virginia).

**b. Growth—The Past Five Years:** During this five-year period, there has been an annual growth rate of 15% among ICI staff, with more than 180 people now working for the ICI (including trainees employed by the ICI in 2009, either through the University or Children's Hospital Boston). The ICI has contractual or formal relationships with more than 27 institutions of higher education, five national research centers or companies addressing disability issues (the University of Minnesota, the National Organization on Disabilities, InfoUse, the Lewin Group, and Mathematica), and significant relationships with twelve national advocacy and professional organizations (National Council on Independent Living [NCIL], Council of State Administrators of Vocational Rehabilitation [CSAVR], National Association of State Directors of Developmental Disability Services [NASDDDS], The Arc [formerly the Association for Retarded Citizens], American Association on Intellectual and Developmental Disabilities [AAIDD], National Down Syndrome Congress (NDSC), National Association on Mental Illness [NAMI], Association of Higher Education and Disabilities [AHEAD], Association of University Centers on Disabilities [AUCD], TASH [formerly The Association for the Severely Handicapped], the Association of Persons in Supported Employment [APSE], and the American Association on Pediatrics [AAP]). In addition to these national affiliations, ICI staff are involved with a number of state and local entities (see *Appendix K: ICI Leadership Affiliations, 2010*).

As was noted earlier, there has been significant growth in the ICI's grant and contract activities at the University. Additionally, over the past five years the ICI has seen a considerable change in its hiring patterns, with the recruitment of more experienced staff, the engagement of retired senior staff from other agencies, and the active hiring of graduate assistants (with an increase from a starting number of 5 to 27 in the current year). The geographic area that the ICI is expected to cover is no longer only Massachusetts, though its activities have always extended beyond state lines, but also national and international areas. The expectations for the ICI are considerable, both from its granting agencies and from the professional and general community. Product development has moved from reports to video, audio, online, and electronic platforms (see *Appendix M: ICI Products*). ICI staff is being asked by many federal agencies, organizations, and politically influential legislators to play a role in developing policy, identifying effective practices, and impacting systemic change in employment, early education, postsecondary education, volunteerism (national service) provider delivery systems, and community organizations.

**c. Accomplishments in the Past Year:** The past year has been an active one for the ICI. Applications for federal and state government funding have continued, and the ICI is currently operating more than 62 grants, cooperatives agreements, contacts, and projects addressing a

range of needs. About two-thirds of the ICI's activities address needs of youth and adults, with the remainder dealing with early childhood and youth issues as well as aging issues.

The following highlights some of the ICI's major accomplishments in the past year. It is not an exhaustive list, but a selection of representative ICI activities on the UMass Boston campus, at Children's Hospital Boston, and at the local, state, national, and international levels (see *Appendix N: List of ICI Projects 2004 to 2009*). These highlights include:

- Realizing an 18% expansion of ICI grant activities this past year (consistent growth in grants and contracts of 12% to 15% annually over a five-year period), with more than \$6.3M in new revenue this past year, and a total of new revenues over the life of these new grants in excess of \$27M.
- Supporting, through the Leadership in Neurodevelopmental Disabilities program (LEND), more than 286 students/trainees representing more than 20 disciplines with 36 long-term, 22 intermediate, and 228 short-term trainees receiving over 20,700 hours of training (66 post-doctorate, 56 pre-doctoral, 109 master candidates or post-masters, and 55 unknown).
- Hosting, through New England Regional Center for Vision Education (NERCVE), the only certificate program in orientation and mobility and low-vision studies offered in New England. This ICI center receives support from all six New England state departments of education, and continues to have nearly 40 new students enroll each year, with about 165 students enrolled in this degree and/or certificate program at any point in time.
- Providing in-service and staff development to more than 23,121 individuals in a wide range of areas, including employment practices and policies, transition and postsecondary education, early education, health care, interdisciplinary and disciplinary competencies in disability studies, public policy, program development, and systemic change (see *Appendix O: ICI Report to the Provost 2009*).
- Conducting fifteen studies that utilize multiple modalities, including both quantitative and qualitative designs, addressing early education, transition, vocational rehabilitation administration, employment trends, health disparities, and community capacity building.
- Maintaining a technical assistance round table (State Employment Leadership Network), currently consisting of 17 member states (CA, CT, DC, HI, LA, MD, MA, MI, MD, MO, NV, NM, OR, PA, TX, VA, and WA).
- Providing intensive technical assistance to more than 9,826 participants, addressing administrative, policy, service delivery, and documentation issues in increasing employment supports for persons with disabilities.
- Providing technical assistance to Saudi Arabia, addressing new program development in employment strategies for persons with disabilities.

- Disseminating materials to over 500,000 individuals, utilizing brief reports, email blasts, technical reports, tailored responses to requests, social media methods, project websites, and printed materials.
- Conducting statewide, national, and international meetings and training sessions addressing employment and national service, reaching more than 3,697 attendees.
- Presenting at international events in the United Arab Emirates, Turkey, and the European Union.
- Presenting to two United States Congressional Committees addressing the issues of employment legislation and reauthorization, and presenting at two national listening sessions (one a joint session of the Employment and Training Administration and the Office of Disability Employment Policy, both in the US Department of Labor, and the second for ODEP at a regional hearing on employment trends) (see *Appendix P: ICI Congressional Testimony Senate and House*).

The ICI is pleased to present this list of activities, events, and outcomes to the review team as a broad summary (representative but not exhaustive) of the work of the Institute for Community Inclusion over the past year. For a more complete presentation of ICI activities, see *Appendix O: Annual Report to the Provost, 2009*.

### 3. The ICI's Governance and Structure

The core activities of the ICI since January 2002 have been located within the administrative structure of the University of Massachusetts Boston, with the ICI director reporting to the provost of the university and receiving administrative supervision from the provost. For the Children's Hospital Boston portion of the ICI, the ICI director reports to the chief of the Division of Developmental Medicine, and is supervised by the chief of that division. The ICI director serves as a member of the management team of the Division of Developmental Medicine at CHB.

The ICI is organized around a cluster of staff-level functions (Administration / Business Supports, MIS / Data Analysis, Research Core, Marketing and Communications, and Events Planning), as well as operational-level activities (research, education and transition, technical assistance, policy development, training, and exemplary services) (see *Appendix Q: ICI Table of Organization*). The staff-level functions are designed to support the full implementation of the core operational-level activities.

Additionally, the ICI has nine national and regional programs: (1) the Rehabilitation Technical Assistance Center for Vocational Rehabilitation Management (RTAC), (2) the National Service Inclusion Project (NSIP), (3) Leadership in Neurodevelopmental Disabilities (LEND, based at Children's Hospital Boston), (4) Rehabilitation Research and Training Center (RRTC) on children and youth with disabilities and significant medical needs (Opening Doors RRTC, based at CHB), (5) the New England Regional Center for Vision Education (NERCVE), (6) the Training and Technical Assistance and Continuing Education project for New England

(TACE), (7) the Rehabilitation Research and Training Center on Vocational Rehabilitation (VR-RRTC), (8) the Disability Rehabilitation Research Center on Postsecondary Outcomes for Students with Intellectual Disabilities (DRRP/ADD Postsecondary), and (9) the National Service to Employment Project (Next STEP).

The ICI has approximately 180 staff (including graduate assistants). One-third of the ICI staff are persons with disabilities; about 7 out of 10 ICI staff either have a disability or have an immediate family member with a disability. The ICI also supports about 240 students (with fellowships, graduate assistantships, tuition supports, and summer employment) from more than 13 institutions of higher education. The vast majority of the students at the ICI are from the University of Massachusetts Boston.

The ICI utilizes a matrix structure relying on a 12-member coordinating committee. The committee meets every other week, and is charged with offering guidance, direction, and decision making to the ICI in key areas of planning, overall management, and future directions. Each of the core areas as well as the major regional and national centers has a lead staff member, with several of those staff also serving as members of the coordinating committee. Day-to-day management decisions are made by the lead project staff, ICI grant managers, the senior administrator, and the ICI director, with all major decisions being presented to and reviewed by the coordinating committee.

The ICI has a management group consisting of a senior administrator, a senior grant manager, three grant managers, and two grant staff members, as well as a staff manager for the day-to-day maintenance of the ICI and coordination of its human-resource functions. Additionally, core staff are supported by a marketing and communication team that assists with the design, development, and maintenance of all online and print communication efforts (see *Appendix R: Marketing and Communication Strategic Plan*). The events-management team is responsible for organizing and supporting all key training events, technical assistance activities, and major meetings of the ICI. Core staff from research, program evaluation, and data management are available to assist with the implementation of project plans and the development of reports as well as grant and contact applications.

## **IV. Strategic Plan: Mission, Vision, Goals and Strategies**

### *1. Vision*

The expectation that persons with disabilities can and should be part of the typical community is continuing to shape not only the way that persons with disabilities are perceived but also how supports and services are designed. The approach to service has evolved from a care-and-protect model to one that includes the individual with disabilities in the design, development, implementation, and management of support plans and in the identification of community resources. This has shifted the locus of control from the professional and the system to the individual and their community.

Today, choice and self-determination are essential concepts when considering the preferences and interests of persons with disabilities. The preferences of the individual and the

expectations of the family are as important as the perceptions of professionals in providing supports and services to individuals with disabilities. This shift in emphasis has led to recognition of the interrelated roles that family members, practitioners, and friends play in supporting the inclusion, productivity, and interdependence of persons with disabilities.

The ICI continues to support and advocate for continued growth in the role of persons with disabilities and their families in all aspects of the Institute's activities.

## *2. Mission*

The development of the mission statement of the ICI involved the active input of staff, consumers, members of the advisory committee, trainees, state agencies, and other community providers in disability networks throughout the Commonwealth. In recognizing these varied interests and perspectives, the staff of the ICI has crafted a mission statement that reflects the overall focus of the Institute's activities given the needs and interests of key stakeholders.

### **Mission Statement**

***The Institute for Community Inclusion at UMass Boston supports the rights of children and adults with disabilities to participate in all aspects of the community. As practitioners, researchers, and teachers, we form partnerships with individuals, families, and communities. Together we advocate for personal choice, self-determination, and social and economic justice.***

This mission statement serves both as a philosophical guide and the overarching statement of operations for the ICI and in conjunction with the following values and principles represents the core framework for the Institute's activities, policies and practices.

## *3. Values*

The guiding values of the ICI are to develop and/or advocate for the development of resources and supports for people with disabilities and their families that foster:

- Inclusion into communities across the life span with the same rights and privileges accorded to all people
- Choice in selecting and controlling the activities and supports persons with disabilities may need, and where these are provided
- Self-determination as a core principle in all services and supports made available or provided over the lifespan
- Access to person-centered services to promote physical, social and emotional well being and interdependence
- Communities that embrace diversity

The mission of the ICI is accomplished in collaboration with consumers and other stakeholders through:

- Offering interdisciplinary training to prepare professionals and providers to assume leadership roles in the development and delivery of services consistent with the ICI's core values
- Conducting research activities directed at establishing evidence-based practices and the translation of those practices in community settings to improve the quality of life for individuals with disabilities
- Disseminating materials and information to increase knowledge and foster the acceptance of individuals with disabilities as full members in society
- Providing exemplary clinical, consultative, educational and employment services to foster individual growth and development in inclusive settings
- Offering technical assistance to enhance service delivery in the community and throughout local, state, national and global environments

All policies, practices, and activities of the ICI are conducted in a fashion that is consistent with the mission and designed within the framework of the values and principles stated above. Program development, technical assistance, training, dissemination, and all administrative structures and policies of the ICI are guided by this mission statement.

#### *4. Assumptions About the Future*

The expectation that persons with disabilities will participate in typical community activities and settings has been reinforced legislatively with the passage of the Americans with Disabilities Act, IDEA, the No Child Left Behind Act, the Developmental Disabilities Act, the Workforce Investment Act, the Supreme Court's Olmstead decision, and the Edward M. Kennedy Serve America Act. These statutes and this decision reaffirm the rights of persons with disabilities to have access to all community settings. They also clarify the central role that persons with disabilities are to play in the design, development, and provision of services and supports. Finally, they stipulate that the settings to be accessed are to be those that are customarily available to all persons, with or without disabilities.

Early childhood services and supports have emphasized the need to provide assistance to children with disabilities. Early intervention and head start services have served to stimulate growth and development. Inclusive school settings call for the child with disabilities to be in the regular education classroom to the greatest extent possible. Special services are now, as a rule, being offered in the classroom, rather than by removing students with disabilities for such services. Peer relationships between children with and without disabilities are growing. These are some of the outcomes of a more inclusive approach to serving and supporting children with disabilities.

For youth, the emphasis on transition has recognized that there will be a future for the student with disabilities. Attention to the development of long-range plans based on interests and preferences has lead to a broadening of the network of supports, including family, friends, and professionals, in the planning process. There is a growing recognition that postsecondary

opportunities can and should be a goal for all students, including those with intellectual and other developmental disabilities. Transition plans are now addressing all major life areas: education, employment, community living, and health.

For adults with disabilities, there is a growing awareness that employment can and must be an option for many and the presumed outcome for all. Real jobs lead to greater levels of independence and increased opportunities for the development of friends and social networks. The principles of the Workforce Investment Act (WIA) call for “no wrong door” and for the development of an employment and training system that serves *all* job seekers. Community living options now include home ownership, shared apartments, and small community homes, as well as the opportunity to create relationships within neighborhoods. Public and private recreational options, while still often limited, are becoming more accessible to persons with disabilities. Regardless of age, participation in civic engagement activities offers all individuals an opportunity to give back to their communities. Finally, there is recognition that the health and wellness of the individual with a disability must involve the general medical community as well as more specialized health-related services.

The settings of the future that will support and serve persons with disabilities are those that are available to all persons. We must work to identify effective practices that reflect inclusion, to prepare direct-support professionals to assist persons with disabilities in realizing their dreams and aspirations, to develop and modify services and programs to reflect a person-and family-centered approach, and to disseminate information regarding practices and approaches that enhance the quality of life of persons with disabilities. The emphasis is on recognizing the need for persons with disabilities (and family members when appropriate) to be involved and to have control over the decisions that will impact their lives.

While the options for the future are promising, the challenge is one of assuring that the necessary resources, knowledge, and personnel are available to assist persons with disabilities and their families in realizing these goals of interdependence, productivity, and inclusion.

### ***Priority Goals***

- Involve all persons with disabilities in typical systems (jobs, community living, generic health care, schools, etc.)
- Emphasize issues of individual choice and control in the development of all projects

### ***Priority Objectives***

- Develop and/or support the development of exemplary services targeted for high priority populations (persons with disabilities from diverse cultures and communities, persons in segregated settings and waiting for services, youth in transition, children with special health-care needs, children entering the early education system)
- Develop a clear focus on increasing the postsecondary options for students with intellectual disabilities as well as options for participation in service at the local, state, and national levels
- Integrate national service into the transition planning and postsecondary options for youth with disabilities, and include national service as a pathway to employment for youth and adults with disabilities

- Expand pre-service and in-service training in early education, school inclusion, transition, vision services, employment training, and national service
- Expand the interdisciplinary training opportunities for students at the University addressing graduate training experiences
- Provide public human-service agencies, community rehabilitation programs, One-Stop Career Centers, and school personnel training related to integrated employment
- Develop a clear focus on policy development and work with federal, state, and local agencies in establishing effective policies and practices to support the inclusion of persons with disabilities in community settings
- Develop methods of identifying, evaluating, and replicating evidence-based and promising practices in education, adult services, health care, and professional development

## V. Benchmark Metrics

By the very nature of the ICI and the breath of its mandate, there is a need to have a range of metrics that document the outputs and outcomes of the ICI's activities across the areas of research, training, technical assistance, policy development, and dissemination. Many of the products of the ICI are developed and disseminated through the usual vehicles such as journals, white papers, special reports (research briefs, policy briefs, research-to-practice reports, program-evaluation studies and reports, and testimonies in public arenas) and web documents (emails, online documents, and alerts). Over this five-year review period, the publications of the ICI have included peer-reviewed products, special reports, brief documents, and related products. Many of these documents are developed and presented to meet the unique market niches that are relevant to both the topic and the funding source (see *Appendix M: ICI Products*).

The ICI staff is actively engaged in national venues, regional programs and activities, state-based efforts, and organizational activities (see *Appendix K: Staff Affiliations*). Many of these efforts are closely tied to increasing the inclusion of persons with disabilities in typical community settings. The support for the ICI's online and technology efforts is shown by the many federal agencies and organizations that link to these websites, as well as the number of individuals who visit our sites.

Our grant activities continue to be substantial, and are reflected in the many activities that are supported by the ICI (see *Appendix N: Activities of the ICI*). In general, the ICI submits more than twenty grant applications or continuations annually at the federal level and ten contract applications at the state level, and responds to more than 15 RFPs from states and organizations. In addition, the ICI has sub-contractual agreements with many institutions of higher education, public entities, and private and not-for-profit organizations (see *Appendix J: ICI Partnerships*).

Our considerable investment in training at the pre-service and in-service levels, staff development, and short term training has been well documented (see *Appendix C: 2005–2009 Training and Related Activities* for a list of long-term trainees, and *Appendix O: Report to the*

*Provost 2009).* Compared to the other University Centers on Developmental Disabilities, the ICI is in the top tenth percentile nationally with regard to budget and size. Our training data are consistent with other programs of our size as well (see *Appendix H: AUCD Annual Report*).

The role that the ICI has played in the national and state-level public-policy arenas has been considerable. Many of the US Senate and House of Representative committees and sub-committees seek data from or presentations by ICI staff when addressing disability issues at hearings in Washington (see *Appendix P: Congressional Testimony: Senate and House*).

ICI staff continue to play a strong leadership role in many professional, consumer, and constituency organizations at the national, state, and local levels (see *Appendix K: Staff Affiliations List*). The presence of the ICI on these many national committees and organizations demonstrates that the ICI is impacting the development of policies and the dissemination of research findings, both to traditional and to non-traditional audiences.

### *Online Impact*

In a review of our online impact, the ICI has completed an evaluation of our main website ([www.communityinclusion.org](http://www.communityinclusion.org)) and other selected sites including our state data site ([www.statedata.info](http://www.statedata.info)) and our national service site ([www.serviceandinclusion.org](http://www.serviceandinclusion.org)). In all instances, the utilization of the sites is clearly strong. On the state data site, the intended audience is policy makers and public administrators, and the site is designed to provide data for decision-making and establishment of policy positions at a state and local level. The in-depth review by [www.disability.gov](http://www.disability.gov) clearly shows that many of the ICI web postings are top or near the top in a number of categories.

The ICI develops web solutions that combine three primary elements: publishing, data collection, and community-building / instruction. Examples include the following:

- **Communityinclusion.org** is a clearinghouse of over 300 searchable publications written by ICI-employed experts on subjects related to inclusion and people with disabilities.
- **Statedata.info** is an innovative tool that allows users to create accessible charts and graphs using the huge amount of employment data that the ICI collects annually.
- **Opt4college.org** is a online learning management system (LMS) that allows youth with disabilities to get instruction on making the transition from high school to college.

The ICI currently has over 20 different domains handling over 100,000 visitors annually. Our flagship site, communityinclusion.org, handles over 85,000 visitors from over 150 countries annually. According to Google Analytics, this is 83% more visits than the average site of our size. 61% of our visitors find our content via our high rankings within search engines such as Google, Yahoo, and Bing. Our online web applications, like statedata.info (the online graphing site) and thinkcollege.net (an accessible college program finder), boast an average visitor session time of over three minutes, many times more than the average for sites our size.

The ICI strives to make all of its web products accessible to all people, regardless of ability or disability. This means that these products work for people using screen readers, text-

only browsers, keyboards only (no mouse), wireless (phone, PDA), slow connections (dial-up), etc. We favor “Open Source” technologies, software that is community-developed and not controlled by one company. We also follow “Open Web Standards,” a set of conventions for how web pages should be marked up or coded. Following these standards allows our pages to be easily understood by browsers and assistive technologies. Staff members also provide technical assistance, write academic journal articles, and have spoken at conferences for the American Association for Public Opinion Research (AAPOR) and the U.S. Bureau of Labor Statistics on our web-developing methodology.

## **VI. Survey of Affiliates and Participants.**

As per the criteria established by the Criteria for Review of Centers and Institutes the ICI conducted a frank and confidential survey of the individuals who are affiliated with the Institute and of the individuals who have participated in ICI projects or events. The study addressed aspects including: a) the quality of the Institute’s activities and programs, b) the integration of the Institute’s activities and programs with the research activities and academic programs of the departments and colleges of the university, and c) the effectiveness of the Institute’s governance and administrative structure.

To meet this request, ICI staff conducted three activities: 1) a survey of 163 organizations that have partnered with the Institute for a variety of purposes (research, training, technical assistance and systems change, and academic, pre-, and in-service training); 2) case studies of eight partner organizations; and 3) a synthesis of key existing program-evaluation data collected from agencies and individuals who participated in ICI training and technical assistance (TA) activities. The purpose of the survey was to better understand the experiences of organizations and individuals who work with the ICI, their views on ICI projects and activities, and on how these fit into the UMass Boston system. Case studies were conducted to provide a more descriptive picture of the range of partnerships the ICI engages in and the contributions that these partnerships make at the community, state, regional, and national levels. Given the range of ICI partnerships, projects, and activities, ICI staff decided to synthesize existing participant-level evaluation data of selected training and TA activities rather than surveying participants again. Following is a summary of the key results of each activity; the appendices include detailed presentations of the actual findings.

### 1. Survey of ICI Partners

To describe the landscape of ICI partnerships, their contributions, and how these partnerships fit into the larger UMass Boston system, ICI researchers surveyed 163 partner organizations in March/April 2010. In this study, “partner organization” referred to an organization with which the ICI has or had a formal/contractual relationship. Of the 163 organizations, 114 or 70% completed the survey.

Researchers obtained approval from the UMass Boston Institutional Review Board prior to implementing the survey. A survey questionnaire was developed that consisted of two sections. Section A asked participants general questions about their organization and ICI partnership experience; Section B asked them about their views on ICI projects and activities,

including quality and, if applicable, contribution to UMass Boston more broadly. A copy of the survey questionnaire is included (see *Appendix T: ICI Partnership Survey Questionnaire*).

The survey was administered online over a period of four weeks (March 29, 2010 to April 24, 2010). Participants received an email that included a cover letter, a link to the online survey, and a unique ID to access the survey. Researchers and ICI project staff sent three reminder emails to non-respondents in an effort to increase the response rate. This resulted in a final response rate of 70% (114 of 163). Following is a summary of key findings from an analysis of the survey data. A more detailed description of the survey findings is included (see *Appendix U: Partner Survey Results*).

## 2. Summary of Survey Findings

**a. ICI partner organizations:** Of the 114 organizations that participated in the survey, the largest number were state agencies, followed by institutions of higher education, and public or private educational agencies. Slightly less than two-thirds of the organizations partnering with the ICI served at the state level, with Massachusetts being the most frequently reported state. The second-most-common geographic scope was national level, followed by local level. Almost half of the partner organizations reported collaborating with the ICI for one to five years.

**b. Organizations' experiences of partnering with the ICI:** This section consists of two parts. The first part presents findings on organizations' overall experiences partnering with the ICI. The second part presents findings on organizations' experiences by type of project or activity they engaged in. This included: *i*) research, *ii*) training, *iii*) technical assistance (TA) or systems change, and *iv*) academic, pre-, or in-service projects and activities. Note that an organization could report engaging in more than one type of project or activity.

The largest number / percentage of respondents strongly agreed that their partnership with the ICI has concrete goals and objectives; that partners each have clear roles and responsibilities; that partners are included in the decision-making process; that partners communicate effectively with one another; and that the partnership uses fiscal and in-kind resources (such as skills, expertise, and connections) efficiently.

Fifty-two partner organizations recommended ways to improve their partnership with the ICI. The most common recommendations related to communication. Partner organizations recommended that the ICI improve communication about project planning, and that it define more clearly the roles within the partnership. Respondents also suggested that the ICI increase the frequency, openness, and timeliness of communication. Two respondents commented on challenges regarding contract negotiation and reimbursement, noting difficulty navigating the complicated UMass Boston system.

***i) ICI Research Projects and Activities:*** Sixty-two (56.4% of 110) of the responding organizations were engaged in research projects or activities with the ICI. Among these respondents, the largest number / percentage strongly agreed that the research was well designed and relevant to the needs of their community; that ICI research staff were highly knowledgeable and skilled in their fields; and that the research products were of high quality. Equal numbers / percentages of respondents strongly agreed or agreed with the statement

about the research being implemented effectively. Fifteen of 16 organizations responded positively to the question about how well ICI research projects and activities are integrated with research activities and academic programs of UMass Boston departments and colleges.

*ii) ICI Training Projects and Activities:* Eighty-six (76.1% of 113) of the responding organizations were engaged in training projects or activities with the ICI. Among these respondents, the majority strongly agreed that the training was well designed and relevant to the needs of their community; that trainings and training materials were useful and universally accessible; that ICI training staff were highly knowledgeable and skilled in their fields; and that training was effective for their community. Fifteen of 20 organizations responded positively to the question about how well ICI training projects and activities were integrated with research activities and academic programs of UMass Boston departments and colleges.

*iii) ICI Technical Assistance and Systems-Change Projects and Activities:* Seventy-three (65.1% of 112) of the responding organizations were engaged in TA or systems-change projects or activities with the ICI. Among these respondents, the majority strongly agreed that the TA / systems-change projects and activities were well designed and relevant to the needs of their community; that ICI staff were highly knowledgeable and skilled in their fields; and that projects and activities were effective for their community. Twelve of 14 organizations responded positively to the question about how well ICI projects and activities were integrated with research activities and academic programs of UMass Boston departments and colleges.

*iv) ICI Academic, Pre- and In-Service Education Projects and Activities:* Twenty-one (18.8% of 112) of the responding organizations were engaged in academic, pre-, or in-service education projects or activities with the ICI. Among these respondents, the largest number / percentage strongly agreed that the education projects and activities were well designed and relevant to the needs of their community; that education projects, activities and materials were useful and universally accessible; that ICI staff were highly knowledgeable and skilled in their fields; and that projects and activities were effective for their community. All of the 12 organizations that responded to the question about how well ICI academic projects and activities were integrated with research activities and academic programs of UMass Boston departments and colleges responded positively.

**c. Survey Findings across all Types of Projects and Activities:** Twenty-one partner organizations provided recommendations of ways to improve the quality of ICI projects and activities. Among these responses, nine recommendations related to improving communication. This included increasing frequency of communication, regularly following up after project meetings, and clearly defining program goals. Other recommendations included better utilizing advisory panels, increasing marketing to make ICI resources more available, and increasing grants serving individuals with visual impairments and transition age youth.

## **2. Case Studies of ICI Partnerships**

To contextualize the survey findings, ICI researchers conducted case studies of eight partner organizations about their experiences of working with the Institute. Researchers selected organizations that represented the wide range of ICI partners including schools, state agencies, community-based organizations, disability advocacy organizations, community

rehabilitation providers, professional membership organizations, employer organizations, and research organizations. Researchers interviewed a key contact at each organization. Interview questions explored how each partnership with the ICI began, the nature of the partnership (partner roles, responsibilities, and expectations) and how it has changed over time, the benefits and drawbacks of the partnership, and the future of the partnership. Summaries of the interviews were sent to the interviewees and the ICI project contact for review and approval. Overall, the case studies show that these organizations are satisfied with their ICI partnership experience. While each partnership is unique, common among many of the partner organizations was the desire to be a more equal participant and contributor. See *Appendix V: Summary of ICI Case Studies* for a summary of the eight case studies of ICI partnerships.

### 3. A Synthesis of Existing Participant-Level Program Evaluation Data

**a. Participant Evaluations of ICI Training on Community Employment:** An analysis of program evaluation data collected from over 2,500 agency staff who participated in 207 ICI trainings between October 2006 and December 2009 shows that the majority of participants were satisfied with their training experience, including almost sixty percent who were highly satisfied. Training participants included staff from public and private agencies that assist people with disabilities in gaining and maintaining employment. Trainings focused mainly on building staff and organizational capacity to improve employment outcomes for people with disabilities in the community.

Overall, training participants strongly agreed that the training content was relevant to their job; positively impacted their skills, knowledge, and abilities; and met their expectations. They strongly agreed that training materials were useful and easy to understand; and that the trainers were organized, approachable, informative and interesting. Most participants rated the trainings to be of high quality and slightly less than two-thirds thought that the training would be useful in improving agency policies or practices. When asked whether or not they would recommend the training to others in the field, most participants responded positively. A more detailed breakdown of the findings is included in *Appendix W: ICI Employment Data Results*.

**b. Participant Evaluations of ICI Technical Assistance on Community Employment:** An analysis of program evaluation data collected from ten agencies that participated in technical assistance (TA) efforts conducted by the ICI between May 2006 and November 2008 shows that all were satisfied, including nine that were highly satisfied. TA participants included community agencies that assist individuals with disabilities in gaining and maintaining employment in the community. TA mainly focused on building agency capacity to more effectively support people with disabilities in employment, TA being customized to the needs of the particular agency.

All participants strongly agreed that they had been adequately involved in the planning of the TA effort and that ICI TA staff understood their agency's needs. Most agreed or strongly agreed that the goals developed during the TA effort addressed their agency's needs and that the strategy ICI staff used for providing TA helped their agency to work towards these goals. Most participants agreed or strongly agreed that ICI TA staff were knowledgeable and

respectful, prepared and arrived on time for meetings, communicated effectively with all stakeholders, and responded to questions and concerns in a timely manner.

In terms of the TA impact at the individual level, most participants agreed that the content of the TA had positively impacted their skills, knowledge, and abilities. With respect to TA impact at the agency level, sixty percent of the participants strongly agreed and forty percent agreed that the TA had enhanced their agency's capacity to support individuals with disabilities in employment. Two-thirds agreed and one-third strongly agreed that their agency was able to sustain the enhancements or changes resulting from the TA. When asked whether or not they would recommend ICI TA and consultation to others in the field, all participants responded positively. A more detailed breakdown of the findings is included in *Appendix W: ICI Employment Data Results*.

c. Participant Evaluation of ICI's National Service Inclusion Project: ICI's National Service Inclusion Project (NSIP) intends to increase the participation of people with disabilities in national service and volunteer activities. This is achieved by building partnerships among disability organizations and providing training to organizations including AmeriCorps, Senior Corps, and Learn and Serve. The project offers TA and resources to support service members and volunteers with disabilities. It develops the capacity of service and volunteer organizations to improve recruitment and retention, accommodations, accessibility, and management, and to comply with state and federal requirements on disability inclusion. In FY 2009, NSIP provided a range of training and TA activities as well as resources. This included: national, multi-state, and single-state training events, online courses, webinars, curricula, and materials, and on-site and remote (phone and email) technical assistance. A more detailed breakdown of the data on training and TA is included in *Appendix X: National Service Data Results*.

An analysis of the program evaluation data collected from over 1,000 individuals who participated in NSIP-led trainings between April 2006 and September 2009 shows that the majority were (highly) satisfied with their training experience. Participants thought that NSIP trainers were knowledgeable and responsive and presented the content effectively. Participants thought that they had had enough opportunity for discussion and engagement, that the materials had been useful, and that the training sessions had met the stated learning objectives. Most thought that, through the training, they had gained knowledge that was applicable to their work.

## **VII. Future Directions.**

The ICI will continue to have as its central focus the inclusion of persons with disabilities in all life areas: education, community living, employment, and health. Our efforts will include a growing focus on: (1) development of applied and translational research efforts identifying and documenting evidence-based practices that will support a commitment to inclusion; (2) training at both the pre-service and in-service levels assuring that the core competencies across multiple disciplines are addressed and that our training embraces an interdisciplinary design; (3) building the capacity of local communities through ongoing technical assistance and model development; (4) sharing findings of our research, capacity development, and technical assistance efforts and availability of our training activities locally,

nationally, and internationally; and (5) assisting in the development of policies that will support the vision and mission of the ICI as we work to promote the inclusion of persons with disabilities.

The demographics of the population in the United States and globally require that we address a changing landscape, since in some communities the population is aging while in others it is developing or younger. Disability is and will continue to be present across all populations, with selected conditions reflecting the economic, social, and cultural features of those communities while in others the metabolic, genetic or traumatic events which are typically cultural and geographically blind. Our experiences are that the inclusion of persons with disabilities in all major life areas, regardless of the culture, requires not the “fixing” of the individual but the adaptation of the community.

Reducing the dissonance between societal expectations and the interests and preference of persons with disabilities is at the heart of greater inclusion. This comes about through increased skills and capacities, greater acceptance by the broader community, and the utilization of strategies and interventions that have broader relevance to the community at large. The universal strategies that benefit all will have a greater impact on persons with disabilities and their inclusion into all social settings. Our challenge locally, nationally, and globally is to identify and document strategies that are universal and benefit all, increase the skills of those supporting persons with disabilities, support the acquisition of skills among persons with disabilities, develop accommodations that will reduce the impacts of certain disabilities, and support the general community in recognizing that disability is part of the natural human experience.

The following presents some of the future directions of the ICI in the next five years. These are organized according to the four fundamental questions that have been posed to the ICI as part of this review (see page 1 of this report for list of questions). Overall we do not anticipate a change in the mission of the ICI, but we feel that, given the changing demography in the United States and the overall aging of the population, we will be more involved with disabilities resulting from the aging process. Additionally, the implications and interaction of disability and culture will permeate our research, training, capacity development, and policy considerations. With the expansion of national health insurance, the role of prevention and wellness in health care will remain a key area of interest. Finally, with the continuing and growing influence of the ICI nationally and internationally, there will be increased engagement not only in cross-cultural work but international work. This will lead us to a more global view of training, inquiry, and policy development in the coming years.

a. Fundamental Question 1. Assisting the University in Achieving its Goals: With the soon to be established University College, the University of Massachusetts Boston is placing an increased emphasis on distance learning and engagement of students not only on the campus but from their places of work, residences, and remote-learning communities. The ICI continues to be highly invested in providing learning experiences that are reflective of diverse communities of learners. An example of this is the considerable accomplishment of the vision training programs. These programs offer online learning for educators who are working in local schools and who are seeking additional skills in addressing the needs of youth who are visually impaired or blind. Many of the participants in these online training programs are engaged in

teaching and have their teaching certifications but are seeking an additional certification in vision. We anticipate expanding these offerings and including a more robust in-service training in the area of vision using online consultation and distance capacity development.

In personnel preparation areas such as early education and employment and training, the ICI also sees increasing demand for training. In the case of early education, many of the persons who will be seeking training opportunities will be in or intending to enter the field of early education and/or Head Start. Many of these settings will offer inclusive experiences for young children, those with and without disabilities. These professionals and paraprofessionals will serve as the gateway to inclusion for young children with disabilities.

In the employment and training areas there is an acute shortage of personnel knowledge in assisting job seekers with disabilities in accessing employment. This need presents a more significant challenge than does early education, since state and national certification is available in the early-education field. The field of employment and training lacks certification standards, and so is less defined by a series of core competencies and more oriented toward on-the-job learning. This year, the ICI will enter into contract with the Elsevier Publishing Company as well as the Institute for Community Integration at the University of Minnesota in launching an online self-paced College of Employment and Training. This college will be available through Elsevier nationally, and hopefully in four to five years will begin to attract international students. As a self-instructional strategy this training can be both in-service and foundational and able to reach any learner.

Staff in community rehabilitation provider programs (there are 12,703 such programs serving more than 1.2M persons with disabilities) and at the more than 3,000 One-Stop Career Centers need assistance in developing competencies in job development, job placement, and job supports. This online self-instructional training will assist many service providers nationally and internationally in assisting all job seekers in accessing, maintaining, and advancing in employment. More advanced training in rehabilitation counseling will continue to be part of the pre-service and in-service training as the ICI will collaborate with the Council of State Administrators of Vocational Rehabilitation programs (CSAVR) to develop and make available these course offerings in the coming years.

In concert with the University's interest in expansion of its international outreach, the ICI will seek to increase its involvement in countries that are establishing, expanding, or redirecting their disability services and supports. In the past four years the ICI has had exchanges with the governments of several countries addressing issues of inclusion and workforce development. The ICI was involved initially with the United Arab Emirates in the development of a four-pronged strategy to increase early diagnostic screening procedures for all children, inclusive education at the early years, assistive technology, and finally employment. This effort led to the establishment of the Takamul Center in Dubai.

The employment aspects of this center have continued to expand. An outgrowth of this effort has been the development of a comprehensive strategy to refine and or establish employment services for persons with disabilities in Saudi Arabia. This activity is ongoing with the framing of a formal contractual agreement with the Prince Salman Center for Research and the ICI/UMass Boston. The scope of the work will involve the development of an employment and training system engaging the Saudi government and companies in hiring, supporting, and

advancing Saudi nationals with disabilities in employment. The employment effort will include extensive training and technical assistance as well as the evaluation of the program effectiveness over the life of the contract.

Through Children's Hospital Boston, the ICI has been involved with the implementation of a Fogerty training grant over the last decade. This grant is aimed at mental-health professionals and faculty at institutions of higher education in Turkey; it brings faculty from Turkey to the United States to participate in a shared training program at the Harvard School of Public Health and the ICI. Other contractual arrangements in the area of vision are being explored with Taiwan. It is anticipated that the ICI will expand its outreach through contractual agreements engaging these countries in research, capacity development, and model demonstration.

Integrating this international work with the mission of the University has lead to a series of initial conversations with university administration and the Provost's Office around the establishment of the ICI more clearly in pre-service training. This would mean that the ICI would build on its current graduate training in vision while developing additional master's training programs in global inclusion as well as social development. The need for such programs is reflected in the nature of the requests for assistance being received by the ICI and other similar centers, as well as the growing interest among United States and international students in research, policy development, model demonstration, and skill acquisition in the areas of inclusion and disability policy. Related to this are the issues of social and economic development and the relationship of these to disability policy. Such an advanced training program would embrace the principles of interdisciplinary training as well as the concepts of universal design and application.

At the core of the University's vision and mission is civic engagement, which is also central to the activities of the ICI. The development of the Nation Service Inclusion Program, the national training and technical assistance resource for the Corporation for National and Community Service, has allowed us to play a central role in the opening up of opportunities for persons with disabilities to engage in national service. More recently this has lead to a national project that is exploring how service can lead to competitive integrated employment for persons with disabilities.

The ICI has been committed for more than two decades to expanding the capacity of local community-based organizations (CBOs) in serving and supporting their members who have disabilities. This effort has included developing local capacity through grant-giving, training, and technical assistance, and engaging long-term trainees of the ICI in substantive interactions around the issues of inclusion and wellness for persons with disabilities in those communities.

These initiatives are consistent with the University's activities in civic engagement and service learning for all of its students. The ICI will continue to work with the university in expanding its roles in the community though service-learning efforts, and will continue to expand our support of community agencies serving diverse cultures and communities at the local, state, national, and international levels in the coming years.

**b. Fundamental Question 2. Engaging Faculty and Students in Interdisciplinary Training:**

The ICI will continue to play a major role in supporting students and faculty in research, training, and civic engagement, and to support the Graduate Assistant program at UMass Boston by establishing a goal of supporting annually 35 GAs in research, policy development, and program evaluation activities. These GAs will be expected to be substantially engaged in ICI projects and also to participate in the GA training program of the ICI, including monthly seminars, special colloquiums of the ICI, and community programs sponsored or hosted by the ICI.

In conjunction with the enhanced efforts of the ICI in pre-service training and research activities at UMass Boston, the ICI will also seek to host a Resident Research Scholars program for faculty. This will include three to five faculty members who will be awarded mini-scholarships to spend one day a week at the ICI for a period of one year. The focus of the Resident Research Scholars program will be to work with staff in the development of their interests in research and the securing of external funding as well as increasing their skills in initiating and implementing research projects. The Scholars will be engaged in a formal training program and will also be assigned an ICI mentor who will guide them through their learning process. This effort will work in concert with the Office of Sponsored Programs and the host college as a way of increasing faculty skills and capacities and of building the number of grant resources and contact resources at the University.

In the coming two years, the ICI will seek to develop a more formal post-doctoral experience. This will include the establishment of a formal training experience in the research areas of the ICI for two such fellows interested in research. The areas of inquiry will be linked to existing research projects at the ICI. The post-doctoral fellows will be required to work on an ICI research project, have a senior staff member as a mentor, and develop at least one publishable article in a selected research area. These fellowship positions will offer students who are completing their doctoral studies at the University an opportunity for a more intensive experience in research, proposal development, and publications.

Additionally, the ICI will seek to develop a visiting senior scholars program. The goal will be to support two Visiting Senior Scholars, one from the United States and one international scholar, who will be supported for a twelve-month period through ICI resources to complete a scholarly project and publication addressing an issue of relevance to UMass Boston and the ICI. The recruitment of candidates for these positions will be broad and the support will be in the form of a one-year paid experience at the ICI.

With the University's interest in supporting closer relationships between its institutes, centers and colleges, the ICI will explore greater utilization of joint appointments for faculty in the Colleges as well as staff at the ICI. The expanded emphasis on pre-service training will also serve as a strong platform for the development of joint appointments as the training activities will be of an interdisciplinary nature. Finally the ICI, as a joint project of the University and CHB, will continue to seek opportunities for the development of projects and activities that will be shared efforts between CHB and the University. At the present, there are three shared projects between CHB and UMass Boston. Additional grant and contact applications addressing health and wellness, health disparities, interdisciplinary training, and community capacity development will be submitted over the coming five-year period.

**c. Fundamental Question 3. Interdisciplinary Research and Programs Addressing Complex Social Problems:** The response to this question is divided into two sections: (c.i) Research and (c.ii) Programs.

*c.i. Research:* The current mission and vision statements of the University are clear about the focus of UMass Boston as a resource to identify new knowledge and develop effective ways of addressing complex social problems. As was noted earlier, the issues of isolation, poverty, and discrimination continue to inhibit the full inclusion and social and economic development of persons with disabilities and individuals from other diverse cultures and communities. The ICI will continue to focus its research and program development efforts on ensuring that persons with disabilities and those from all cultural backgrounds have the opportunity to be fully included in all major life areas.

The number of projects that the ICI has completed, and its efforts to increase the understanding of promising and evidence-based practices, has led to a concerted effort at embracing applied and translational research. Projects documenting strategies for employment, health care, community inclusion, and capacity development have offered the ICI a chance to impact the traditional literature field, and also to create platforms upon which policy makers, researchers, and consumers can utilize research findings to influence legislative, administrative, and policy decisions. The ICI data website ([www.statedata.info](http://www.statedata.info)) has served as a considerable resource to legislators, policy makers, researchers, and others in the area of employment trends at the local, state, and national levels. This effort integrates research findings with a vehicle for dissemination to engage key constituents on a dynamic and interactive basis.

Past projects examining the issue of health disparities among women with diabetes and African Americans have served as a platform for our health-based research. The current national interests in wellness and obesity are clearly issues that the ICI will embrace through our applied and translational research activities. Development of effective practices in the areas of transition from pediatric to adult health care for youth with special health-care needs and the increased understanding of depression in the Haitian community, are activities that are seeking to identify promising as well as evidence-based practices in health disparities, transition, and inclusion.

Our strong training and technical assistance efforts in vision education and orientation and mobility have demonstrated that, even in these “low-incidence” areas, the ICI can build the capacity of professionals in the field of vision. These initiatives also help schools to more effectively support students who are visually impaired or blind. In the coming years we will be expanding our research in the areas of low vision and blindness to include adults. Initial outreach in New England in vision research has been positive. We will also be seeking to expand these vision services to the workplace, supporting workers who may acquire limitations in vision as they age.

The ICI has in the past five years emerged as a key resource in the examination of employment outcomes for persons with disabilities. Three of our national centers address employment outcomes and the development of more effective systems to support increased workforce participation for persons with disabilities. On three occasions ICI staff have been asked to testify on employment outcomes nationally in both the United States House of

Representatives and Senate (see *Appendix P: Congressional Testimony: Senate and House*). Testimony showcased both the data collection and program evaluation expertise of the ICI as well as the strong public policy capacity of the ICI in areas of employment and transition.

Another considerable effort of the ICI involves developing more effective options for students with intellectual disabilities to complete their education in postsecondary settings, with the ultimate goal competitive employment. Through active participation with the United States Senate and House of Representatives the reauthorization of the Higher Education Act includes a clear focus on participation of students with intellectual disabilities in postsecondary settings. The ICI is now involved in research efforts seeking to establish evidence-based practices that will support students with intellectual disabilities in postsecondary settings that lead to employment. In the coming years the ICI will be actively involved in the development of transition policy, practices, and strategies that will facilitate the movement of students with disabilities from school into postsecondary and employment outcomes.

Much of the ICI's research activity will continue to identify evidence-based practices that will support greater effectiveness in the public programs of the federal and state government. The two ICI national centers addressing Vocational Rehabilitation agencies are identifying strategies that will improve strategic planning, quality assurance, and human-resource management in the public Vocational Rehabilitation system. As a result of this effort the ICI will design, pilot, and implement a national management model for this system so that more persons with disabilities who are served by that system can enter and remain in employment. Similarly, the ICI will continue to support more effective ways for the One-Stop system and its seventeen mandated partners to integrate resources, adopt shared program-eligibility and outcome measures, and design unified intake and data collection efforts. The reauthorizations of the Workforce Investment Act will provide a strong platform for the ICI in moving the public system to a more unified service-delivery model.

The considerable accomplishments of the State Employment Leadership Network (SELN) have demonstrated that the ICI can support multiple states in identifying effective practices, integrating those into day-to-day service delivery, and developing shared policy strategies addressing employment of persons with disabilities served by these state agencies. Assisting the myriad of public agencies at the federal and state level will remain a core area of interest for the ICI in the coming years.

*c.ii. Programs:* The success of our data website has led us to believe that there is an increasing role for expansion of state data collection documenting employment outcomes. We have developed a model that is being implemented in two states. This model is a cost-effective, efficient, and accurate method of collecting information at the state and local levels regarding employment outcomes for persons with disabilities. We anticipate expanding this as a subscription service to other states. This data collection activity will be paralleled with the expansion of the contractual services with individual states in the areas of capacity development and policy analysis.

Consistent with the university's mission of civic engagement, the ICI will work with the university to expand service-learning efforts and to examine the effectiveness of service learning as a strategy for retention of first-generation students at the university. The effort will

expand as the ICI continues its role as the national training and technical assistance resource (through NSIP) for the Corporation for National and Community Service. Initial data are showing that national service can be a very significant pathway to employment for persons with disabilities. This approach will aim to expand the role of national service to include the transition of students from school to work, and the reintegration of persons who have experienced traumatic injury and are now returning to the community and workforce.

The ICI continues to have numerous formal and informal relationships with community organizations, consumer groups, institutions of higher education, public and not-for-profit entities, and employers (see *Appendix J: ICI Partners*). We anticipate continuing and increasing these relationships as a way of enhancing the ICI's capacity to reach stakeholders and to respond to requests for proposals. Recently, two national consultant organizations, Mathematica Policy Research and the Lewin Group, have independently approached the ICI seeking formal agreements that will allow the ICI to partner with these entities as they bid on federal grants and contracts. These relationships will increase the ability of the ICI to participate as a "preferred provider" in selected bidding processes. In addition to expanding the reach of the ICI into contracts and cooperative agreements at the federal level, these relationships will also broaden the ICI's capacity to seek out major research and policy projects at the national level.

Finally, with the exploration of the new pre-service and technical assistance activities at UMass Boston addressing global inclusion and social development, there is ample opportunity for the ICI to expand its mission of inclusion and workforce development in other countries. Some initial efforts in Saudi Arabia and in Turkey are already showing promise. Our capacity to offer courses online and the newly developed relationship with Elsevier and the Institute for Community Integration at the University of Minnesota also offer chances to expand the training reach of the ICI internationally.

**d. Fundamental Question 4. Leveraging Resources and Investment of Those Resources in UMass Boston/ICI Shared Missions:** The ICI has over the past decade experienced considerable growth in both the area of grants and cooperative agreements and more recently in the development of more business-focused efforts. Our annual growth rate in the past five years has been about 15% in both revenue received and staff employed. We have seen a considerable expansion in the nature of our contracts with the federal government, moving to larger contracts that are cooperative agreements as opposed to grants. As a cooperative agreement, the project has a close and continuous relationship with the funding agency, and there is more flexibility in the overall scope of work from year to year. These changes have required that we adapt our responses to federal announcements and maintain a much closer working relations with federal project officers.

At the state level, we have also seen considerable growth in the contracting areas, even given the current state of the budget. This may be attributable to a strong and long-standing relationship of both University and ICI key staff to state agencies as well as the ability of the University and the ICI to respond to emerging state needs in a rapid fashion. We have seen a more than tenfold increase in our state contacts in the past five years. Finally, the opportunity to develop new business activities with the assistance of the University's Venture Development Center has lead to major growth in projects structured around annual membership (such as

the SELN), contracts with many individual states in the development of products, and the provision of services and contracts with non-governmental as well as international entities (such as Elsevier and Saudi Arabia).

The ICI represents about 25% of the external funds of the university. The actual various returns to the university through ICI projects can be seen on pages 8 and 9 of this report. We are continuing to place significant emphasis on supporting graduate assistants, reaching out to faculty in many colleges in developing shared projects, and developing projects that support the retention of students on the campus through our interest in service learning.

We have made a considerable investment in our Marketing and Communications group, and feel that it is essential that we reach a multitude of audiences. Our outreach strategies include utilization of the traditional journal sources and print media, but also our online strategies and the use of social-media networks. We are placing a great deal of emphasis on online learning (including both pre-service and in-service) as well as consultation through resources such as the SELN and many of the ICI's national center grants. Our proposed marketing plan (see *Appendix R: Proposed Marketing and Communication Strategic Plan*) reflects the broad view that the ICI has taken on dissemination of research findings, increasing local and state capacities in serving persons with disabilities, developing constituent groups that can carry on the inclusion mission of the ICI in diverse communities, and the ability to influence policy through information dissemination, resource development, and online consultation. Documentation of past activities reinforces the success of the ICI in outreach and dissemination (see *Appendix Y*).

### **VIII. Propose any Changes Needed to Increase the Impact of the ICI Activities and Programs**

The ICI has received considerable support from the Office of the Provost as well as the Office of Grants and Contracts since 2002 when the ICI moved from Children's Hospital Boston and Harvard University to the University of Massachusetts Boston and CHB. During this almost ten year period the ICI has been able to achieve and exceed its annual growth targets as a result of this supportive environment. The ICI has had ready access to the leadership of the university, and has experienced significant flexibility in the administrative policies of the Office of Grants and Contracts. These supports, while they have allowed the ICI to grow, may serve as potential inhibitors to the ICI's growth in the coming decade. The following outlines four areas where some changes will be needed if the ICI is to continue to grow and to work in collaboration with the University in advancing our shared mission and vision. These areas include (1) financing of the ICI, (2) UMass Boston external fund management operations, (3) eventual location of the ICI closer to the campus and core student body, and (4) support in integrating the centers and institute with the colleges of the university.

**1. Financing of the ICI:** At the present time, the ICI receives a portion of its indirect back from the university. This is utilized to support the administration of the ICI and is, with the exception of a faculty line in Vision Studies, the only source of revenue received by the ICI from the university. Given the sheer size of the ICI grant and contract activities, there is now an

administrative service of eight grant-management or administrative staff. Much of the expense for these staff is provided through the grants themselves. The ICI does need to have a university administrative account that would allow for support for some of these staff who may be more appropriately considered administrative expenses to the university. Having an administrative account would also allow the ICI to more effectively track the matching funds on those grants that require that level of support. It should be noted that the rent for the current ICI space (annually about 400K) is paid for by the university.

Given the potential for the development of greater pre-service training addressing global inclusion and social development, it is essential that there be increased support from the university to the ICI in terms of monies as well as positions. The support of the 35 graduate assistants, the UMass Boston research scholars, the visiting senior scholars, the post-doctoral fellowships, and the development and implementation of additional pre-service training will require a commitment to the ICI in the provision of university-supported instructional faculty in the pre-service training. While the training will be interdisciplinary in nature, it will have core course offerings and related core courses available in other colleges. The need for instructional time, advising, course development, and student recruitment will require that the university commit faculty lines to these institutional activities.

The support of the other activities noted above would be realized through a change in the indirect recovery rate to the ICI. These resources would then be used to support GAs, scholars, and fellows. The ICI would also assume the cost related to the rental space that is currently contracted through UMass Boston. Such an modification of the indirect recovery return to the ICI by the University would be for a five-year period and would then be reviewed and based upon performance be renewed for another five-year period. The revenues from the change in the return of indirect to the ICI would also serve to establish an ICI administration budget, noted as a need above.

**2. UMass Boston External Fund Management Operations:** As the ICI diversifies its revenue sources, there is an increasing need for a more streamlined review and budgeting process at the university. The current process of the pre- and post-awards at the University works well for grants that are of a 12-month or multi-year duration. The ICI is now contracting with state agencies outside of Massachusetts, private organizations, local community organizations, and other entities to respond to targeted needs or projects. Some of these are product contracts and others are service and training. Often these contracts are for smaller amounts and run for a relatively short period of time, possibly weeks and not months. The development of the budgets for these projects is extremely inefficient and leads to protracted review periods and delays in getting projects underway. Additionally, on the post-award side, the billing of the projects is often delayed since it takes time for a staff member to be assigned to a project (once the grant number is assigned) and their expenses to be posted to the account.

If the ICI is to more effectively engage in these smaller and shorter-term contracts, the University will need to develop a more effective way of processing and managing these accounts. While the ICI is not unique in these areas, the procedures of the Office of Sponsored Projects to process, manage, and bill for these accounts is complex and inefficient. The

reporting of staff through the current effort certification process again raises challenges on these grants as it is likely that some of the staff will work on a project for several non-contiguous periods and their effort certification process will become almost unmanageable. Therefore, the administrative and budgeting review and management process for short-term contracts must be modified if the University wants the ICI to expand this portion of its business operations. Similar clarity is needed as the ICI enters into more product contracts and how these are supported through ORSP.

**3. Move to the Campus:** Over the past almost ten years the ICI has been located in rental space in downtown Boston. While the space has been effective for the operations of the ICI and offers a fully accessible environment, there is some need to plan how the ICI can be moved onto the main campus, or at least closer to the main UMass Boston campus. As the planning for greater involvement in pre-service training evolves, it is also clear that the ICI will need to be closer to training activities on the campus. Given the current size of the ICI, finding the right location for the ICI on campus will be complex and will need to be factored into the overall University facility planning efforts over the coming years.

**4. More Integration across Colleges with the Institutes and Centers:** While this is not an issue solely for the ICI, there is a clear need to integrate the activities of the institutes and centers with the core mission of the University. We would also suggest that there be an increased effort (recently initiated by the Provost and Vice Provost for Research) to bring the institutes together and to foster greater collaboration. The ICI is and will continue to be committed to impacting the students, faculty, and staff of the University, and to developing high-quality interdisciplinary training and research that engages students at both the undergraduate and graduate levels. We strongly support increasing the integration of institutes and center activities across colleges on the campus and within the learning environments of the students of the University.



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## **Appendix A**

# **Evaluation Framework for University Research Institutes**



## **APPENDIX A**

### **UNIVERSITY OF MASSACHUSETTS BOSTON**

#### **Evaluation Framework for University Research Institutes**

The University of Massachusetts Boston boasts more than 30 research organizations that bring together individuals from different units across the university to pursue research, teaching, and public service on broad scholarly and social topics. Of these, nine are interdisciplinary, multi-departmental, multi-college research institutes<sup>1</sup> whose activities and programs are aligned with the strategic research priorities of the university to benefit faculty and staff members and students:

- Center for Social Development and Education
- Center for Survey Research
- Institute for Asian American Studies
- Institute for Community Inclusion
- Institute for New England Native American Studies
- Massachusetts Office of Dispute Resolution
- Mauricio Gastón Institute for Latino Community Development and Public Policy
- Urban Harbors Institute
- William Monroe Trotter Institute for the Study of Black Culture
- William Joiner Center for the Study of War and Social Consequences

Research institutes benefit the public through the exchange of a broader spectrum of ideas, the exploration of concepts beyond the boundaries of traditional departments, and the search for innovative solutions to complex problems. In addition, research institutes provide a structure to multiply the investment of institutional resources by promoting alliances with universities, businesses, nonprofits, government agencies, and other institutions.

Research institutes evolve over time. They should not be assumed to be permanent entities, but rather are established with a clear understanding of their goals and potential life cycle. Because they represent exceptions to the usual departmental structures of the university, periodic and consequential evaluation is essential if they are to meet the unique challenges they must address in order to succeed. The evaluation must reveal whether and to what extent the existence of the research institute has enabled interdisciplinary research activities at the

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<sup>1</sup> Three of these entities are designated as centers—the Center for Survey Research, the Center for Social Development and Education, and the Joiner Center—and one is designated as an office—the Massachusetts Office of Dispute Resolution. These four units, which retain the names they have used for many years, do function as university research institutes according to the definition given in the UMass Boston policy.

university beyond those that would have existed had the research institute not been established. In particular, the evaluation must provide information relevant to the following four fundamental questions:

- Has the institute clearly aligned its activities and programs to the university mission and strategic research priorities and have these activities and programs helped the university to achieve its goals?
- Has the institute enabled faculty members and students to transcend the boundaries of traditional academic and disciplinary structures to enhance the exchange of ideas in ways that add value to interdisciplinary research?
- Have the interdisciplinary research activities and programs of the institute had an impact on the search for solutions to complex societal problems?
- Has the institute leveraged institutional resources to attract external philanthropic and sponsored program support, and have these resources been invested wisely to enhance the institute's effectiveness and the impact of its activities and programs?

This document provides a framework for the evaluation of research institutes at UMass Boston.

### ***Policy Background***

University of Massachusetts Board of Trustee Policy T96-096, *University of Massachusetts Policy on Centers and Institutes*, provides the following definition:

**Center or Institute**—*An organizational unit within one or more campuses or the President's Office created to implement academic and training programs, clinical or community service, or research activities that cannot ordinarily be accommodated within existing departmental structures. Entities called "centers" whose purpose is to provide services to the University community (including day care centers, learning centers, computer centers, and other such entities as may be so designated by the Chancellor of each campus) shall not be considered Centers or Institutes for the purposes of this policy.*

*Further, an **Institute** is a distinct and freestanding unit of substantial size. Institutes may engage in a wide variety of research, public service, and instructional activities, typically in areas of broad concern. Institutes are frequently interdisciplinary and embrace ideas and personnel from various departments, colleges, and schools. A **Center** is ordinarily a subordinate unit within an existing department, school, college, or institute; interdisciplinary centers may, however, report to the Provost or Chancellor. Centers should make a significant contribution to the major academic unit of which they are a part.*

Policy T96-096 requires that "each campus shall have policies and procedures governing the definition, establishment, review, administration, and termination of Centers and Institutes." The University of Massachusetts Boston *Policy on Institutes and Centers* provides the following definitions:

**Institute**—An institute refers to a distinct and freestanding unit of substantial size, established to enhance the urban land grant university's mission of teaching, research, and service. Institutes will normally be interdisciplinary and applied in nature, often with a substantial public service component. They may vary in emphasis, structure, and activities. Indeed, an essential point of institutes is flexibility—to utilize different combinations of research, service, and teaching resources to focus intensely on policy issues and problems in a defined area.

**Center**—A center is viewed as a subordinate unit within an existing department, college, or institute. A center should make a significant contribution to the major unit of which it is a part and have an adequate concentration of talent to carry out its mission.

Concerning the evaluation of university research institutes, Board of Trustee Policy T96-096 specifies that:

*All campus policies shall provide for the review of Centers and Institutes at least every five years. Centers and Institutes shall be evaluated on their success in meeting their own goals and objectives as well as their substantive contribution to the mission of the campus. Once a Center or Institute has been reviewed, a recommendation to continue said Center or Institute must be approved by the President upon recommendation of the campus Chancellor.*

The section of the UMass Boston policy relevant to the evaluation of university research institutes states that:

*Each institute will be subject to periodic review by a committee external to the institute, established by the vice provost for research in consultation with the director of the institute. Such review will occur at least once within a period of five years from the institute's formal establishment. The criteria for evaluation of an institute will reflect the mission and purpose of the institute as well as its success in making a substantive contribution to the mission of the campus. The president of the university will be informed of the outcome of such reviews.*

### ***Guidelines for Evaluation***

The director of the research institute will prepare a self-study document for submission to the provost that responds to the four fundamental evaluation questions. To assist with this self-study, the provost's office will provide the director with institute resource data, including personnel (e.g., number, FTE, and

titles of professional, technical, and support staff members) and fiscal (e.g., budget, revenues and expenditures by category, space, and capital equipment).

The self-study should be organized as follows:

- I. *Introduction.* Provide a brief history and organizational overview of the institute's governance and administrative structure. In addition, describe any changes in the institute's status or organizational structure since the prior evaluation.
- II. *Strategic plan.* Provide information on the following elements of the institute's current strategic plan:
  - A. *Mission*—Statement describing the institute's core purpose or reason for being.
  - B. *Vision*—Statement describing the institute's desired future position.
  - C. *Goals*—Desired outcomes toward which institute efforts are directed.
  - D. *Strategies*—Specific steps for deploying institute resources to attain goals.
- III. *Benchmark metrics.* Provide information on benchmark metrics appropriate to the four fundamental evaluation questions. For example, the self-study may provide information on the quality and impact of institute research activities, societal or economic impact of institute initiatives, citations of institute publications, honors received by faculty affiliates, internal and external interdisciplinary collaborations, and undergraduate and graduate student participation in the institute's educational and training activities, and sponsored programs awards and expenditures. Where possible, indicate how these benchmark metrics compare to equivalent research institute peers across the nation. Benchmarks must be provided for sponsored programs awards and expenditures.
- IV. *Survey of affiliates and participants.* In collaboration with the Office of Institutional Research and Policy Studies, undertake a frank and confidential survey of the individuals who are affiliated with the institute and of the individuals who have participated in institute projects or events. Provide summary results that address such things as the quality of the institute's activities and programs, the integration of the institute's activities and programs with the research activities and academic programs of the departments and colleges of the university, and the effectiveness of the institute's governance and administrative structure.
- V. *Future directions.* Provide information on the future directions of the activities and programs of the institute in light of national trends (e.g., recent statements in scholarly journals, national academy reports, congressional hearing records, federal or state agency special reports). Propose any changes that are needed to increase the impact of the institute's activities and programs and, therefore, its ability to enhance the reputation of the university (e.g., organization, location, resources, infrastructure).

The provost, in consultation with the institute director, will appoint a committee of five (5) individuals to undertake an evaluation of the institute. Three (3) of the evaluation committee members will be selected from among UMass Boston faculty members who are not affiliated with the institute. The other two (2) members will be external to UMass Boston and from a similar research institute at another university. The committee members will receive copies of the institute's self-study and any appended documents, and will be charged by the provost to evaluate the institute with reference to the guidelines presented above and any additional relevant criteria. The committee will meet with institute staff members, with faculty and staff members and students affiliated with the institute, with university faculty members and administrators, and with community members who it determines will provide information essential for a consequential evaluation of the institute's activities and programs. The committee will prepare and submit a report to the provost, which will be made available to the institute director to prepare written comments. The provost will provide to the chancellor an executive summary of the evaluation and his or her recommendation concerning the outcome of the evaluation. The chancellor will inform the president of the university of the outcome of the evaluations.



## **Appendix B**

### **Summary of ICI Activities across Four Core Areas: Community Life, Employment, Education, and Health Care**





# INSTITUTE FOR COMMUNITY INCLUSION

*promoting the inclusion of people with disabilities*

The Institute for Community Inclusion (ICI) promotes the inclusion of people with disabilities in their communities through training, research, consultation, and clinical and employment services. The following information describes some of ICI's current projects within four areas of expertise. These projects involve local, state, and national agencies, schools, institutes of higher education, national service programs, rehabilitation providers, and multicultural organizations. ICI is a program of the **University of Massachusetts Boston** and **Children's Hospital Boston**.

ICI is one of 67 University Centers for Excellence in Developmental Disabilities (UCEDDs) throughout the United States. UCEDDs work with people with disabilities, members of their families, state and local government agencies, and community providers in projects that provide training, technical assistance, service, research, and information sharing, with a focus on building the capacity of communities to sustain all their citizens.

## COMMUNITY LIFE



### National Service Inclusion Project (NSIP)

**NSIP** is a Corporation for National and Community Service (CNCS) training and technical assistance provider. NSIP builds connections between disability organizations and CNCS commissions, offices, and programs to increase the participation of people with disabilities in national service and volunteerism. Services include national, state, and program training to all CNCS grantees including AmeriCorps, Learn and Serve America, and Senior Corps; technical assistance and resources to support members and volunteers with disabilities. NSIP provides assistance with recruitment, accommodations, selection and retention, and ensuring Section 504 and ADA compliance.



### National Service to Employment Project (NextSTEP)

Volunteering and community service are proven avenues where individuals with disabilities gain skills, explore career paths, and develop social networks necessary for gaining meaningful employment. **NextSTEP** is a national center focused on aiding the transition from service to employment.



### Northeast Regional Center for Vision Education (NERCVE)

**NERCVE** is New England's only academic center for preparing teachers of students with visual impairments, orientation and mobility specialists, and vision rehabilitation therapists, three key specialties that help people with visual impairments achieve their goals of high quality education, employment, and independent safety. NERCVE is an ICI project housed within the UMass Boston Graduate College of Education.



## INSTITUTE FOR COMMUNITY INCLUSION

UNIVERSITY OF MASSACHUSETTS BOSTON ♦ CHILDREN'S HOSPITAL BOSTON

[www.communityinclusion.org](http://www.communityinclusion.org) • [www.facebook.com/communityinclusion](https://www.facebook.com/communityinclusion) • [ici@umb.edu](mailto:ici@umb.edu)

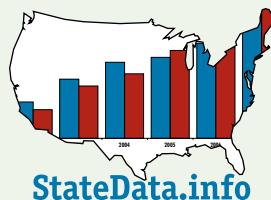


# EMPLOYMENT



## Access to Integrated Employment (AIE) Project

For 20 years, this project has described trends and issues related to employment and day supports for individuals with intellectual and developmental disabilities. The goal is to contribute to a comprehensive understanding of the factors that influence employment outcomes at an individual, employment-support, service-provider, and state-policy level. The project is home to several activities, including the following:



**StateData.info**

### StateData.info

**StateData.info** provides on-demand access to national data sets that illustrate trends in employment outcomes and services for individuals with disabilities. As a one-stop resource for employment information, StateData.info was developed to support state personnel, advocates, and policy makers to assess and develop policy and strategy that influence individual outcomes on a state and national level.

### Promising Practices by State Agencies

The promising practices database highlights innovative policies and strategies that state intellectual/developmental disability agencies are using to increase integrated employment opportunities.

### Real People, Real Jobs

This website highlights the employment successes of people with intellectual/developmental disabilities who are working in paid jobs in their communities.

## WorkWithoutLimits

### Work Without Limits Disability Employment Initiative

**WorkWithoutLimits** is a public/private partnership bringing together people with disabilities and their families, state policy makers, employment-service providers, and employers to create an environment that maximizes work opportunities for people with disabilities, addresses the needs of employers, and strengthens the Massachusetts workforce. Work Without Limits is a partnership involving the Massachusetts Executive Office of Health and Human Services, the University of Massachusetts Medical School, and ICI/UMass Boston.

### Vocational Rehabilitation Research and Training Center (VR-RRTC)

The **VR-RRTC** is a national center that conducts policy research and training and technical assistance activities directed at improving state vocational rehabilitation agency services and employment outcomes for people with disabilities. The VR-RRTC will function as a national hub for policy and operations data pertaining to public employment services for people with disabilities.

### Technical Assistance and Continuing Education (TACE) Center for New England

The **TACE Center** responds to the technical assistance and continuing-education needs of the region's ten state Vocational Rehabilitation agencies and their partners. The goals of the the national TACE Centers are to contribute to the improved quality of VR services, help increase effectiveness and efficiency of State VR agencies and their partners in delivering VR services, and help improve the quantity and quality of VR employment outcomes for people with disabilities.

### State Employment Leadership Network (SELN)

The **SELN** brings states together to improve employment outcomes for individuals with developmental disabilities by building states' capacity to develop, implement, and support effective employment initiatives. The SELN is a joint program of ICI and the National Association of State Directors of Developmental Disability Services.

### Research and Technical Assistance Center (RTAC)

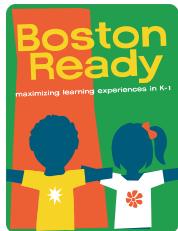
The RTAC is a national center that will create and test a VR program management model that includes operational interventions on quality assurance, strategic planning, and human-resources management strategies to ultimately enable the federal-state VR program to pursue improved employment outcomes for people with disabilities.





## Mass FOCUS Academy

ICI is contracted by the Massachusetts State Department of Elementary and Secondary Education to provide online graduate-level transition courses to educators, administrators, and providers in transition assessment and education. The goal of the project is to positively impact post-high-school outcomes for students with disabilities in Massachusetts by improving the competencies of individual educators, increasing school districts' capacity to retain educators, and developing a statewide framework for professional development.



## Boston Ready

**Boston Ready** helps Boston four-year-olds learn by supporting high-quality teaching. This project is testing the effectiveness of professional-development supports on child outcomes, including literacy skills and mathematical concepts. The project also helps teachers adapt curricula for a range of learners using universal design.



## Building Careers in Early Education and Care

**Building Careers** provides college courses and academic advising to early-education professionals, and to after-school educators seeking a degree in early-childhood education or a related field. Funds are also used to promote the inclusion of young children with disabilities and diverse learners by providing practitioners with course work focusing on special education and inclusive practices.



## Including All Children

**Including All Children** recruits, trains, and graduates early childhood/early intervention educators to become eligible for licensure to work in PreK-2 public-school settings. The project, in collaboration with the Graduate School of Education at UMass Boston, seeks to address an area of critical teacher shortage.



## Think College

The **Think College initiative** focuses on research, training, and dissemination of information related to postsecondary education for people with intellectual/developmental disabilities. The initiative consists of four different projects within ICI.

### Center for Postsecondary Education for Individuals with Intellectual Disabilities

The Center conducts research and disseminates information on promising practices that support individuals with intellectual disabilities so that they can gain access to and be successful in inclusive postsecondary education.

### Consortium to Enhance Postsecondary Education for Individuals with Developmental Disabilities

The Consortium conducts participatory action research, provides training and technical assistance to partners developing postsecondary education options, and disseminates information on promising practices.

### College Career Connection

The **College Career Connection** provides training and technical assistance to postsecondary education partnerships focused on providing an inclusive postsecondary education to students with severe disabilities. Currently supporting six partnerships in Massachusetts, the postsecondary model is designed to improve postsecondary education and employment opportunities for students with severe disabilities.

### Equity and Excellence in Higher Education

**Equity and Excellence in Higher Education** aims to infuse the concepts of universal course design into the instructional style of faculty at community colleges in Massachusetts. Specifically, the project offers a comprehensive professional-development opportunity for college faculty to increase the diversity of their instructional styles to reach all learners, including those with disabilities.

# HEALTH CARE



## Opening Doors for Children and Youth with Disabilities and Special Health Care Needs (A Rehabilitation Research and Training Center—RRTC)

The **Opening Doors** project strives to give youth with disabilities and special health-care needs a better future. National experts in pediatrics, public policy, education, family advocacy, and rehabilitation are conducting multiple research projects designed to advance early screening, inclusive recreation, and advancement into postsecondary education for youth with disabilities and special health-care needs.



### TWA ZANMI

The Twa Zanmi (Three Friends) project is co-funded by the Robert Wood Johnson Foundation and the Benton Foundation and is a partnership with the Haitian American Public Health Initiatives and the Haitian Media Network. The project will nurture a new Haitian immigrant community production team to produce and market a “telenovela” program. The objective is to familiarize the Haitian community with the real experiences of immigrants living with depression and anxiety as an understandable result of acculturative stress.



### Leadership Education in Neurodevelopmental Disabilities (LEND)

The Children's Hospital Boston **LEND** program at ICI focuses on public policy, advocacy, diversity, stigma, human rights, and new designs in the developmental disabilities field. The LEND Program provides graduate-level interdisciplinary training to health and counseling professionals to improve their knowledge of policy issues and team collaboration in developmental disabilities. Trainees develop their leadership potential to improve the status of infants, children, and adolescents with (or at risk for) neurodevelopmental disabilities and to enhance systems of care for these children and their families.

### Down Syndrome Program

The Down Syndrome Program at Children's Hospital Boston offers specialized services for children with Down syndrome and their families. Program staff work closely with children, parents, medical specialists, community physicians, and educators.

## ICI Training, Consultation, and Program Evaluation services

ICI provides training, consultation, program-evaluation services, and technical assistance on many topics related to the inclusion of people with disabilities. Services are customized to meet specific agency and organization requirements. Below is a partial list of services by topic area:

- Disability awareness
- Employment services
- Program management
- Organizational change
- Early education
- School inclusion and transition
- Organization or system-level services
- Service-delivery efforts and effectiveness
- Internal quality-improvement efforts



UDS Consulting takes a creative and comprehensive approach to design in the workplace, classroom, community, and with technology. By integrating universal design solutions, UDS Consulting helps private companies, public organizations, and educational institutions make their employees and students more productive and their clients more successful, regardless of their age, ability, or situation.



## **Appendix C**

### **Five Year Summary of Trainees at ICI**



## Appendix C

### 2005-2009: Summary of ICI Interdisciplinary Trainees

<b>Discipline</b>	<b>Number</b>	<b>Total Hours</b>	<b>9-39</b>	<b>40-299</b>	<b>300+</b>
Audiology	5	500		5	
Child Development	4	1250		2	2
Dental	17	640		17	
Education	40	3385	19	20	1
Family	5	2000			5
Genetic Counseling	16	730		16	
Law	7	2500			7
Nursing	257	5475	246	6	5
Nutrition	2	20	2		
Occupational Therapy	18	1490	10	3	5
Pediatrics	21	11950	14		7
Physical Therapy	10	3515		3	7
Public Health	20	1400	9	9	2
Psychiatry	52	2340	33	15	4
Psychology	64	7870	44	5	15
Rehab Counsel	5	3100			5
Speech/Lang	17	270	17		
Social Work	16	5900	2	5	9
<b>OTHER</b>					
Medical students	31	3615	8	15	8
Interns	16	960		16	
Summer Internship	35	700	35		
Gopen Fellow	5	1500			5
<b>TOTAL</b>	<b>663</b>	<b>61,110</b>	<b>439</b>	<b>137</b>	<b>87</b>

### FY 2005-2009: Activities by Collaborating Agency

<b>Collaborating Agency</b>	<b>Total Number</b>	<b>Percentage of Total</b>
State Title V Agency	616	8%
Other MCHB Funded or Related Program	157	2%
Other Health-Related Program	868	12%
Development Disabilities Council	238	3%
Protection & Advocacy Agency (P&A)	162	2%
UCEDD	956	13%
Other	2,615	35%
Not Applicable	1,768	24%
<b>Totals</b>	<b>7,380</b>	<b>100%</b>

**FY 2005-2009: Activities by Area of Emphasis**

<b>Area of Emphasis</b>	<b>Total Number</b>	<b>Percentage of Total</b>
QA	398	5%
Education	939	11%
Child Care	139	2%
Health	1,016	12%
Employment	3,485	40%
Housing	139	2%
Transportation	162	2%
Recreation	248	3%
Quality of Life	534	6%
Other - Assistive Technology	123	1%
Other - Cultural Diversity	450	5%
Other - Leadership	491	6%
Other	486	6%
<b>Totals</b>	<b>8,610</b>	<b>100%</b>

**FY 2005-2009: Activities by Participants and Core Function**

Types and Numbers of Participants	Core Function					<b>Total # Participants / % of all Participants</b>
	<b>Training Trainees</b>	<b>Performing Technical Assistance and/or Training</b>	<b>Performing Direct and/or Demonstration Services</b>	<b>Performing Research or Evaluation</b>	<b>Developing &amp; Disseminating Information</b>	
Classroom Students	2,333	3,796	66	607	0	<b>6,802</b> <b>5%</b>
Professionals & Para-professionals	11,009	60,777	843	5,085	4,557	<b>82,271</b> <b>63%</b>
Family Members/Caregivers	513	7,141	2,815	1,423	311	<b>12,203</b> <b>9%</b>
Adults with Disabilities	1,244	6,901	425	7,224	380	<b>16,174</b> <b>12%</b>
Children with SHCN	83	944	889	68	28	<b>2,012</b> <b>2%</b>
Legislators/Policymakers	80	2,650	6	209	185	<b>3,130</b> <b>2%</b>
General Public	74	5,506	10	572	257	<b>6,419</b> <b>5%</b>
Other Participants	669	1,063	68	264	116	<b>2,180</b> <b>2%</b>
Total Number in Core Function	<b>16,005</b>	<b>88,778</b>	<b>5,122</b>	<b>15,452</b>	<b>5,834</b>	<b>131,191</b>
Percentage in Core Function	<b>12%</b>	<b>68%</b>	<b>4%</b>	<b>12%</b>	<b>4%</b>	<b>100%</b>



## **Appendix D**

### **Leadership in Neurodevelopmental Disabilities (LEND) training**





ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES  
RESEARCH, EDUCATION, SERVICE

Keywords:

**SEARCH**

[Advanced/Network Search](#)

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## RK RESOURCES

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## DRK RESOURCES

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h, & Service

s [Directory](#)  
il and Child Health Leadership  
on in Neurodevelopmental &  
Disabilities

Cs [Directory](#)  
llectual Disability Research

es  
Resources and Opportunities

I Information  
ng System [Login](#)

NIRS for Network  
and Products [Search](#)

[AUCD Home](#) [Network Resources](#) [LENDs](#) [About](#)

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## About LEND

**Leadership Education in Neurodevelopmental and Related Disabilities (LEND)** programs provide long-term, graduate level interdisciplinary training as well as interdisciplinary services and care. The purpose of the LEND training program is to improve the health of infants, children, and adolescents with disabilities. They accomplish this by preparing trainees from diverse professional disciplines to assume leadership roles in their respective fields and by insuring high levels of interdisciplinary clinical competence.

LEND programs operate within a university system, usually as part of a University Center for Excellence (UCEDD) or other larger entity, and collaborate with local university hospitals and/or health care centers. This set-up gives them the expert faculty, facilities, and other resources necessary to provide exceptional interdisciplinary training and services.

There are currently 38 LENDs in 31 states and the District of Columbia. Collectively, they form a national network that shares information and resources and maximizes their impact. They work together to address national issues of importance to children with special health care needs and their families, exchange best practices and develop shared products. They also come together regionally to address specific issues and concerns.

While each LEND program is unique, with its own focus and expertise, they all provide interdisciplinary training, have faculty and trainees in a wide range of disciplines, and include parents or family members as paid program participants. They also share the following objectives:

1. advancing the knowledge and skills of all child health professionals to improve health care delivery systems for children with developmental disabilities;
2. providing high-quality interdisciplinary education that emphasizes the integration of services from state and local agencies and organizations, private providers, and communities;
3. providing health professionals with skills that foster community-based partnerships; and
4. promoting innovative practices to enhance cultural competency, family-centered care, and interdisciplinary partnerships.

The LENDs grew from the 1950s efforts of the Children's Bureau

Interdisciplinary Technical Assistance Center  
and Developmental Disabilities

Resource Center

(now the Maternal and Child Health Bureau) to identify children with disabilities as a Title V program priority. They are currently funded under the 2006 Combating Autism Act and are administered by the Health Resources and Service's Administration's (HRSA) Maternal and Child Health Bureau (MCHB).

For more information on LEND Programs or activities, contact AUCD LEND Program Director Crystal Pariseau at [cpariseau@aucd.org](mailto:cpariseau@aucd.org).

## ERS

### National Center on Defects and Developmental Disabilities

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1010 Wayne Avenue, Suite 920, Silver Spring, MD 20910  
Tel: 301-588-8252 | Fax: 301-588-2842

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# **Appendix E**

## **Universal Design Brochure**



**FOR MORE INFORMATION  
OR TO SCHEDULE AN  
APPOINTMENT:**

Sheila Fesko, PhD  
Principal, UDS Consulting  
20 Park Plaza, Floor 13  
Boston, Massachusetts 02116  
617-287-4365  
[sheila.fesko@umb.edu](mailto:sheila.fesko@umb.edu)

[www.UDSCONSULTING.NET](http://www.UDSCONSULTING.NET)



*UDS Consulting is a division of the University of Massachusetts Boston*

## ORGANIZATIONS WITH WHOM WE HAVE WORKED:

Children's Hospital Boston  
CVS  
YMCA  
AHEAD  
Blackboard  
Boston Parks Department  
Massachusetts Department of Public Health  
Massachusetts Department of Transitional Assistance  
Simmons College  
University of Vermont

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Each individual's unique characteristics and abilities influence the way he or she engages in the workplace, classroom, community, and with technology. **UDS CONSULTING** takes a creative and comprehensive approach to design in all of these environments.

Our goal is to help private companies, public organizations, and educational institutions make their employees and students more productive and their clients more successful.

Using our **UNIVERSAL DESIGN SOLUTIONS** provides you with strategies and skills so your organization can respond to the entire range of people you interact with regardless of their age, ability, or situation. Our solutions make you reach your organizational goals more effectively.

Our consulting services can be customized around your needs, and may include:

- a comprehensive assessment
- workshops and training events
- individual consultation (online and in-person)
- networking with experts in the field

# UNIVERSAL DESIGN SOLUTIONS IN SPECIFIC AREAS

## EMPLOYMENT



The labor pool of talented employees is smaller, more diverse, and older. In addition, job applicants have noted that a flexible and supportive workplace positively impacts their decision to accept employment. Competition for talented workers will continue to increase along with the demands to maintain and maximize your existing workforce. UDS Consulting provides personalized services to make your organization attractive and accessible to all employees.

### UDS CONSULTING CAN HELP YOUR ORGANIZATION:

- Modify employee job functions to reflect changing needs and preferences
- Train supervisors to implement coaching strategies encouraging the development of employee and organizational goals
- Create office layouts that take into consideration multiple work styles
- Improve overall productivity

## EDUCATION



Each person responds to learning in a different way. By adapting and adding to traditional modes of teaching, your school will be able to reach all students more effectively. UDS Consulting provides on-site analysis and individualized strategies for increasing access to the classroom and the content taught.

### UDS CONSULTING CAN HELP YOUR ORGANIZATION:

- Offer multiple methods of instruction such as group work, direct instruction or demonstrations
- Provide resources in digital format (books on CD, podcasts) in addition to printed books
- Incorporate personal interests and cultural backgrounds into class
- Improve educational achievement of your students

## COMMUNITY



It should be possible for everyone to participate in his or her community; however, that is not always the case. UDS Consulting can help you design volunteer efforts, recreational opportunities, and other community events that allow all people to be an active member of their community.

### UDS CONSULTING CAN HELP YOUR ORGANIZATION:

- Adapt training or volunteer activities to include experiential learning opportunities in addition to straight lecture
- Create a process that matches individuals to volunteer opportunities based on interests, skills, and abilities
- Transform playground formats to include children and families of all abilities
- Improve engagement of all citizens in your community

## TECHNOLOGY



New and innovative changes in technology have drastically changed people's lives. UDS Consulting provides you or your organization with current tools, information, and expertise.

### UDS CONSULTING CAN HELP YOUR ORGANIZATION:

- Build online learning courses that include multi-skill activities, video, animation and simulations
- Create or redesign clean and usable websites that work well on all devices, ranging from wide-screen monitors to mobile-device displays
- Create media-rich online tools that can involve video, mapping, charts, graphs, surveys, and polling
- Improve the user experience for people of all abilities

## **Appendix F**

# **Administration on Developmental Disabilities PART 1388—The University Affiliated Programs**



*U.S. Department of Health & Human Services*

## Administration for Children & Families

**Related ACF Sites:** [President's Committee for People with Intellectual Disabilities](#)  
**ADMINISTRATION ON DEVELOPMENTAL DISABILITIES (ADD)**

### University Centers

[Code of Federal Regulations]

[Title 45, Volume 4, Parts 1200 to end]

[Revised as of October 1, 1997]

From the U.S. Government Printing Office via GPO Access

[CITE: 45CFR1388]

**TITLE 45--PUBLIC WELFARE  
CHAPTER XIII--OFFICE OF HUMAN DEVELOPMENT SERVICES,  
DEPARTMENT OF HEALTH AND HUMAN SERVICE**

**PART 1388--THE UNIVERSITY AFFILIATED PROGRAMS**

**Section**

**1388.1 Definitions.**

**1388.2 Program criteria--purpose.**

**1388.3 Program criteria--mission.**

**1388.4 Program criteria--governance and administration.**

**1388.5 Program criteria--preparation of personnel.**

**1388.6 Program criteria--services and supports.**

**1388.7 Program criteria--dissemination.**

**1388.8 [Reserved]**

**1388.9 Peer review.**

Authority: 42 U.S.C. 6063 et. seq.

Source: 61 FR 51163, Sept. 30, 1996, unless otherwise noted.

Editorial Note: For nomenclature changes to this part, see 54 FR 47985, Nov. 20, 1989.

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**Sec. 1388.1 Definitions.**

For purposes of this part: Accessible means UAPs are characterized by their program and physical accommodation and their demonstrated commitment to the goals of the Americans with Disabilities Act. Capacity Building means that UAPs utilize a variety of approaches to strengthen their university and their local, State, regional and National communities. These approaches include, but are not limited to such activities as:

- (1) Enriching program depth and breadth, for example, recruiting individuals with developmental disabilities and their families, local community leaders, additional faculty and students to participate in the UAP;
- (2) Acquiring additional resources, for example, grants, space, and volunteer manpower; and
- (3) Carrying out systems changes, for example, promoting inclusive programming for persons with developmental disabilities across all ages. Collaboration means that the UAP cooperates with a wide range of persons, systems, and agencies,

whether they utilize services of the UAP or are involved in UAP planning and programs. These entities include individuals with developmental disabilities and family members, as well as the State Developmental Disabilities Councils, the Protection and Advocacy agencies, other advocacy and disability groups, university components, generic and specialized human service agencies, State agencies and citizen and community groups. An example of this cooperation is the Consumer Advisory Committee, a required element in each UAP. Cultural Diversity means that UAPs are characterized by their commitment to involve individuals with disabilities, family members and trainees from diverse cultural backgrounds in all levels of their activities. This commitment to cultural diversity means that each UAP must assure that individuals from racial and ethnic minority background are fully included; that efforts are made to recruit individuals from minority backgrounds into the field of developmental disabilities; that specific efforts must be made to ensure that individuals from minority backgrounds have effective and meaningful opportunities for full participation in the developmental disabilities service system; and that recruitment efforts at the levels of preservice training, community training, practice, administration and policymaking must focus on bringing large numbers of racial ethnic minorities into the field in order to provide appropriate skills, knowledge, role models, and sufficient personnel to address the growing needs of an increasingly diverse population.

Culturally competent means provision of services, supports, or other assistance in a manner that is responsive to the beliefs, interpersonal styles, attitudes, language and behaviors of individuals who are receiving services, and that has the greatest likelihood of ensuring their maximum participation in the program. Diverse Network means that although each UAP has the same mandates under the Act, the expression of these common mandates differs across programs. Each UAP must implement these mandates within the context of their host university, their location within the university, the needs of the local and State community, the cultural composition of their State, their resources and funding sources, and their institutional history.

These factors converge to create a network of unique and distinct programs, bound together by common mandates but enriched by diverse composition. Interdisciplinary Training means the use of individuals from different professional specialties for UAP training and service delivery. Lifespan Approach means that UAP activities address the needs of individuals with disabilities who are of all ages. Mandated Core Functions means the UAP must perform:

- (1) Interdisciplinary preservice preparation;
  - (2) Community service activities (community training and technical assistance); and
  - (3) Activities related to dissemination of information and research findings.
- Program Criteria means a statement of the Department's expectation regarding the direction and desired outcome of the University Affiliated Program's operation. Research and evaluation means that the UAP refines its activities on the basis of evaluation results. As members of the university community, involvement in program-relevant research and development of new knowledge are important components of UAPs. State-of-the-art means that UAP activities are of high quality (using the latest technology), worthy of replication (consistent with available resources), and systemically evaluated.

### **Sec. 1388.2 Program criteria--purpose.**

The program criteria will be used to assess the quality of the University Affiliated Programs (UAP). The overall purpose of the program criteria is to assure the promotion

of independence, productivity, integration and inclusion of individuals with developmental disabilities. Compliance with the program criteria is a prerequisite for a UAP to receive the minimum funding level of a UAP. However, compliance with the program criteria does not, by itself, assure funding. The Program Criteria are one part of the Quality Enhancement System (QES), and provide a structure for self-assessment and peer review of each UAP. (The QES is a holistic approach to enable persons with developmental disabilities and their families to achieve maximum potential. All UAPs use the QES.)

#### **Sec. 1388.3 Program criteria--mission.**

- (a) Introduction to mission: The UAP is guided by values of independence, productivity, integration and inclusion of individuals with developmental disabilities and their families. The purpose and scope of the activities must be consistent with the Act as amended and include the provision of training, service, research and evaluation, technical assistance and dissemination of information in a culturally competent manner, including the meaningful participation of individuals from diverse racial and ethnic backgrounds. (The concept of "diverse network" as defined in Sec. 1388.1 of this part applies to paragraphs (b), (f), (g), and (h) of this section.)
- (b) The UAP must develop a written mission statement that reflects its values and promotes the goals of the university in which it is located, including training, the development of new knowledge and service. The UAP's goals, objectives and activities must be consistent with the mission statement.
- (c) The UAP's mission and programs must reflect a life span approach, incorporate an interdisciplinary approach and include the active participation of individuals with developmental disabilities and their families.
- (d) The UAP programs must address the needs of individuals with developmental disabilities, including individuals with developmental disabilities who are unserved or underserved, in institutions, and on waiting lists.
- (e) The UAP's mission must reflect a commitment to culturally competent attitudes and practices, which are in response to local culture and needs.
- (f) The UAP's mission must reflect its unique role as a bridge between university programs, individuals with developmental disabilities and their families, service agencies and the larger community.
- (g) The UAP's goals, objectives, and activities must be consistent with the mission statement and use capacity building strategies to address State's needs.
- (h) The UAP's goals, objectives, and activities must reflect interagency collaborations and strategies to effect systemic change within the university and in State and local communities and service systems.

#### **Sec. 1388.4 Program criteria--governance and administration.**

- (a) Introduction to governance and administration: The UAP must be associated with, or an integral part of, a university and promote the independence, productivity, integration, and inclusion of individuals with developmental disabilities and their families. (The concept of "diverse network" as defined in Sec. 1388.1 of this part applies to paragraphs (b), (c), (d), (i), and (l) of this section.)
- (b) The UAP must have a written agreement or charter with the university that specifies the UAP designation as an official university component, the relationships between the UAP and other university components, the university commitment to the UAP, and the UAP commitment to the university.

- (c) Within the university, the UAP must maintain the autonomy and organizational structure required to carry out the UAP mission and provide for the mandated activities.
- (d) The UAP must report directly to a University administrator who will represent the interests of the UAP within the University.
- (e) The University must demonstrate its support for the UAP through the commitment of financial and other resources.
- (f) UAP senior professional staff must hold faculty appointments in appropriate academic departments of the host or an affiliated university, consistent with university policy. UAP senior professional staff contribute to the university by participation on university committees, collaboration with other university departments, and other university community activities.
- (g) UAP faculty and staff must represent the broad range of disciplines and backgrounds necessary to implement the full inclusion of individuals with developmental disabilities in all aspects of society, consonant with the spirit of the Americans with Disabilities Act (ADA).
- (h) The UAP must meet the requirements of section 109 of the Act [42 U.S.C. 6008] regarding affirmative action. The UAP must take affirmative action to employ and advance in employment and otherwise treat qualified individuals with disabilities without discrimination based upon their physical or mental disability in all employment practices.
- (i) The management practices of the UAP, as well as the organizational structure, must promote the role of the UAP as a bridge between the University and the community. The UAP must actively participate in community networks and include a range of collaborating partners.
- (j) The UAP's Consumer Advisory Committee must meet regularly. The membership of the Consumer Advisory Committee must reflect the racial and ethnic diversity of the State or community in which the UAP is located. The deliberations of the Consumer Advisory Committee must be reflected in UAP policies and programs.
- (k) The UAP must maintain collaborative relationships with the State Developmental Disabilities Council and the Protection and Advocacy agency. In addition, the UAP must be a member of the State Developmental Disabilities Council and participate in Council meetings and activities, as prescribed by the Act.
- (l) The UAP must maintain collaborative relationships and be an active participant with the UAP network and individuals, organizations, State agencies and Universities.
- (m) The UAP must demonstrate the ability to leverage resources.
- (n) The UAP must have adequate space to carry out the mandated activities.
- (o) The UAP physical facility and all program initiatives conducted by the UAP must be accessible to individuals with disabilities as provided for by section 504 of the Rehabilitation Act and Titles II and III of the Americans with Disabilities Act.
- (p) The UAP must integrate the mandated core functions into its activities and programs and must have a written plan for each core function area.
- (q) The UAP must have in place a long range planning capability to enable the UAP to respond to emergent and future developments in the field.
- (r) The UAP must utilize state-of-the-art methods, including the active participation of individuals, families and other consumers of UAP programs and services to evaluate programs. The UAP must refine and strengthen its programs based on evaluation findings.

(s) The UAP Director must demonstrate commitment to the field of developmental disabilities and leadership and vision in carrying out the mission of the UAP.

**Sec. 1388.5 Program criteria--preparation of personnel.**

(a) Introduction to preparation of personnel: UAP interdisciplinary training programs reflect state-of-the-art practices and prepare personnel concerned with developmental disabilities to promote the independence, productivity, integration and inclusion of individuals with developmental disabilities and their families.

(b) UAP interdisciplinary training programs must be based on identified personnel preparation needs and have identified outcomes that are consistent with the mission and goals of the UAP.

(c) The interdisciplinary training process, as defined by the UAP, must reflect a mix of students from diverse academic disciplines/ academic programs and cultures that reflect the diversity of the community. Faculty represent a variety of backgrounds and specialties, including individuals with disabilities and family members, and a variety of learning experiences, as well as reflecting the cultural diversity of the community. Trainees must receive academic credit as appropriate for participation in UAP training programs.

(d) Preservice training must be integrated into all aspects of the UAP, including community training and technical assistance, direct services (if provided), and dissemination.

(e) Trainees must be prepared to serve in a variety of roles, including advocacy and systems change. The UAP must encourage graduates to work in situations where they will promote the independence, productivity, integration and inclusion of individuals with developmental disabilities and their families.

(f) The UAP must influence University curricula to prepare personnel who, in their future career in a broad range of social and community roles, will contribute to the accommodation and inclusion of individuals with developmental disabilities, as mandated in the Americans with Disabilities Act.

(g) The UAP core curriculum must incorporate cultural diversity and demonstrate cultural competence. Trainees must be prepared to address the needs of individuals with developmental disabilities and their families in a culturally competent manner.

(h) The UAP core curriculum must prepare trainees to be active participants in research and dissemination efforts. In addition, the curriculum must prepare trainees to be consumers of research as it informs practice and policy.

**Sec. 1388.6 Program criteria--services and supports.**

(a) Introduction to services and supports: The UAP engages in a variety of system interventions and may also engage in a variety of individual interventions to promote independence, productivity, integration and inclusion of individuals with developmental disabilities and their families.

(b) UAP community training and technical assistance activities must:

(1) Use capacity building strategies to strengthen the capability of communities, systems and service providers;

(2) Plan collaboratively, including the participation of individuals with developmental disabilities and their families;

(3) Target to a wide range of audiences, including individuals with disabilities,

family members, service and support personnel, and community members;

(4) Plan and be structured in a manner that facilitates the participation of targeted audiences; and

(5) Address the unique needs of individuals with developmental disabilities and their families from diverse cultural and ethnic groups who reside within the geographic locale.

(c) Direct Services. These requirements apply only where direct services are offered.

(1) A UAP must integrate direct services and projects into community settings. These services may be provided in a service delivery site or training setting within the community including the university. Direct service projects may involve interdisciplinary student trainees, professionals from various disciplines, service providers, families and/ or administrators. Direct services must be extended, as appropriate, to include adult and elderly individuals with developmental disabilities. The UAP must maintain cooperative relationships with other community service providers, including specialized state and local provider agencies.

(2) Services and projects provided in community-integrated settings are to:

- (i) Be scheduled at times and in places that are consistent with routine activities within the local community; and
- (ii) Interact with and involve community members, agencies, and organizations.

(3) The bases for the services or project development must be:

- (i) A local or universal need that reflects critical problems in the field of developmental disabilities; or
- (ii) An emerging, critical problem that reflects current trends or anticipated developments in the field of developmental disabilities.

(4) State-of-the-art and innovative practices include:

- (i) Services and project concepts and practices that facilitate and demonstrate independence for the individual, community integration, productivity, and human rights;
- (ii) Practices that are economical, accepted by various disciplines, and highly beneficial to individuals with developmental disabilities, and that are integrated within services and projects;
- (iii) Innovative cost-effective concepts and practices that are evaluated according to accepted practices of scientific evaluation;
- (iv) Research methods that are used to test hypotheses, validate procedures, and field test projects; and
- (v) Direct service and project practices and models that are evaluated, packaged for replication and disseminated through the information dissemination component.

**Sec. 1388.7 Program criteria--dissemination.**

- (a) Introduction to dissemination: The UAP disseminates information and research findings, including the empirical validation of activities related to training, best practices, services and supports, and contributes to the development of new knowledge. Dissemination activities promote the independence, productivity, integration and inclusion of individuals with developmental disabilities and their families.
- (b) The UAP must be a resource for information for individuals with developmental disabilities and their families, community members, State agencies and other provider and advocacy organizations, produce a variety of products to promote public awareness and visibility of the UAP, and facilitate replication of best practices.
- (c) Specific target audiences must be identified for dissemination activities and include individuals with developmental disabilities, family members, service providers, administrators, policy makers, university faculty, researchers, and the general public.
- (d) UAP dissemination activities must be responsive to community requests for information and must utilize a variety of networks, including State Developmental Disabilities Councils, Protection and Advocacy agencies, other University Affiliated Programs, and State service systems to disseminate information to target audiences.
- (e) The process of developing and evaluating materials must utilize the input of individuals with developmental disabilities and their families.
- (f) The values of the UAP must be reflected in the language and images used in UAP products.
- (g) Dissemination products must reflect the cultural diversity of the community.
- (h) Materials disseminated by the UAP must be available in formats accessible to individuals with a wide range of disabilities, and appropriate target audiences.
- (i) The UAP must contribute to the development of the knowledge base through publications and presentations, including those based on research and evaluation conducted at the UAP.

**Sec. 1388.8 [Reserved]**

**Sec. 1388.9 Peer review.**

- (a) The purpose of the peer review process is to provide the Commissioner, ADD, with technical and qualitative evaluation of UAP applications, including on-site visits or inspections as necessary.
- (b) Applications for funding opportunities under part D, Section 152 of the Act, must be evaluated through the peer review process.
- (c) Panels must be composed of non-Federal individuals who, by experience and training, are highly qualified to assess the comparative quality of applications for assistance.



# **Appendix G**

## **ACF Office of Public Affairs Fact Sheet—Administration on Developmental Disabilities**



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To improve and increase services to and assure that individuals with developmental disabilities have opportunities to make their own choices, contribute to society, have supports to live independently, and are free of abuse, neglect, financial and sexual exploitation and violations of their legal and human rights.

**What are developmental disabilities?**

Developmental disabilities are severe, life-long disabilities attributable to mental and/or physical impairments which manifest themselves before the age of 22 years and are likely to continue indefinitely. They result in substantial limitations in three or more of the following areas:

- self-care
- comprehension and language
- skills (receptive and expressive language)
- learning
- mobility
- self-direction
- capacity for independent living
- economic self-sufficiency
- ability to function independently without coordinated services (continuous need for individually planned and coordinated services).

Persons with developmental disabilities require individually planned and coordinated services and supports (e.g., housing, employment, education, civil and human rights protection, health care) from many providers in order to live in the community.

**MAJOR GOAL**

The major goal of The Administration on Developmental Disabilities (ADD) is for grantees to partner with state governments, local communities and the private sector to assist people with developmental disabilities by helping them to reach their maximum potential through increased independence, productivity and integration within the community.

**Grants fund activities in eight areas of emphasis:**

- quality assurance
- education and early intervention
- child care
- health
- employment
- housing
- transportation
- recreation activities.

**The Developmental Disabilities Grant Programs are comprised of three state-based programs that collaborate with each other as well as with other entities in their respective States. They are:**

- [State Councils on Developmental Disabilities \(SCDD\)](#)
- [State Protection and Advocacy Agencies \(P&As\)](#)
- [National Network of University Centers for the Excellence in Developmental Disabilities Education, Research and Services \(UCEDD\)](#).

**A fourth program is directed toward national concerns:**

- [Projects of National Significance \(PNS\)](#)

**Funding:**

— In FY 2008, \$180 million is available for the Administration on Developmental Disabilities programs.

## PROGRAM DESCRIPTIONS

### **State Councils on Developmental Disabilities (SCDD)**

State Councils are federally funded programs charged with identifying the most pressing needs of people with developmental disabilities in their State or Territory. Councils work to address these needs through public policies and systems that promote self-determination, integration and inclusion for people with developmental disabilities. Councils accomplish this through:

- training
- technical assistance
- barrier elimination
- coalition development and citizen participation
- informing policymakers
- advocacy, capacity building and systems change
- demonstration of new approaches to services and supports.

#### Funding:

- In FY 2008, \$72.48 million is available to State Councils on Developmental Disabilities.

### **State Protection and Advocacy Agencies (P&As)**

A formula grant is allotted to states based on population, financial need and need for service. The State Protection and Advocacy Agencies provide services to the developmentally disabled for:

- the protection and advocacy of legal and human rights
- education
- abuse
- neglect
- institutional or habilitation
- guardianship
- housing.

#### Funding:

- In FY 2008, \$39.02 million is available to State Protection and Advocacy Agencies.

### **National Network of University Centers for the Excellence In Developmental Disabilities Education, Research and Services (UCEDDs)**

This discretionary grant is awarded to public service units of universities or public or not-for-profit entities associated with universities and is used for:

- interdisciplinary training
- community service (e.g., training, technical assistance, exemplary services)
- research
- information dissemination.

The grant is used to support the operation and administration of the center and additional funds are leveraged to implement the core activities. These centers support activities that address various issues from prevention to early intervention to supported employment. They represent a broad range of disabilities.

#### Funding:

- In FY 2008, \$36.94 million is available to UCEDDs grants.

### **Projects of National Significance (PNS)**

PNS funds provide grants, contracts, and cooperative agreements to public and private, non-profit institutions to create opportunities for individuals with developmental disabilities to directly and fully contribute to and participate in all facets of community life. Funds are also used to support the development of national and state policies that reinforce and promote, with the support of families, guardians, advocates, and communities if individuals with developmental disabilities, the self-determination, independence, integration and inclusion of individuals with developmental disabilities.

These projects focus on the most pressing issues affecting people with developmental disabilities and their families. Some issues transcend state and territory borders but must be addressed on a local level. Examples are:

- family support activities, to include military families
- data collection and analysis
- technical assistance to enhance the State Councils and UCEDD programs
- programs designed to enhance the participation of minorities in initiatives in developmental disabilities
- programs to assist youth with developmental disabilities in the transition from school to the work-force and post secondary education opportunities
- programs to develop self-advocacy and leadership skills among people with developmental disabilities
- projects that create opportunities for community economic development.

#### Funding:

- In FY 2008, \$14.16 million is available to PNS programs.

### **Help America Vote Act (HAVA)**

The Administration on Developmental Disabilities also oversees three disability-related grant programs authorized through HAVA to address the issues related to individuals with the full range of disabilities:

- access to voting facilities
- private and independent voting experiences

- training of poll workers and election volunteers on promoting access and participation
- providing information and outreach on access to polling places.

ADD administers these programs by:

- making payments to States and Local Units of Government to improve accessibility and participation in the voting process
- awarding formula grants to State Protection and Advocacy Systems to assist individuals with disabilities in the voting process
- making payments to eligible public or private entities to provide training and technical assistance to P&As to assist them in meeting their responsibilities.

**Funding**

— In FY 2008, \$17.41 is available for HAVA programs.

**CONTACT INFORMATION**

Administration on Developmental Disabilities (ADD)  
Office of the Commissioner  
U.S. Department of Health and Human Services  
370 L'Enfant Promenade, S.W.  
Washington, D.C. 20447  
Phone number: 202.690.6590  
Fax: 202.690.6904  
TDD: 202.690.6415  
[Visit Our Website](#)  
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Last Reviewed: January 28, 2009



# **Appendix H**

# **AUCD Annual Report**



# AUCD

## 2009 Network Report

The mission of the Association of University Centers on Disabilities (AUCD) is to advance policy and practice for and with people living with developmental and other disabilities, their families, and communities by supporting our members as they engage in research, policy development, education, and service that further independence, productivity, and a satisfying quality of life. The AUCD networks of Centers promote the principles of self-determination, family-centered care, and cultural competence in disability supports across the life span.

Through its members, AUCD is a resource for local, state, national, and international agencies, organizations, and policy makers concerned about people living with developmental and other disabilities and their families.



**In Memoriam:**  
**Eunice Kennedy Shriver**  
1921–2009

The AUCD network owes its very existence to Mrs. Shriver's concerted efforts, with others such as Dr. Robert Cooke, to establish research, interdisciplinary training, and model service centers in top-flight universities around the country. Before her initiatives, there were few efforts in our nation's flagship universities to understand intellectual and developmental disabilities, but because of her tireless commitment, three such networks have evolved that address developmental and other disabilities.



Mrs. Shriver, with George Jesien and Sue Swenson, in 2007.

In the early 1960s, Mrs. Shriver helped her brother President John F. Kennedy to develop recommendations for legislation (PL 88-164 and PL 88-156) that resulted in the development of University Affiliated Facilities, which have evolved into multiple national networks, including the Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers, the University Centers for Excellence in Developmental Disabilities, and the Leadership Education in Neurodevelopmental Disabilities Programs.

Mrs. Shriver, working with her brother the President and others, largely jump-started the field, which has benefited hundreds of thousands of individuals with intellectual disabilities and their families. She served as a tireless advocate, using her quick intellect, boundless energy, and strategic genius to fight for those with intellectual disabilities to have not only access to sports participation, but also full access to public education, affordable housing, employment, comprehensive health care, and the best of what science has to offer.

Mrs. Shriver never abandoned her dream to end discrimination against people with intellectual disabilities and to help them reach their potentials and to enjoy life to its fullest. AUCD joins with millions of others in celebrating Mrs. Shriver's incredible inspiration and personal legacy of working to make this world a place in which everyone can enjoy mutual respect, love, and dignity. AUCD and its member organizations commit to ensuring that her mission, her legacy, and her work continue.

**In Memoriam:**  
**Edward “Ted” Kennedy**  
1932–2009

Senator Kennedy served for 46 years in the Senate, alongside ten presidents. The third longest serving senator in the nation, he played a substantial role in every major law that positively impacted people with intellectual and other disabilities, including the Developmental Disabilities Act, Rehabilitation Act of 1973, Individuals with Disabilities Education Act, Americans with Disabilities Act of 1990, Ryan White AIDS Care Act in 1990, State Children's Health Insurance Program, Health Insurance Portability and Accountability Act of 1996, Mental Health Parity Act, Family Opportunity Act of 2005, and most recently the Edward M. Kennedy Serve America Act. These laws serve as the foundation of disability policies and rights as we know them today.

As Chairman of the powerful Senate Health, Education, Labor, and Pensions (HELP) Committee, Senator Kennedy was working on comprehensive health care reform and the less visible but equally important legislation to provide a national long-term care system designed to allow Americans to receive long-term services and supports in their homes and communities through the CLASS Act. His leadership on these and other issues important to people with disabilities will be sorely missed.



Mr. Kennedy, with Kim Musheno and Joe Caldwell, in 2007.





Dear Friends, Colleagues, Partners, and Collaborators,

The membership of the Association of University Centers on Disabilities has had a good year, despite the economic challenges that we face nationally and in our respective states.

It is in these times of major change that it is important to have a strong foundation so that challenges can be weathered and new opportunities have a strong base from which to grow.

The AUCD network report you hold in your hands highlights many of our collective accomplishments and efforts for the past year. At the large-scale level, they point to the goals we have accomplished and the outcomes we have strived to achieve. At the grassroots level, these highlights feature our collaborations with thousands of individuals and their families and the impact we have through direct services, the development of new professionals, and the use of new knowledge generated from our research.

Many thanks to all of the families, community partners, staff, faculty, and administrators who have played such important parts in making these accomplishments possible. We would be remiss if we did not also thank our funding partners at national and state agencies, foundations, and private individuals who support our work and make much of it possible. Without the combined effort of so many varied and valued stakeholders, the achievements summarized in this report would not have been possible. Whether an individual with a disability, family member, director, researcher, or student trainee—we all play critical roles in facing the challenges ahead and seeing the opportunities that those challenges provide to our network.

As always, we welcome your feedback about the association and its activities and wish you the best for the year to come. Our foundation is strong, and our principles are clear. We can use the opportunities that are born of change and challenges to ensure that we continue toward the goal for access and equality for all.

Sincerely,

Michael Gamel-McCormick, PhD  
President, Board of Directors

George S. Jesien, PhD  
Executive Director



Michael Gamel-McCormick, PhD, President, AUCD Board of Directors, 2008–2009  
Lucille A. Zeph, EdD, President, AUCD Board of Directors 2005–2006  
Royal P. Walker, Jr., JD, President, AUCD Board of Directors, 2006–2007

## AUCD Represents Three National Networks of University Based Centers:

- **67 University Centers for Excellence in Developmental Disabilities (UCEDDs).** The network of UCEDDs receives core funding administered by the Administration on Developmental Disabilities (ADD) within the Administration for Children and Families (ACF). This network of 67 UCEDDs—at least one in every US state and territory—provides preservice preparation, performs services (including technical assistance, community education, and direct services), engages in research, and disseminates information.
- **39 Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Programs.** The network of LEND programs is administered by the Division of Research, Training, and Education, Maternal and Child Health Bureau (MCHB) within the Health Resources and Services Administration (HRSA). Currently, 39 LENDs operate in 33 states to ensure that health professionals have the necessary knowledge and skills to address the unique needs of children and adolescents with special health care needs and their families. Thirty-five of the LEND programs are co-located at universities with UCEDDs.
- **19 Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers (IDDRCs).** The network of 19 IDDRCs with AUCD membership consists of 14 Centers with P30 core grant funding from the National Institute of Child Health and Human Development (NICHD) within the National Institutes of Health (NIH) and five Centers that use other NIH funding mechanisms to support projects relevant to intellectual disabilities. IDDRCs represent the nation's first and foremost sustained effort to prevent and treat disabilities through biomedical and behavioral research. Fifteen of these research centers are co-located at universities with UCEDDs or LENDs.

## AUCD Supports Other Networks and Affiliates:

- **4 International Affiliates.** AUCD engages with individual university-based Centers that are dedicated to research, education, and service for and with people with developmental disabilities around the world. Current international affiliates are located in Wales, Israel, South Africa, and Spain.
- **16 State Disability and Health Grantees.** This network of grantees, funded by the National Center on Birth Defects and Developmental Disabilities (NCBDDD) within the Centers for Disease Control and Prevention (CDC), is engaged in projects designed to prevent secondary conditions and to promote the health of people with disabilities.
- **3 Additional MCHB Training Grant Programs.** AUCD engages and supports three national interdisciplinary training programs that engage in education, research, evaluation, and dissemination of best practices that address the health of children and adolescents with disabilities: Developmental Behavioral Pediatric (DBP) Training Programs, Leadership Education in Adolescent Health (LEAH) Training Programs, and Pediatric Pulmonary Center (PPC) Training Programs.





## Collaboration to Increase Screening and Interventions for Autism and Other Developmental Disabilities

In collaboration with CDC and MCHB, AUCD has undertaken a major project to address the gaps in state-level systems faced by families seeking accurate and timely diagnosis for autism and other related developmental disabilities and interventions for young children. The project consists of hosting regional summits, providing follow-up technical assistance and minigrants to support system change, maintaining up-to-date information on state legislative initiatives on autism, and supporting researchers to develop and evaluate strategies to improve access to diagnostic and intervention services.

AUCD has facilitated regional summits that convened “state teams” of individuals representing health and education domains from research, training, service, and policy advocacy arenas. UCEDDs and LENDs led their state teams’ development of comprehensive action plans.

In 2008, three regional summits were held: **15** states participated, and eleven of those were awarded catalytic minigrant funding by AUCD to support ongoing state team meetings and the implementation of their state plans.

In 2009, four regional summits were held for **20** states, and AUCD will competitively award minigrants among these states to support their ongoing work.

AUCD has also partnered with the National Conference of State Legislatures to provide information on autism and other developmental disabilities to all **7,382** state legislators and their legislative staff in the 50 states and other jurisdictions and to create and maintain an up-to-date *Autism State Legislation Database* that tracks all relevant financing, insurance, education, awareness, and screening legislation in the nation.

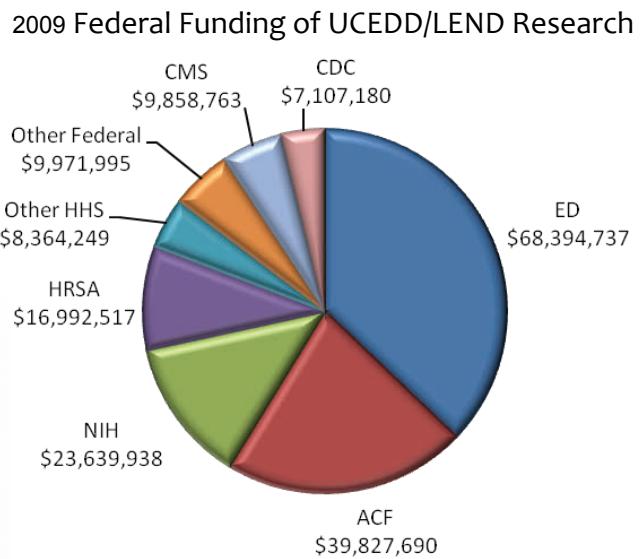
To date, four subawards have been made to implement projects to develop and evaluate strategies for outreach to family, general practitioners, and allied health professionals about early developmental screening, developmental milestones, early intervention, and early childhood services.



## Network Leadership in Research, Education, and Service

**Research:** Each UCEDD and LEND has its own unique research agenda; however, their research portfolios typically include basic and applied research, evaluation, and public policy analysis. This research is primarily conducted with the support of highly competitive federal grant funds. In 2009, UCEDDs and LENDs operated **1,090 projects with a research component**, including

- Investigations into the efficacy of educational, behavioral, health, and technological interventions
- Program evaluation
- Policy analysis
- Clinical trials



**Education:** Each UCEDD and LEND provided interdisciplinary preservice preparation and continuing education that expanded the professional or academic credentials of its students. Through coursework, practica, fellowships, residencies, and internships, in 2009 the network provided training to **3,669** students, including

- **1,792** who completed 300 or more hours of training
- **1,877** who completed between 40–299 hours of training

**Service:** Each UCEDD and LEND serves the community with many projects that translate research to practice, demonstrate exemplary practices, evaluate promising practices, and build community capacity in four major domains:

### Technical Assistance

Problem solving to assist individuals, programs, and agencies in improving their services, management, policies, and/or outcomes. In 2009, the network provided technical assistance to **695,242** individuals.

### Training

Enhancing the knowledge of community members and/or maintaining the professional credentials of those who directly serve the community. In 2009, the network provided training to **753,762** individuals.

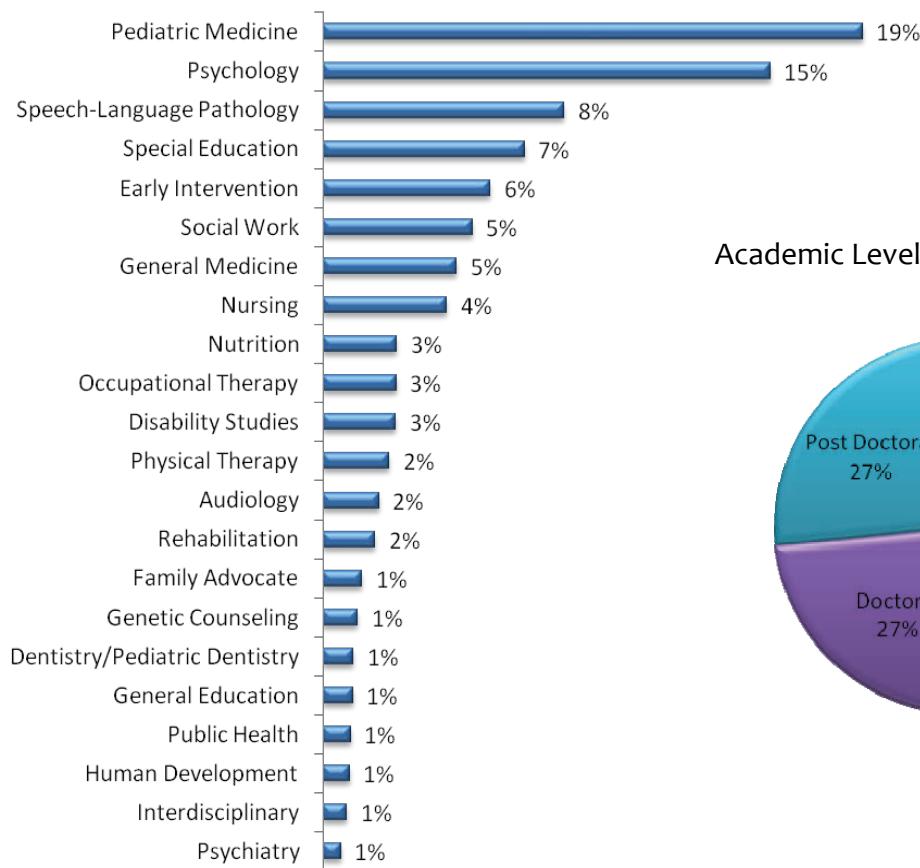
### Clinical Services

Providing supports or clinical care directly to individuals with developmental disabilities and/or their family members. In 2009, the network provided clinical services to **182,133** individuals.

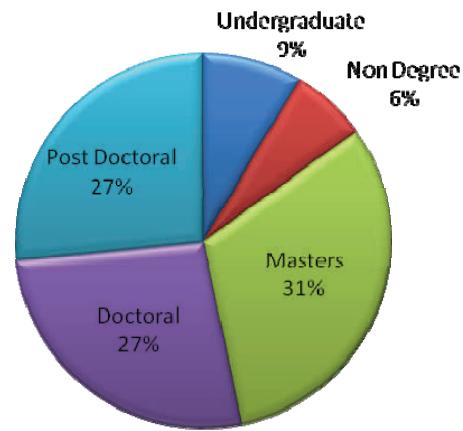
### Demonstration Services

Developing, implementing, and documenting promising practices and supports for individuals with disabilities or special health care needs and their families. In 2009, the network provided **153,647** consults.

### Disciplines of 2009 Network Trainees



### Academic Level of 2009 Network Trainees

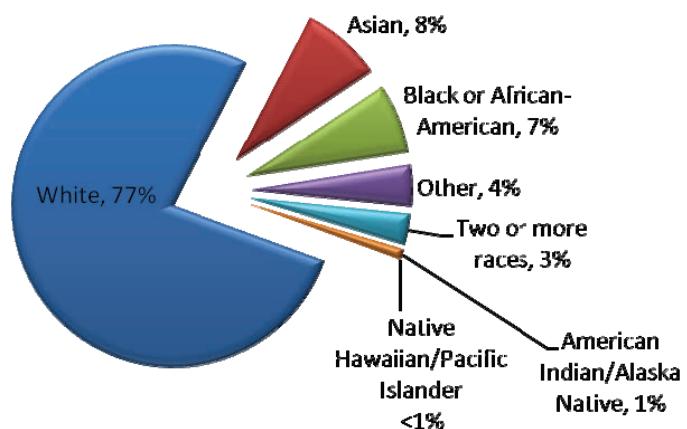


Trainees of the UCEDDs and LENDs reflect the demographic landscape of their fields in US graduate schools.

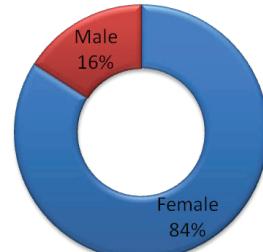
The Council on Graduate Schools reports the following graduate student demographics in US programs by major fields of study in 2008:

Student Race & Gender	Major Fields of Study		
	Education	Health Sciences	Social & Behavioral Sciences
White	73.0%	75.4%	69.3%
Black or African-American	14.6%	11.0%	14.2%
Asian/Pacific Islander	3.0%	7.5%	5.7%
American Indian/Alaskan Native	0.8%	0.8%	1.1%
Female	75.2%	79.9%	64.4%
Male	24.8%	20.1%	35.6%

### 2009 UCEDD/LEND Trainees by Race, Gender, and Ethnicity



7% of the 2009 UCEDD/LEND trainees identified with an Hispanic ethnicity (ethnicity is distinct from race; an individual may be of any race and Hispanic).



## Network Leadership in Scholarship, Policy, and Practice

Every UCEDD and LEND contributes to the body of evidence-based knowledge and influences public policy and professional practice through its research, education, and service activities.

- Important research findings are shared with others through articles published in prestigious, peer reviewed journals and presentations given at regional, national, and international conferences. In 2009, network members had **more than 1,000 articles** published in peer-reviewed journals and presented at numerous conferences.
- Legislators and public policy makers in every state make use of information supplied by UCEDDs and LENDs. In 2009, network members provided testimony at numerous public hearings; participated on hundreds of advisory committees for state agencies; and created **more than 3,000 reports, newsletter articles, and public awareness materials** that were used to educate policy makers on issues relevant to people with developmental disabilities and their families.
- The practices of the next generation of clinicians and human service providers are influenced by the courses and training experiences they receive as students. Across the network in 2009, members taught **more than 500 courses** that provided cutting-edge information, best and promising practices, and social constructions that promote the inclusion of people with disabilities in the community.



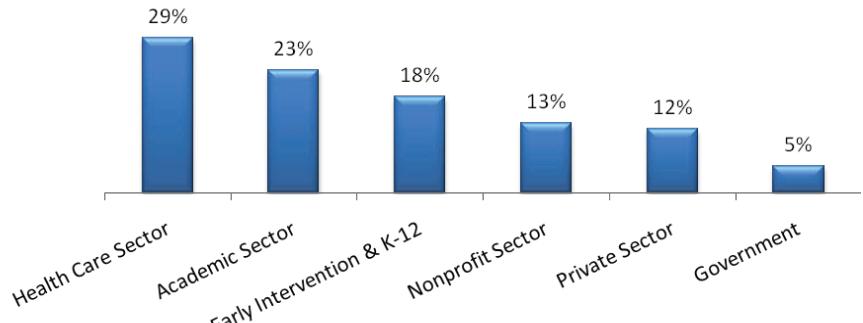
**Graduates of the UCEDD and LEND training programs contribute to policy and practice in key settings.**

The Center for Innovation and Research in Graduate Education (2008) reports the following national findings on the employment outcomes of PhDs in social sciences at five or more years post conferral:

**81%** work in the academic sector (faculty and other positions)

**19%** work in business, government, or nonprofit sectors

Current Employment Settings of Former (2003–2009) UCEDD/LEND Trainees



## AUCD Legislative Efforts

AUCD advocates for legislative issues that are critical to individuals with disabilities and their families. Priority issues are identified bi-annually by the AUCD Legislative Affairs Committee and Board of Directors, based on the Association's mission and vision, with input from the entire network, including individuals with disabilities and their families.

### Collaboration with National Coalitions

AUCD works in coalition with other national organizations with similar missions. In its legislative education and advocacy efforts to improve the lives of individuals with disabilities and their families, AUCD actively collaborated with the following groups over the past year:

- Consortium for Citizens with Disabilities (CCD)
- Alliance to Prevent Restraint, Aversive Interventions, and Seclusion (APRAIS)
- Coalition for Health Funding
- CDC External Partners Group
- Friends of NICHD
- Friends of Title V
- National Child Abuse Coalition



AUCD Board President Michael Gamel-McCormick testifying before the House Appropriations Subcommittee on Health and Human Services and Education

### Major Advocacy and Educational Activities

Over the past year, AUCD

- Took the lead role in preparing joint recommendations of the CCD for the US Presidential transition team on a variety of issues that impact people with disabilities and their families.
- Coordinated a Congressional staff briefing on federal funding for disability programs with the CCD.
- Conducted a workshop at the National Conference of State Legislators annual meeting on federal and state policy activities related to autism spectrum disorders in collaboration with Easter Seals.
- Provided recommendations to key legislative staff developing health care reform bills, particularly related to prevention, wellness, and long-term services.
- Successfully advocated for increased FY09 federal appropriations for its member networks.
- Successfully advocated to assure that people with disabilities, who are disproportionately impacted by the economic downturn, were not left out of the federal recovery efforts under the American Recovery and Reinvestment Act.

### Legislative Accomplishments

AUCD, in collaboration with many partners in the disability community, successfully advocated for the following enacted legislation impacting people with disabilities and their families in health care, employment, education, long-term services, civil rights, and income supports:

- Higher Education Opportunity Act (with provisions to provide access to students with intellectual disabilities)
- Edward M. Kennedy Serve America Act
- Genetics Information Nondiscrimination Act
- Prenatally and Postnatally Diagnosed Conditions Act
- Children's Health Insurance Program Reauthorization Act (CHIPRA)
- Americans with Disabilities Amendments Act
- Paul Wellstone and Pete Domenici Mental Health and Addiction Equity Act

## National and Community Service

Since 2001, the Corporation for National and Community Service has partnered with the Institute for Community Inclusion at the University of Massachusetts Boston and AUCD to assist national service programs in increasing the participation of members and volunteers with disabilities in national service. Volunteers can learn skills related to problem solving, management, and interpersonal communications during their service—this is particularly important for people with disabilities who can use the volunteer experience as a gateway to employment.

To date, this project has awarded **32** minigrants that have resulted in

- Enhanced connections between stakeholders in states and on the national stage.
- New gateways to service opportunities and information.
- Practices that enable people with disabilities to fully participate in national service programs and projects.



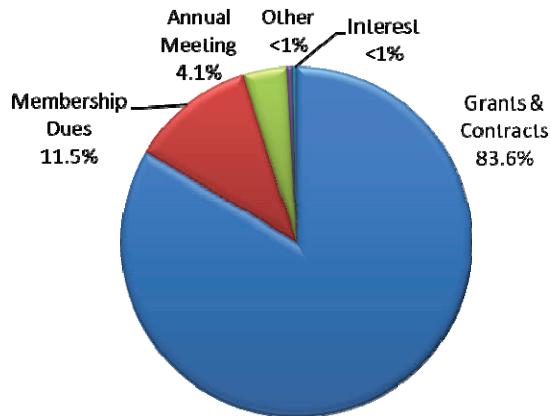
## Pediatric Audiology Training

MCHB and AUCD have partnered to enhance the training of infant/pediatric audiologists by both expanding the academic course of study and augmenting clinical experiences for accredited graduate audiology programs. Pediatric audiologists identify and diagnose hearing loss within the first months of life. Early screening and diagnosis—when joined with early intervention services—helps ensure that children with hearing loss have access to important auditory information during critical developmental periods and, thus have optimal educational outcomes.

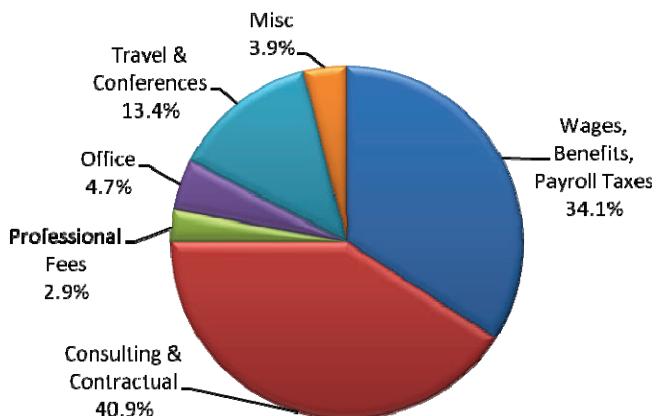
To date, through competitive subaward processes, AUCD has made **9** subawards to LEND programs to expand and augment their pediatric audiology training programs.

## 2009 AUCD Financial Position

FY2009 Support & Revenue: \$4,535,814



FY2009 Expenses: \$4,503,845



Summary Comparison of AUCD Position 2006–2009				
	FY2006	FY2007	FY2008	FY2009
<b>Overall Revenue</b>	\$4,177,028	\$6,302,590	\$6,876,699	\$4,675,962
<b>Grants &amp; Contracts</b>	\$3,602,875	\$5,537,324	\$6,135,173	\$3,908,744
<b>Net Assets</b>	\$860,303	\$866,339	\$972,647	\$1,144,762



## 2008–2009 AUCD Board of Directors

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Associate UCEDD Director, Center for Disabilities Studies, University of Delaware

### **Daniel B. Crimmins, PhD—Treasurer**

UCEDD Director, Center for Leadership in Disability, Georgia State University

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LEND Director, University of Southern California, Children's Hospital Los Angeles

### **Tamar Heller, PhD—President-Elect**

UCEDD Director, Institute on Disability and Human Development, University of Illinois at Chicago

### **William E. Kiernan, PhD—Past-President**

UCEDD Director, Institute for Community Inclusion, University of Massachusetts Boston

### **Royal P. Walker, Jr., JD—Past Past President**

UCEDD Director, Institute for Disability Studies, University of Southern Mississippi

### **A. Anthony Antosh, EdD**

UCEDD Director, Paul V. Sherlock Center on Disabilities, Rhode Island College

### **Kathleen Braden, MD**

LEND Director, Eunice Kennedy Shriver Center, University of Massachusetts Medical School

### **Julie Fodor, PhD**

UCEDD Director, Center on Disabilities and Development, University of Idaho

### **Charlie Lakin, PhD**

Associate UCEDD Director, Institute on Community Integration, University of Minnesota

### **Arnold Birenbaum, PhD**

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### **Kendall Corbett, BA**

Co-Chair, Council on Community Advocacy, Wyoming Institute for Disabilities, University of Wyoming

### **Judith Holt, PhD**

Chair, National Training Directors Council, Associate LEND Director, Utah Rural Leadership Education in Neurodevelopmental Disabilities, University of Utah

### **Mary Mercer, MS**

Chair, National Community Education Directors Council, North Dakota Center for Persons with Disabilities, Minot State University

### **Lann E. Thompson, EdD**

Chair, Council for Interdisciplinary Service, Associate LEND Director, Riley Child Development Center, Indiana University

### **Gordon G. Richins, BS**

Co-Chair, Council on Community Advocacy, Center for Persons with Disabilities, Utah State University

### **Barbara Wheeler, PhD**

Chair, Multicultural Council, Associate UCEDD Director, University of Southern California, Children's Hospital Los Angeles



William E. Kiernan  
Passes Gavel to  
Michael Gamel-McCormick



2008–2009 AUCD Board of Directors

## Join Us

### 2010 AUCD Annual Meeting & Conference

**October 30-November 3, 2010  
Hyatt Regency Crystal City Hotel  
Washington, DC**

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**Corina Miclea**, Meetings Assistant



## Directory of AUCD Member Centers

Find contact information at

[www.aucd.org/UCEDD](http://www.aucd.org/UCEDD)

[www.aucd.org/LEND](http://www.aucd.org/LEND)

[www.aucd.org/IDDRC](http://www.aucd.org/IDDRC)

State	UCEDD LEND IDDRC	Member Center	Affiliated University
Alabama	X X X	Civitan International Research Center	University of Alabama at Birmingham
Alaska	X	Center for Human Development	University of Alaska Anchorage
Arizona	X	Institute for Human Development	Northern Arizona University (Flagstaff)
Arizona	X	Sonoran UCEDD	University of Arizona (Tucson)
Arkansas	X X	Partners for Inclusive Communities	University of Arkansas for Medical Sciences (Little Rock)
California	X X	University of Southern California, Children's Hospital Los Angeles	University of Southern California (Los Angeles)
California	X	Tarjan Center for Developmental Disabilities	University of California at Los Angeles
	X	UCLA Mental Retardation Research Center	
California	X	Center for Excellence in Developmental Disabilities at the MIND Institute	University of California, Davis
Colorado	X X	JFK Partners	University of Colorado Health Sciences Center (Denver)
	X	University of Colorado MRDDRC	
Connecticut	X X	A.J. Pappanikou Center for Developmental Disabilities	University of Connecticut Health Center (Farmington)
Delaware	X	Center for Disabilities Studies	University of Delaware (Newark)
DC	X X	Children's National Medical Center	Consortium of Universities
DC	X	Georgetown University Center for Child and Human Development	Georgetown University
Florida	X	Florida Center for Inclusive Communities	University of South Florida (Tampa)
Florida	X X X*	Mailman Center for Child Development	University of Miami Miller School of Medicine
Georgia	X	Institute on Human Development and Disability	The University of Georgia (Athens)
Georgia	X	Center for Leadership in Disability	Georgia State University (Atlanta)
Georgia	X*	Emory University School of Medicine	Emory University (Atlanta)
Guam	X	Guam CEDDERS	University of Guam (Mangilao)
Hawaii	X X	Center on Disability Studies	University of Hawaii at Manoa (Honolulu)
Idaho	X	Center on Disabilities and Human Development	University of Idaho (Moscow)
Illinois	X X	Institute on Disability and Human Development	University of Illinois at Chicago
Illinois	X	Joseph P. Kennedy IDDRC	University of Chicago
Indiana	X	Indiana Institute on Disability and Community	Indiana University (Bloomington)
Indiana	X	Riley Child Development Center	Indiana University (Indianapolis)
Iowa	X X	Center for Disabilities and Development	University of Iowa (Iowa City)
Kansas	X	Kansas University Center on Developmental Disabilities	The University of Kansas (Lawrence and Kansas City)
	X	Developmental Disabilities Center	
Kentucky	X	Interdisciplinary Human Development Institute	University of Kentucky (Lexington)
Louisiana	X	Human Development Center	Louisiana State University Health Sciences Center (New Orleans)
Maine	X	Center for Community Inclusion & Disability Studies	The University of Maine (Orono)
Maryland	X	Maryland Center for Developmental Disabilities at KKI	The Johns Hopkins University (Baltimore)
	X X	Kennedy Krieger Institute	
Massachusetts	X X X	Eunice Kennedy Shriver Center	University of Massachusetts Medical School (Waltham)
Massachusetts	X X	Institute for Community Inclusion	University of Massachusetts Boston
Massachusetts	X	Children's Hospital MRDDRC	Harvard Medical School (Boston)
Michigan	X	Developmental Disabilities Institute	Wayne State University (Detroit)
Minnesota	X X	Institute on Community Integration	University of Minnesota (Minneapolis)
Mississippi	X	Institute for Disability Studies	The University of Southern Mississippi (Hattiesburg)
Missouri	X X	Institute for Human Development	University of Missouri—Kansas City
Montana	X	The University of Montana Rural Institute	The University of Montana (Missoula)
Nebraska	X X	Munroe-Meyer Institute for Genetics & Rehabilitation	University of Nebraska Medical Center (Omaha)
Nevada	X	Research and Educational Planning Center	University of Nevada, Reno
New Hampshire	X	Institute on Disability	University of New Hampshire (Durham)
	X	Children's Hospital at Dartmouth	
New Jersey	X	The Elizabeth M. Boggs Center on Developmental Disabilities	UMDNJ—Robert Wood Johnson Medical School (New Brunswick)
New Mexico	X X	Center for Development and Disability	The University of New Mexico (Albuquerque)

## Directory of AUCD Member Centers

Find contact information at  
[www.aucd.org/UCEDD](http://www.aucd.org/UCEDD)      [www.aucd.org/LEND](http://www.aucd.org/LEND)      [www.aucd.org/IDDRRC](http://www.aucd.org/IDDRRC)

State	UCEDD	LEND	IDDRC	AUCD Member Centers	Affiliated University
New York	X	X	X*	Rose F. Kennedy Center	Albert Einstein College of Medicine at Yeshiva University (Bronx)
New York	X	X		Strong Center for Developmental Disabilities	University of Rochester Medical Center
New York	X	X		Westchester Institute for Human Development	New York Medical College (Valhalla)
New York			X*	Institute for Basic Research in Developmental Disabilities	NYS Office of Mental Retardation and Developmental Disabilities
North Carolina	X	X	X	Carolina Institute for Developmental Disabilities	University of North Carolina—Chapel Hill
North Carolina			X*	RTI International	Consortium of Universities
North Dakota	X			North Dakota Center for Persons with Disabilities	Minot State University (Minot)
Ohio	X		X	UC UCEDD Cincinnati Children's Division of Developmental and Behavioral Pediatrics	University of Cincinnati
Ohio	X	X		Nisonger Center	The Ohio State University (Columbus)
Oklahoma	X	X		Center for Interdisciplinary Learning and Leadership	University of Oklahoma Health Sciences Center (Oklahoma City)
Oregon	X	X		Oregon Institute on Disability & Development	Oregon Health & Science University (Portland)
Oregon	X			University of Oregon UCEDD	The University of Oregon (Eugene)
Pacific Basin (2 sites)	X			American Samoa site Commonwealth of the Northern Marianas site	American Samoa Community College (Pago Pago) Northern Marianas College (Saipan)
Pennsylvania	X		X	Children's Seashore House of the Children's Hospital of Philadelphia Joseph Stokes Jr. Research Institute	University of Pennsylvania School of Medicine (Philadelphia)
Pennsylvania	X			Institute on Disabilities	Temple University (Philadelphia)
Pennsylvania	X			The UCLID Center	University of Pittsburgh
Puerto Rico	X			Institute on Developmental Disabilities	University of Puerto Rico (San Juan)
Rhode Island	X			Paul V. Sherlock Center on Disabilities	Rhode Island College (Providence)
South Carolina	X			Center for Disability Resources	University of South Carolina School of Medicine (Columbia)
South Dakota	X	X		Center for Disabilities	University of South Dakota School of Medicine (Sioux Falls)
Tennessee	X	X		Boling Center for Developmental Disabilities	The University of Tennessee (Memphis)
Tennessee	X		X	Vanderbilt Kennedy Center for Excellence in Developmental Disabilities MIND Training Project	Vanderbilt University (Nashville)
			X	Vanderbilt Kennedy Center for Research on Human Development	
Texas	X			Texas Center for Disability Studies	The University of Texas at Austin
Texas	X			Center on Disability and Development	Texas A&M University (College Station)
Texas		X		Mental Retardation and Developmental Disabilities Research Center	Baylor College of Medicine (Houston)
Utah	X			Center for Persons with Disabilities	Utah State University (Logan)
Utah	X			Utah Regional Leadership Education in Neurodevelopmental Disabilities	University of Utah (Salt Lake)
Vermont	X		X	Center on Disability & Community Inclusion Vermont Interdisciplinary Leadership Education for Health Professionals	The University of Vermont (Burlington)
Virginia	X	X		Partnership for People with Disabilities	Virginia Commonwealth University (Richmond)
Virgin Islands	X			Virgin Islands UCEDD	University of the Virgin Islands (St. Thomas)
Washington	X	X	X	Center on Human Development & Disability	University of Washington (Seattle)
West Virginia	X	X		Center for Excellence in Disabilities	West Virginia University (Morgantown)
Wisconsin	X	X	X	Waisman Center	University of Wisconsin—Madison
Wyoming	X			Wyoming Institute for Disabilities	University of Wyoming (Laramie)

### AUCD International Affiliates

Israel	MISHAL—University Center on Disabilities for Education, Empowerment, and Research	University of Haifa (Mount Carmel, Haifa, Israel)
South Africa	Centre for Augmentative and Alternative Communication	University of Pretoria (Pretoria, South Africa)
Spain	INICO—Institute on Community Integration	Universidad de Salamanca (Salamanca, Spain)
Wales	Unit for Development in Intellectual Disabilities	University of Glamorgan (Pontypridd, Wales, UK)

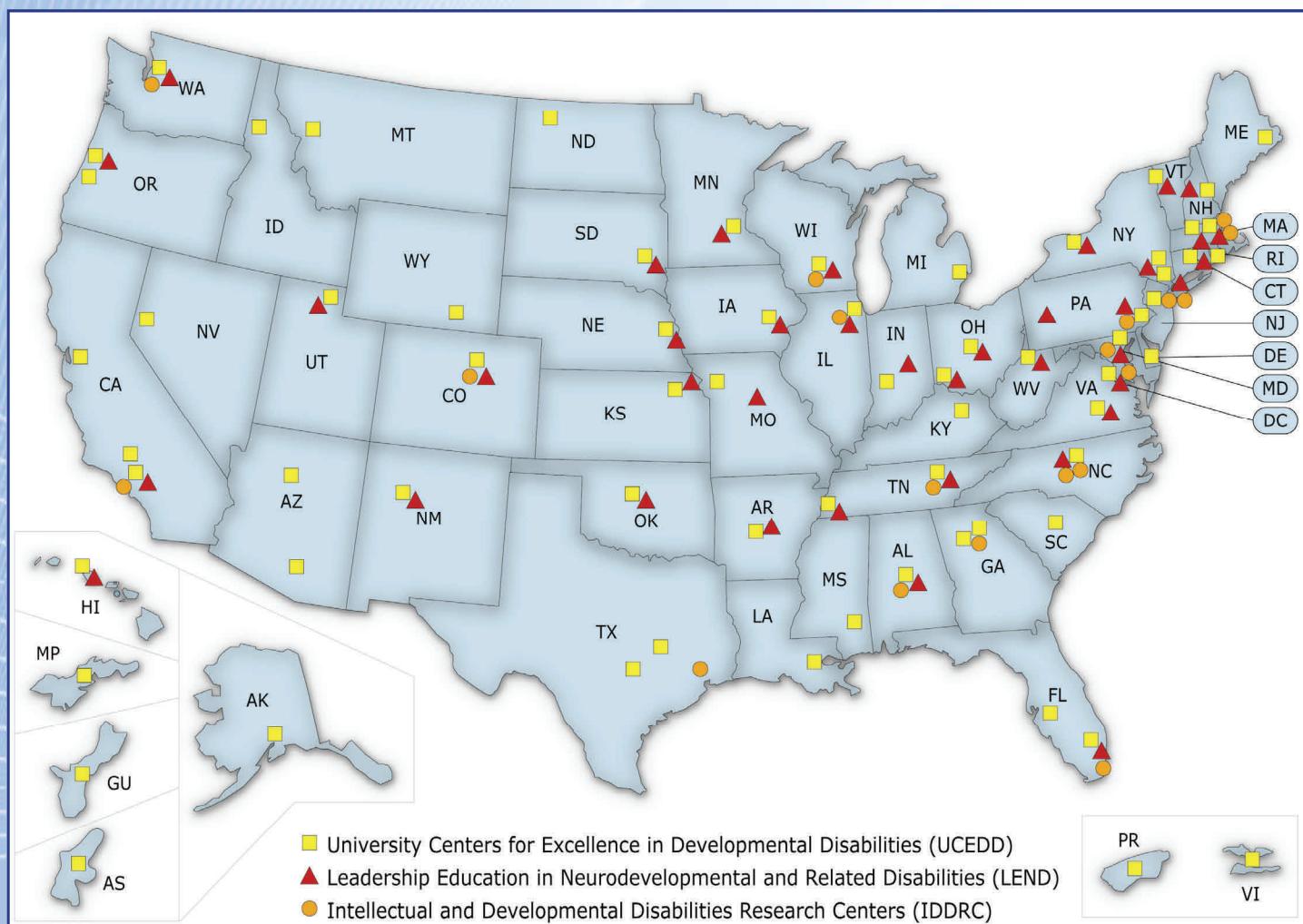
\*Designates Centers that use NIH funding to support investigations relevant to intellectual and developmental disabilities but are not NICHD-designated IDDRCs.

1010 Wayne Avenue, Suite 920  
Silver Spring MD 20910

Phone: 301-588-8252  
Fax: 301-588-2842  
E-mail: [aucdinfo@aucd.org](mailto:aucdinfo@aucd.org)  
[www.aucd.org](http://www.aucd.org)

George S. Jesien, PhD  
Executive Director

## Members in Every US State and Territory



# **Appendix I**

## **Administration on Developmental Disabilities DD ACT Part D**



*U.S. Department of Health & Human Services*

## Administration for Children & Families

Related ACF Sites: President's Committee for People with Intellectual Disabilities

### ADMINISTRATION ON DEVELOPMENTAL DISABILITIES (ADD)

#### **PUBLIC LAW 106-402-OCT. 30, 2000 114 STAT. 1719**

#### **SUBTITLE D--NATIONAL NETWORK OF UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES EDUCATION, RESEARCH, AND SERVICE**

##### **42 USC 15061 SEC. 151. GRANT AUTHORITY.**

(a) NATIONAL NETWORK. -From appropriations authorized under section 156(a)(1), the Secretary shall make 5-year grants to entities in each State designated as University Centers for Excellence in Developmental Disabilities Education, Research, and Service to carry out activities described in section 153(a).

(b) NATIONAL TRAINING INITIATIVES. -From appropriations authorized under section 156(a)(1) and reserved under section 156(a)(2), the Secretary shall make grants to Centers to carry out activities described in section 153(b).

(c) TECHNICAL ASSISTANCE. -From appropriations authorized under section 156(a)(1) and reserved under section 156(a)(3) (or from funds reserved under section 163, as appropriate), the Secretary shall enter into 1 or more cooperative agreements or contracts for the purpose of providing technical assistance described in section 153(c).

##### **SEC. 152. GRANT AWARDS. 42 USC 15062**

###### **(a) EXISTING CENTERS.-**

(1) IN GENERAL. -In awarding and distributing grant funds under section 151(a) for a fiscal year, the Secretary, subject to the availability of appropriations and the condition specified in subsection (d), shall award and distribute grant funds in equal amounts of \$500,000 (adjusted in accordance with sub-section (b)), to each Center that existed during the preceding fiscal year and that meets the requirements of this subtitle, prior to making grants under subsection (c) or (d).

(2) REDUCTION OF AWARD.-Notwithstanding paragraph (1), if the aggregate of the funds to be awarded to the Centers pursuant to paragraph (1) for any fiscal year exceeds the total amount appropriated under section 156 for such fiscal year, the amount to be awarded to each Center for such fiscal year shall be proportionately reduced.

(b) ADJUSTMENTS.-Subject to the availability of appropriations, for any fiscal year following a year in which each Center described in subsection (a) received a grant award of not less than \$500,000 under subsection (a) (adjusted in accordance with this subsection), the Secretary shall adjust the awards to take into account the most recent percentage change in the Consumer Price Index published by the Secretary of Labor under section 100(c)(1) of the Rehabilitation Act of 1973 (29 U.S.C. 720(c)(1)) (if the percentage change indicates an increase), prior to making grants under sub-section (c) or (d).

(c) NATIONAL TRAINING INITIATIVES ON CRITICAL AND EMERGING NEEDS. -Subject to the availability of appropriations, for any fiscal year in which each Center described in subsection (a) receives a grant award of not less than \$500,000, under subsection (a) (adjusted in accordance with subsection (b)), after making the grant awards, the Secretary shall make grants under section 151(b) to

#### **114 STAT. 1720 PUBLIC LAW 106-402-OCT. 30, 2000**

Centers to pay for the Federal share of the cost of training initiatives related to the unmet needs of individuals with developmental disabilities and their families, as described in section 153(b).

(d) ADDITIONAL GRANTS.-For any fiscal year in which each Center described in subsection (a) receives a grant award of not less than \$500,000 under subsection (a) (adjusted in accordance with subsection (b)), after making the grant awards, the Secretary may make grants under section 151(a) for activities described in section 153(a) to additional Centers, or additional grants to Centers, for States or populations that are unserved or underserved by Centers due to such factors as-

- (1) population;
- (2) a high concentration of rural or urban areas; or
- (3) a high concentration of unserved or underserved populations.

#### **42 USC 15063 SEC. 153. PURPOSE AND SCOPE OF ACTIVITIES.**

(a) NATIONAL NETWORK OF UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES EDUCATION, RESEARCH, AND SERVICE.-

(1) IN GENERAL. -In order 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 Secretary shall award grants to eligible entities designated as Centers in each State to pay for the Federal share of the cost of the administration and operation of the Centers. The Centers shall be interdisciplinary education, research, and public service units of universities (as defined by the Secretary) or public or not-for-profit entities associated with universities that engage in core functions, described in paragraph (2), addressing, directly or indirectly, 1 or more of the areas of emphasis.

(2) CORE FUNCTIONS. -The core functions referred to in paragraph (1) shall include the following:

(A) Provision of interdisciplinary pre-service preparation and continuing education of students and fellows, which may include the preparation and continuing education of leadership, direct service, clinical, or other personnel to strengthen and increase the capacity of States and communities to achieve the purpose of this title.

(B) Provision of community services-

- (i) that provide training or technical assistance for individuals with developmental disabilities, their families, professionals, paraprofessionals, policy-makers, students, and other members of the community; and
- (ii) that may provide services, supports, and assistance for the persons described in clause (i) through demonstration and model activities.

(C) Conduct of research, which may include basic or applied research, evaluation, and the analysis of public policy in areas that affect or could affect, either positively or negatively, individuals with developmental disabilities and their families.

#### **PUBLIC LAW 106-402-OCT. 30, 2000 114 STAT. 1721**

(D) Dissemination of information related to activities undertaken to address the purpose of this title, especially dissemination of information that demonstrates that the network authorized under this subtitle is a national and international resource that includes specific substantive areas of expertise that may be accessed and applied in diverse settings and circumstances.

(b) NATIONAL TRAINING INITIATIVES ON CRITICAL AND EMERGING NEEDS.-

(1) SUPPLEMENTAL GRANTS. -After consultation with relevant, informed sources, including individuals with developmental disabilities and their families, the Secretary shall award, under section 151(b), supplemental grants to Centers to pay for the Federal share of the cost of training initiatives related to the unmet needs of individuals with developmental disabilities and their families. The Secretary shall make the grants on a competitive basis, and for periods of not more than 5 years.

(2) ESTABLISHMENT OF CONSULTATION PROCESS BY THE SECRETARY. -Not later than 1 year

after the date of enactment of this Act, the Secretary shall establish a consultation process that, on an ongoing basis, allows the Secretary to identify and address, through supplemental grants authorized under paragraph (1), training initiatives related to the unmet needs of individuals with developmental disabilities and their families.

- (c) TECHNICAL ASSISTANCE. -In order to strengthen and support the national network of Centers, the Secretary may enter into 1 or more cooperative agreements or contracts to-
- (1) assist in national and international dissemination of specific information from multiple Centers and, in appropriate cases, other entities whose work affects the lives of individuals with developmental disabilities;
  - (2) compile, analyze, and disseminate state-of-the-art training, research, and demonstration results policies, and practices from multiple Centers and, in appropriate cases, other entities whose work affects the lives of persons with developmental disabilities;
  - (3) convene experts from multiple Centers to discuss and make recommendations with regard to national emerging needs of individuals with developmental disabilities;
  - (4)
  - (A) develop portals that link users with every Center's website; and
  - (B) facilitate electronic information sharing using state-of- the-art Internet technologies such as real-time online discussions, multipoint video conferencing, and web-based audio/video broadcasts, on emerging topics that impact individuals with disabilities and their families;
  - (5) serve as a research-based resource for Federal and State policymakers on information concerning and issues impacting individuals with developmental disabilities and entities that assist or serve those individuals; or
  - (6) undertake any other functions that the Secretary determines to be appropriate; to promote the viability and use of the resources and expertise of the Centers nationally and internationally.

**114 STAT. 1722 PUBLIC LAW 106-402-OCT. 30, 2000**

**42 USC 15064 SEC. 154. APPLICATIONS.**

**SEC. 154. APPLICATIONS.**

**(a) APPLICATIONS FOR CORE CENTER GRANTS.-**

- (1) IN GENERAL. -To be eligible to receive a grant under section 151(a) for a Center, an entity shall submit to the Secretary, and obtain approval of, an application at such time, in such manner, and containing such information, as the Secretary may require.
- (2) APPLICATION CONTENTS. -Each application described in paragraph (1) shall describe a 5-year plan, including a projected goal related to 1 or more areas of emphasis for each of the core functions described in section 153(a).
- (3) ASSURANCES. -The application shall be approved by the Secretary only if the application contains or is supported by reasonable assurances that the entity designated as the Center will-
  - (A) meet regulatory standards as established by the Secretary for Centers;
  - (B) address the projected goals, and carry out goal-related activities, based on data driven strategic planning and in a manner consistent with the objectives of this subtitle, that
    - (i) are developed in collaboration with the consumer advisory committee established pursuant to subparagraph (E);
    - (ii) are consistent with, and to the extent feasible complement and further, the Council goals contained in the State plan submitted under section 124 and the system goals established under section 143; and
    - (iii) will be reviewed and revised annually as necessary to address emerging trends and needs;

- (C) use the funds made available through the grant to supplement, and not supplant, the funds that would otherwise be made available for activities described in section 153(a);
- (D) protect, consistent with the policy specified in section 101(c) (relating to rights of individuals with developmental disabilities), the legal and human rights of all individuals with developmental disabilities (especially those individuals under State guardianship) who are involved in activities carried out under programs assisted under this subtitle;
- (E) establish a consumer advisory committee-
  - (i) of which a majority of the members shall be individuals with developmental disabilities and family members of such individuals;
  - (ii) that is comprised of-
    - (I) individuals with developmental disabilities and related disabilities;
    - (II) family members of individuals with developmental disabilities;
    - (III) a representative of the State protection and advocacy system;
    - (IV) a representative of the State Council on Developmental Disabilities;
    - (V) a representative of a self-advocacy organization described in section 124(c)(4)(A)(ii)(I); and

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- (VI) representatives of organizations that may include parent training and information centers assisted under section 682 or 683 of the Individuals with Disabilities Education Act (20 U.S.C. 1482, 1483), entities carrying out activities authorized under section 101 or 102 of the Assistive Technology Act of 1998 (29 U.S.C. 3011, 3012), relevant State agencies, and other community groups concerned with the welfare of individuals with developmental disabilities and their families;
- (iii) that reflects the racial and ethnic diversity of the State; and
- (iv) that shall-
  - (I) consult with the Director of the Center regarding the development of the 5-year plan, and shall participate in an annual review of, and comment on, the progress of the Center in meeting the projected goals contained in the plan, and shall make recommendations to the Director of the Center regarding any proposed revisions of the plan that might be necessary; and
  - (II) meet as often as necessary to carry out the role of the committee, but at a minimum twice during each grant year;
- (F) to the extent possible, utilize the infrastructure and resources obtained through funds made available under the grant to leverage additional public and private funds to successfully achieve the projected goals developed in the 5-year plan;
- (G)
  - (i) have a director with appropriate academic credentials, demonstrated leadership, expertise regarding developmental disabilities, significant experience in managing grants and contracts, and the ability to leverage public and private funds; and
  - (ii) allocate adequate staff time to carry out activities related to each of the core functions described in section 153(a); and
- (H) educate, and disseminate information related to the purpose of this title to, the legislature of the State in which the Center is located, and to Members of Congress from such State.
- (b) **SUPPLEMENTAL GRANT APPLICATIONS PERTAINING TO NATIONAL TRAINING INITIATIVES IN CRITICAL AND EMERGING NEEDS.** -To be eligible to receive a supplemental grant under section 151(b), a Center may submit a supplemental application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, pursuant to the terms and conditions set by the Secretary consistent with section 153(b).
- (c) **PEER REVIEW.-**

(1) IN GENERAL. -The Secretary shall require that all applications submitted under this subtitle be subject to technical and qualitative review by peer review groups established under paragraph(2). The Secretary may approve an application under this subtitle only if such application has been recommended by a peer review group that has conducted the peer review required under this paragraph. In conducting the

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review, the group may conduct onsite visits or inspections of related activities as necessary.

(2) ESTABLISHMENT OF PEER REVIEW GROUPS.-

(A) IN GENERAL.-The Secretary, acting through the Commissioner of the Administration on Developmental Disabilities, may, notwithstanding-

(i) the provisions of title 5, United States Code, concerning appointments to the competitive service; and

(ii) the provisions of chapter 51, and subchapter III of chapter 53 of title 5, United States Code, concerning classification and General Schedule pay rates; establish such peer review groups and appoint and set the rates of pay of members of such groups.

(B) COMPOSITION. -Each peer review group shall include such individuals with disabilities and parents, guardians, or advocates of or for individuals with developmental disabilities, as are necessary to carry out this sub-section.

(3) WAIVERS OF APPROVAL. -The Secretary may waive the provisions of paragraph (1) with respect to review and approval of an application if the Secretary determines that exceptional circumstances warrant such a waiver.

(d) FEDERAL SHARE. -

(1) IN GENERAL. -The Federal share of the cost of administration or operation of a Center, or the cost of carrying out a training initiative, supported by a grant made under this subtitle may not be more than 75 percent of the necessary cost of such project, as determined by the Secretary.

(2) URBAN OR RURAL POVERTY AREAS. -In the case of a project whose activities or products target individuals with developmental disabilities who live in an urban or rural poverty area, as determined by the Secretary, the Federal share of the cost of the project may not be more than 90 percent of the necessary costs of the project, as determined by the Secretary.

(3) GRANT EXPENDITURES. -For the purpose of determining the Federal share with respect to the project, expenditures on that project by a political subdivision of a State or by a public or private entity shall, subject to such limitations and conditions as the Secretary may by regulation prescribe under section 104(b), be considered to be expenditures made by a Center under this subtitle.

(e) ANNUAL REPORT. -Each Center shall annually prepare and transmit to the Secretary a report containing-

(1) information on progress made in achieving the projected goals of the Center for the previous year, including-

(A) the extent to which the goals were achieved;

(B) a description of the strategies that contributed to achieving the goals;

(C) to the extent to which the goals were not achieved, a description of factors that impeded the achievement; and

(D) an accounting of the manner in which funds paid to the Center under this subtitle for a fiscal year were expended;

(2) information on proposed revisions to the goals; and

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(3) a description of successful efforts to leverage funds, other than funds made available under this subtitle, to pursue goals consistent with this subtitle.

**SEC. 155. DEFINITION. 42 USC 15065**

In this subtitle, the term "State" means each of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, and Guam.

**SEC. 156. AUTHORIZATION OF APPROPRIATIONS. 42 USC 15066****(a) AUTHORIZATION AND RESERVATIONS.-**

(1) AUTHORIZATION. -There are authorized to be appropriated to carry out this subtitle (other than section 153(c)(4)) \$30,000,000 for fiscal year 2001 and such sums as may be necessary for each of fiscal years 2002 through 2007.

(2) RESERVATION FOR TRAINING INITIATIVES. -From any amount appropriated for a fiscal year under paragraph (1) and remaining after each Center described in section 152(a) has received a grant award of not less than \$500,000, as described in section 152, the Secretary shall reserve funds for the training initiatives authorized under section 153(b).

**(3) RESERVATION FOR TECHNICAL ASSISTANCE.-**

(A) YEARS BEFORE APPROPRIATION TRIGGER. -For any covered year, the Secretary shall reserve funds in accordance with section 163(c) to fund technical assistance activities under section 153 (c) (other than section 153(c)(4)).

(B) YEARS AFTER APPROPRIATION TRIGGER. -For any fiscal year that is not a covered year, the Secretary shall reserve not less than \$300,000 and not more than 2 percent of the amount appropriated under paragraph (1) to fund technical assistance activities under section 153(c) (other than section 153(c)(4)).

(C) COVERED YEAR. -In this paragraph, the term "covered year" means a fiscal year prior to the first fiscal year for which the amount appropriated under paragraph

(1) is not less than \$20,000,000.

(b) LIMITATION. -The Secretary may not use, for peer review or other activities directly related to peer review conducted under this subtitle-

(1) for fiscal year 2001, more than \$300,000 of the funds made available under subsection (a); and

(2) for any succeeding fiscal year, more than the amount of funds used for the peer review and related activities in fiscal year 2001, adjusted to take into account the most recent percentage change in the Consumer Price Index published by the Secretary of Labor under section 100(c)(1) of the Rehabilitation Act of 1973 (29 U.S.C. 720(c)(1)) (if the percentage change indicates an increase).

**GO TO NATIONAL NETWORK OF UNIVERSITY CENTERS FOR EXCELLENCE IN  
DEVELOPMENTAL DISABILITIES EDUCATION, RESEARCH, AND SERVICE PROGRAM PAGE**

# **Appendix J**

## **Leadership in Neurodevelopmental Disabilities brochure**

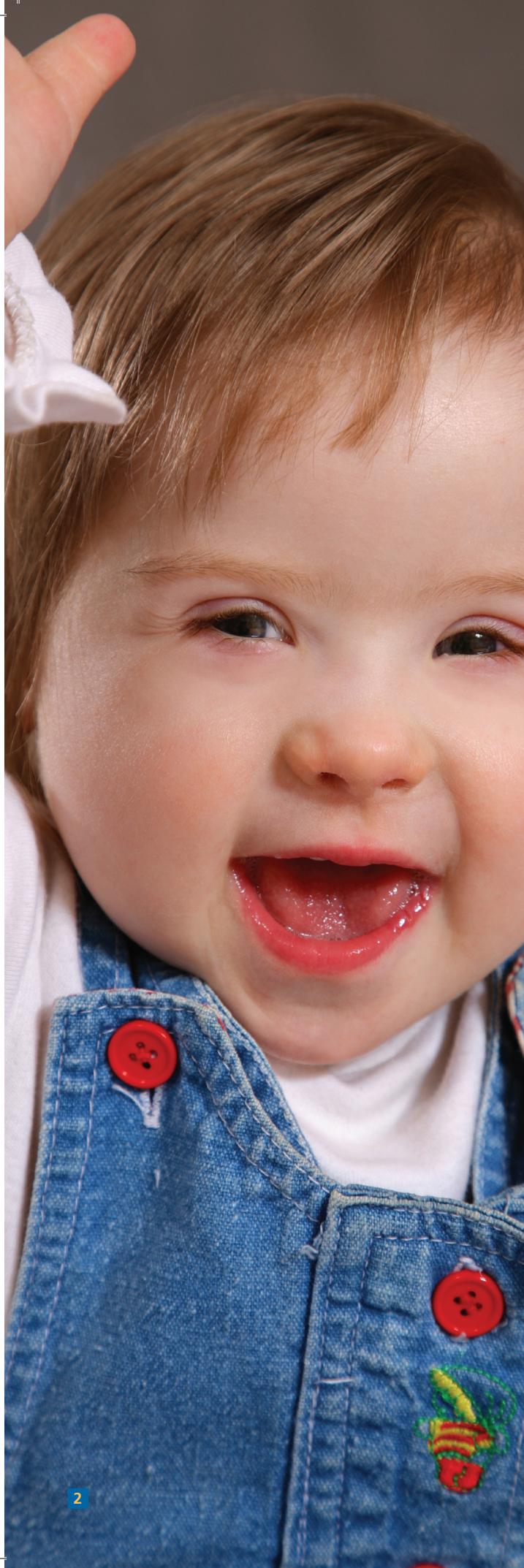




# L E N D

Leadership Education in Neurodevelopmental and Related Disabilities

*Training Our Future Leaders in the  
Maternal and Child Health Field*



**Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs** were developed by the Health Resources and Services Administration's Maternal and Child Health Bureau to achieve a vision for the 21st century that,

*"All children, youth, and families will live and thrive in healthy communities served by a quality workforce that helps assure their health and well being."*

## LENDs Have a Real-World Impact on the Lives of Children and Families

There are at least **3.8 million children with developmental disabilities, including autism spectrum disorders**, in the United States. It is increasingly difficult for people with disabilities to obtain appropriate medical treatment because of the limited number of health care providers, the way that many health care professionals were trained, and other outdated elements of the health care system that fail to meet their needs. LEND Programs are exceptionally qualified to address many of today's health care shortages with interdisciplinary training of health care professionals,

**LEND Programs will continue to have a real-world impact in the lives of children and families with disabilities by:**

- Influencing positive attitudes toward children with disabilities;
- Helping pioneer interdisciplinary, inclusive, and integrated systems of care;
- Providing community linkages between scientific discovery and practice;
- Fostering family and person-centered care;
- Developing new service models and approaches for care;
- Collaborating with state and local agencies;
- Conducting research; and
- Affecting public policy for children with developmental disabilities and their families.

L E N D

**LENDs provide long-term, graduate level interdisciplinary leadership training as well as interdisciplinary services and care. The purpose of the LEND training program is to improve the health of infants, children, and adolescents with or at risk for neurodevelopmental and related disabilities, including autism, and their families. This is accomplished through the training of professionals for leadership roles in the provision of health and related care, continuing education, technical assistance, research, and consultation.**



## LENDs Train Future Leaders in Maternal and Child Health

### Interdisciplinary Leadership Training

Interdisciplinary training is the hallmark of LEND Programs. Faculty and trainees represent 14 core academic disciplines as described in the chart at right. Many LENDs have additional disciplines, including assistive technology, rehabilitation, law, and psychiatry. All LENDs include parents and families of people with special health care needs as paid staff, faculty, consultants, and/or trainees.

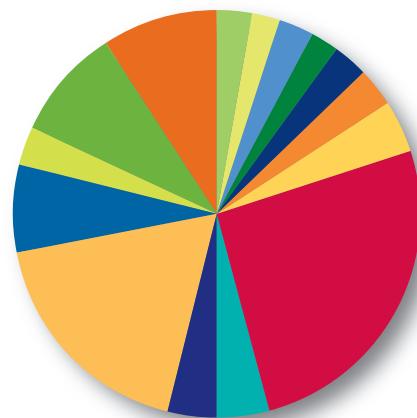
LEND programs operate within a university system, many as part of a University Center for Excellence in Developmental Disabilities (UCEDD) or other larger entity, and are commonly affiliated with local university hospitals and/or health care centers. This collaboration provides the programs with expert faculty, facilities, and other resources necessary to provide exceptional interdisciplinary training and services.

LEND curricula encompass education at the master's, doctoral, and postdoctoral levels, with an emphasis on developing a knowledge and experience base in:

- 1) Neurodevelopmental and related disabilities, including autism;
- 2) Family-centered, culturally competent care; and
- 3) Interdisciplinary and leadership skills.

Traineeships include classroom course work, leadership development, clinical skill building, mentoring, research, and community outreach through clinics, consultations, and the provision of continuing education and technical assistance.

### Trainee Core Disciplines



Audiology .....	3%
Family .....	2%
Genetics .....	3%
Health Administration ..	2%
Nursing .....	3%
Nutrition .....	3%
Occupational Therapy...	4%
Pediatrics / Medicine ....	26%
Pediatric Dentistry.....	4%
Physical Therapy .....	4%
Psychology.....	18%
Social Work .....	7%
Special Education .....	3%
Speech-Language Pathology.....	9%
Other .....	9%

# *The diverse faculty of the LEND Programs are nationally recognized leaders in their fields*



## **Trainees**

**LEND trainees are the top students in their field** who show promise to become leaders in teaching, research, clinical practice, and/or administration and policymaking.

Graduates are expected to ultimately affect the nation's maternal and child health, and leadership training is woven throughout every facet of the LEND program. Trainees have credited their LEND training to their later career successes. Of the over 3,500 trainees each year, former LEND trainees include:

- The President of a prestigious national medical society who conducted a significant study that achieved national coverage after being published in the New England Journal of Medicine.
- The Program Coordinator for AIDS Policy in the Mayor's office of New York.
- A faculty member at a leading state medical school who co-developed a major tool used in outcomes research.
- Many LEND Directors; leaders of national organizations, state and local agencies; chairs of health-related academic departments in major universities and hospitals; and other influential leadership positions.

In whatever way their leadership is manifested, LEND graduates are uniquely qualified to address the needs of children with special health care needs and their families through clinical services, program administration, and policy development.

## **Faculty**

**The diverse faculty of the LEND Programs are nationally recognized leaders** in their fields and this collective expertise is what makes LENDs successful. Their research and publications have been disseminated worldwide. In their respective disciplines, these faculty members:

- Mentor students in exemplary MCH public health practice;
- Advance the field through research;
- Develop curricula for interdisciplinary leadership education; and
- Provide continuing education on the latest research and practice to professionals currently in the field.

## **LENDs Have Many Achievements**

As a network, LENDs develop and promote best practices, produce exceptional clinicians and leaders in a variety of disciplines, and further systems change through:

- Interdisciplinary training;
- Leadership skill development;
- Promotion of cultural competence;
- Community outreach and continuing education;
- Policy development;
- Translation of research to practice;
- Provision of technical assistance;
- Collaborative processes; and
- Resource development and dissemination.



*"The team approach has been important for Josiah and our family. With Josiah, it was important to find care providers who understood his disabilities and knew how to help him. The interaction between professionals has been especially helpful to us to put the puzzle pieces together and to decide what services and treatments would be best for our son."*

— Monty Gurnsey, Parent, Omaha, NE



*"As a LEND trainee I not only learned the value of working with other disciplines, I also learned how to bridge the communication gaps that frequently hinder collaboration... I am a better clinician and researcher because I was a LEND trainee."*

— Amy Elliott, PhD, Research Director  
Center for Disabilities, SD

### LEND Network Highlights over the Past Five Years

- Provided continuing education to over 60,000 health care professionals and paraprofessionals.
- Trained nearly 7,000 long-term and intermediate LEND trainees.
- Provided more than 6,500 individuals with special health care needs and disabilities with clinical or community-based services.
- Developed more than 1,200 publications.

### LENDs are Fundamental to MCHB's Mission

HRSA's Maternal and Child Health Bureau (formerly the Children's Bureau) began its efforts in the 1950's to identify and treat children with disabilities. Since their inception in the 1960's, LENDs have long held a crucial role in assuring exemplary assessment and treatment by training leaders in health fields and providing interdisciplinary care. In the 1980s, LEND projects were funded under Title V of the Social Security Act and administered through the MCH Training Program of MCHB. As a result of the Combating Autism Act of 2006, both the LEND and Developmental Behavioral Pediatrics training programs are funded under the Public Health Service Act.

### LEND Programs Form a National Network

There are 38 LENDs across the country. Collectively, they form a national network that shares information and resources and maximizes their impact. They work together to address national issues of importance to children with special health care needs and their families, exchange best practices, and develop shared products.

- LENDs have the same overall mission, yet each of the programs has a unique focus and develops individual strengths.
- LEND programs come together regionally to address issues specific to their location.
- LENDs also work together nationally to address common concerns, exchange best practices, and develop shared products.

Through their membership in the Association of University Centers on Disabilities (AUCD), LENDs are an integral part of national and international efforts to improve the lives of persons with disabilities and their families.



People with developmental disabilities benefit from comprehensive, long-term supports. With such services, people with disabilities are able to be more active, productive, and independent.

There are many social, environmental and physical causes of developmental disabilities, although for many a definitive cause is still a scientific challenge yet to be discovered. Common factors causing developmental disabilities include:

- Brain injury or infection before, during or after birth;
- Growth or nutrition problems;
- Abnormalities of chromosomes and genes;
- Babies born long before their expected birth date;
- Poor diet or health care;
- Drug misuse during pregnancy, including alcohol intake and smoking; and
- Child abuse, which can have a severe effect on a child's socio-emotional development.



## About Developmental Disabilities and Autism Spectrum Disorders

### What is a Developmental Disability?

Developmental disabilities are a diverse group of severe chronic conditions that are due to mental and/or physical impairments. People with developmental disabilities have challenges with major life activities such as language, mobility, learning, and independent living. Developmental disabilities may be apparent anytime from birth up to 22 years of age and are usually lifelong.

### Over 6 million individuals in the US have developmental disabilities.

A developmental disability, according to the Developmental Disabilities Assistance and Bill of Rights Act, is defined as a severe, chronic disability which:

- Originated at birth or during childhood;
- Is expected to continue indefinitely; and
- Substantially restricts the individual's functioning in several major life activities.

### Examples of developmental disabilities include:

- |                             |                          |
|-----------------------------|--------------------------|
| ■ Autism spectrum disorders | ■ Fetal alcohol syndrome |
| ■ Behavior disorders        | ■ Down syndrome          |
| ■ Brain injury              | ■ Fragile X syndrome     |
| ■ Cerebral palsy            | ■ Mental retardation     |
| ■ Spina bifida              |                          |

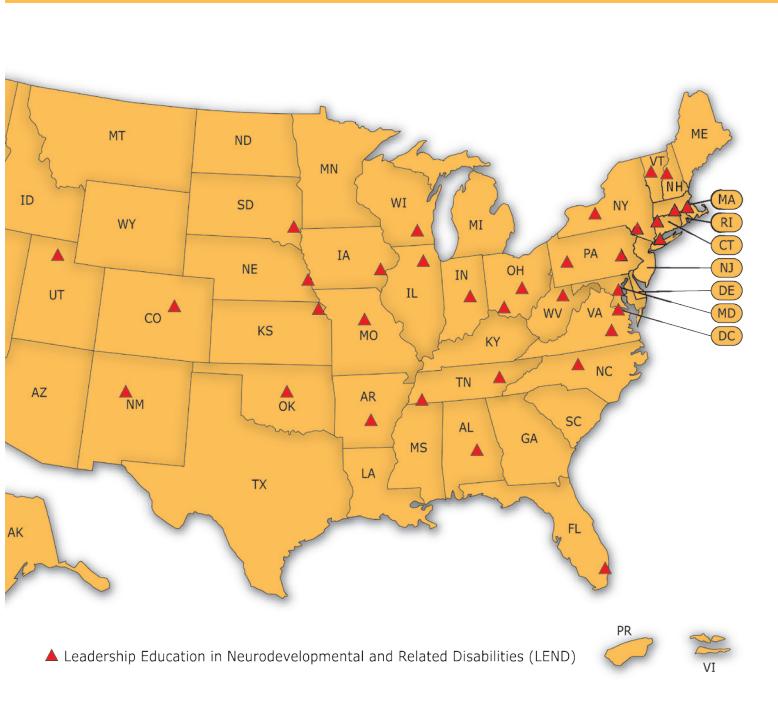
LEND trainees are prepared to provide skillful assessment and treatment of developmental disabilities and to engage in the research necessary to demonstrate that their practices are effective.

### What are Autism Spectrum Disorders?

Autism spectrum disorders (ASDs) are a group of developmental disabilities defined by significant impairments in social interaction and communication and the presence of unusual behaviors and interests. Many people with ASDs have atypical ways of learning, paying attention, or reacting to sensations. The thinking and learning abilities of people with ASDs can vary from gifted to severely challenged. ASD is a lifelong condition that may be diagnosed before the age of 3. It occurs in all racial, ethnic, and socioeconomic groups and is four times more likely to occur in boys than girls.

ASDs include autism, Asperger's syndrome, and pervasive developmental disorder-not otherwise specified. While these conditions may share some of the same symptoms, they differ in terms of age of onset, severity, and appearance.

*Over 6 million individuals in the U.S. have developmental disabilities.*



## As many as 1 in 150 children may have an autism spectrum disorder.

The rapid growth of the number of children with ASD and other related developmental disabilities is an urgent concern for families, health care professionals, educators, and policy makers.

Early intervention has been demonstrated to greatly improve the development of children with disabilities, and LEND training prepares professionals in evidenced-based practices for the identification, assessment and treatment of children. LEND trainees receive extensive specialized training that focuses on autism and other developmental disorders. This training is critical in addressing the need of children with disabilities and their families.

As a result of the **Combating Autism Act** signed into law in December 2006, HRSA's MCHB has been able to hold a competitive grant process to both supplement current LEND programs to expand their training efforts in the field of autism as well as fund additional LEND programs in states that did not have one. Current funding has allowed for some LENDs to obtain this supplemental funding and for additional programs to be established. These additional resources will increase the number of interdisciplinary professionals who are able to identify, assess, diagnose, and serve children with autism spectrum disorders and other developmental disabilities. Much more needs to be done, but the Combating Autism Act has helped LEND programs begin to better address the challenge of the increased numbers of children with autism.

## Members of the LEND Network are Leaders in the Field of Autism and Developmental Disabilities

LENDs have over 40 years of experience in conducting research, providing community education and outreach, and addressing the social, behavioral, and medical concerns for families with autism and other disabilities. Many LEND faculty and former trainees are nationally and internationally recognized experts in autism and other disabilities, and they continue to work with current trainees to broaden the field of knowledge and services available. In recent years, faculty and staff at LEND programs have produced:

- 447 different autism-specific publications and products, including — 171 refereed journal articles, 6 books, 32 book chapters, and over 200 multimedia and public awareness materials and
- 544 products and publications about developmental disabilities other than autism.

LENDs work with local, state, national, and international groups to address issues of concern for people with disabilities, their families, and public health officials. Their involvement with the groups below provides avenues for critical collaborations in the field.

- American Academy of Pediatrics (AAP)
- Association of Maternal and Child Health Programs (AMCHP)
- Association of University Centers on Disabilities (AUCD)
- Autism Society of America (ASA)
- Autism Speaks
- Autism Technical Assistance Resource Center
- Autism Treatment Network (ATN)
- Centers for Disease Control and Prevention (CDC) National Center on Birth Defects and Developmental Disabilities (NCBDDD)
- Combating Autism Act Initiative Advisory Committee
- Easter Seals
- Family Voices
- Health Resources and Services Administration's Maternal Child Health Bureau (MCHB)
- Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
- National Professional Development Center on Autism Spectrum Disorders
- Network of Autism Training and Technical Assistance Programs (NATTAP)
- National Center for Cultural Competence (NCCC)
- Society for Developmental and Behavioral Pediatrics (SDBP)



# LEND Programs

**Alabama – Civitan International Research Center**  
University of Alabama at Birmingham  
Birmingham, AL  
(205) 934-5471 | [www.circ.uab.edu/](http://www.circ.uab.edu/)

**Arkansas – Arkansas LEND**  
Department of Pediatrics  
University of Arkansas for Medical Sciences  
Little Rock, AR  
(501) 364-1836 | [www.uams.edu/pediatrics](http://www.uams.edu/pediatrics)

**California – University of Southern California**  
Center for Excellence in Developmental  
Disabilities  
Los Angeles, CA  
(323) 361-2300 | [www.uscuccedd.org](http://www.uscuccedd.org)

**Colorado – JFK Partners**  
University of Colorado Denver School of Medicine  
Aurora, CO  
(303) 724-7673 | [www.jfkpartners.org](http://www.jfkpartners.org)

**Connecticut – A.J. Pappanikou Center**  
University of Connecticut Health Center  
Farmington, CT  
(860) 679-1500 | [www.uconnuccedd.org](http://www.uconnuccedd.org)

**Florida – Mailman Center for Child Development**  
University of Miami Miller School of Medicine  
Miami, FL  
(305) 243-6801  
<http://pediatrics.med.miami.edu>

**Hawaii – Hawaii LEND Program**  
University of Hawaii College of Education /  
John A. Burns School of Medicine  
Honolulu, HI  
(808) 956-3142  
<http://www2.hawaii.edu/~mchlend/>

**Illinois – Institute on Disability and Human  
Development**  
Department of Disability and Human Development  
University of Illinois at Chicago  
Chicago, IL  
(312) 996-3982  
[www.illinoislend.org](http://www.illinoislend.org)

**Indiana – Riley Child Development Center**  
Indiana University  
Indianapolis, IN  
(317) 274-8167  
[www.child-dev.com](http://www.child-dev.com)

**Iowa – Iowa LEND Program**  
Center for Disabilities and Development  
University of Iowa Health Care  
Iowa City, IA  
(319) 353-8869 | [www.uihealthcare.com/cdd](http://uihealthcare.com/cdd)

**Kansas – Center for Child Health and Development**  
University of Kansas Medical Center  
Kansas City, KS  
(913) 588-5900 | <http://www.kumc.edu/cchd/>

**Maryland – Kennedy Krieger Institute**  
The John Hopkins University  
Baltimore, MD  
(443) 923-9400 | [www.kennedykrieger.org](http://www.kennedykrieger.org)

**Massachusetts – Institute for Community Inclusion**  
Children's Hospital Boston  
Boston, MA  
(617) 287-4300  
[www.communityinclusion.org](http://www.communityinclusion.org)

**Massachusetts – Eunice Kennedy Shriver Center**  
University of Massachusetts UCEDD/LEND  
Waltham, MA  
(781) 642-0238 | [www.shriver.org](http://www.shriver.org)

**Missouri – TIPS for Kids**  
University of Missouri-Columbia  
University of Missouri-Kansas City  
Columbia, MO  
(573) 882-0757 | [www.Tips4kids.org](http://www.Tips4kids.org)

**Nebraska – Munroe-Meyer Institute for Genetics and  
Rehabilitation**  
University of Nebraska Medical Center  
Omaha, NE  
(402) 559-6430 | [www.unmc.edu/mmi](http://www.unmc.edu/mmi)

**New Hampshire – New Hampshire MCH LEND Program**  
Childrens' Hospital at Dartmouth  
Institute on Disability/UCEDD  
University of New Hampshire  
Durham, NH  
(603) 650-5000 | (603) 862-0561  
<http://www.mchlend.unh.edu/>

**New Mexico – Center for Development and Disability**  
University of New Mexico Health Sciences Center  
Albuquerque, NM  
(505) 272-3025 | <http://cdd.unm.edu/NMLend/>

**New York – Rose F. Kennedy Center UCEDD/LEND**  
Yeshiva University / Albert Einstein College of  
Medicine  
Bronx, NY  
(718) 430-8522 | [www.aecom.yu.edu/](http://www.aecom.yu.edu/)

**New York – Strong Center for Developmental  
Disabilities**  
University of Rochester  
Rochester, NY  
(585) 275-0355  
[www.urmc.rochester.edu/pediatrics/divisions/developmental\\_disabilities](http://urmc.rochester.edu/pediatrics/divisions/developmental_disabilities)

**New York – Westchester Institute for Human  
Development**  
School of Public Health  
New York Medical College  
Valhalla, NY  
(914) 493-8175  
[www.wihd.org](http://www.wihd.org)

**North Carolina – North Carolina LEND Program**  
The Clinical Center for the Study of Development  
and Learning  
Carolina Institute for Developmental Disabilities  
University of North Carolina School of Medicine  
Chapel Hill, NC  
(919) 966-5171 | [www.cdl.unc.edu](http://www.cdl.unc.edu)

**Ohio – Cincinnati Children's Division of  
Developmental and Behavioral Pediatrics LEND  
Program**  
University of Cincinnati  
Cincinnati, OH  
(513) 636-8383  
[www.cincinnatichildrens.org/svc/alpha/default.htm?alpha=d](http://www.cincinnatichildrens.org/svc/alpha/default.htm?alpha=d)

**Ohio – Nisonger Center**  
The Ohio State University  
Columbus, OH  
(614) 292-6816 | <http://nisonger.osu.edu/>  
LEND/

**Oklahoma – Oklahoma LEND**  
University of Oklahoma Health Sciences Center  
Oklahoma City, OK  
(405) 271-5700  
<http://devbehavpeds.ouhsc.edu/lend.asp>

**Oregon – Oregon Institute on Disability and  
Development**  
Oregon Health & Science University  
Portland, OR  
(503) 494-2734 | [www.ohsu.edu/oidd/LEND/](http://www.ohsu.edu/oidd/LEND/)

**Pennsylvania – The Children's Hospital of  
Philadelphia**  
Philadelphia, PA  
(215) 590-7466 <http://www.chop.edu/consumer/jsp/division/generic.jsp?id=79426>

**Pennsylvania – The UCLID Center**  
University of Pittsburgh  
Pittsburgh, PA  
(412) 692-6300 | (412) 692-6538  
[www.uclid.org](http://www.uclid.org)

**South Dakota – Center for Disabilities**  
Sanford School of Medicine of the University of  
South Dakota  
Sioux Falls, SD  
(605) 357-1439 | [www.usd.edu/cd/sdlend](http://www.usd.edu/cd/sdlend)

**Tennessee – Boling Center for Developmental  
Disabilities**  
University of Tennessee Health Science Center  
Memphis, TN  
(901) 448-6511 | [www.utmem.edu/bcdd/](http://www.utmem.edu/bcdd/)

**Tennessee – Mid-Tennessee Interdisciplinary  
Instruction in Neurodevelopmental Disorders**  
Vanderbilt University  
Nashville, TN  
(615) 936-1104  
<http://kc.vanderbilt.edu/site/lend/>

**Utah – Utah Regional Leadership Education in  
Neurodevelopmental Disabilities (URLEND)**  
University of Utah  
Salt Lake City, UT  
(801) 585-1017 | [www.urlend.org](http://www.urlend.org)

**Virginia – Partnership for People with Disabilities**  
Virginia Commonwealth University  
Richmond, VA  
(804) 828-0073  
[www.vcu.edu/partnership/valend/](http://www.vcu.edu/partnership/valend/)

**Vermont – VT Interdisciplinary Leadership  
Education for Health Professionals**  
University of Vermont  
Burlington, VT  
(802) 656-0204  
[www.uvm.edu/~vtilehp](http://www.uvm.edu/~vtilehp)

**Washington – LEND Program, Clinical Training Unit**  
Center on Human Development and Disability  
University of Washington  
Seattle, WA  
(206) 685-1350  
<http://depts.washington.edu/lend>

**Washington, DC – Children's National Medical  
Center**  
Washington, DC  
(202) 476-5849  
[www.childrensnational.org](http://www.childrensnational.org)

**West Virginia – West Virginia University Center for  
Excellence in Disabilities**  
WVU Robert C. Byrd Health Sciences Center  
Morgantown, WV  
(304) 293-4692  
[www.ced.wvu.org](http://ced.wvu.org)

**Wisconsin – Waisman Center**  
University of Wisconsin-Madison  
Madison, WI  
(608) 263-1656  
<http://www.waisman.wisc.edu/mchlend/>



ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES

[www.aucd.org](http://www.aucd.org) | Telephone: 301-588-8252 | Fax: 301-588-2842 | Executive Director: George S. Jesien, PhD

# **Appendix K**

## **ICI Leadership Affiliations, 2010**



**Appendix K**  
**ICI Leadership Affiliations (2010)**

<b>Organization / Agency</b>	<b>Position</b>	<b>ICI Staff</b>
<b>I. National Organizations</b>		
Alliance for Full Participation	Professional Advisory Board	Butterworth
American Academy of Child and Adolescent Psychiatry (AACAP), Art Committee	Member	Szymanski
AACAP, Committee on Intellectual & Developmental Disabilities and Autism	Member	Szymanski
American Academy of Pediatrics	President	Palfrey
American Physical Therapy Association - Section on Pediatrics	Adv Clinical Practice in Peds Cmte	Osborne
American Physical Therapy Association - Section on Pediatrics	Nominating Committee	Osborne
Association for Persons in Supported Employment (APSE) - Public Policy Committee	Board Secretary	Hoff
Association for Persons in Supported Employment (APSE)	Communications Committeee	Flippo
Association for Public Policy Analysis and Management	Member	Boeltzig
Association of Community Rehabilitation Educators (ACRE)	Secretary	Gandolfo
Association of University Centers on Disabilities (AUCD)	Past President	Kiernan
AUCD	Board Member	Kiernan
AUCD Governmental Relations Committee	Co-Chair	Kiernan
AUCD Public Policy Committee	Member	Kiernan
AUCD Community	Member (Steering	Helm

Education Directors Council	Committee)	
AUCD Multicultural Council	Member (Senior Adv Committee)	Sotnik
AUCD National Training Directors Council	Member (Steering C, Past Chair	Helm
AUCD Research Council	??	Foley
AUCD Social Work Committee	Member	Berman
Association of Community Rehabilitation Educators (ACRE)	Secretary	Gandolfo
Board Certified Diplomat in Clinical Social Work (BCD)	Member	Berman
Center Club Advisory Board	Member and Job Development Committee Leader	Gelb
Council on Quality and Leadership	Past President	Flippo
Digital Government Society of North America	Member	Boeltzig
The Education Cooperative	Board of Directors	Thomas
IACAPAP Donald J Cohen Program	Mentor Board	Munir
National Association for the Education of Young Children	3-year Term on Accreditation Academy	Love
National Association for the Education of Young Children	Play, Policy Practice	Van Thiel
National Association of Social Workers	Disability Committee	Berman
NIH Fogarty International Center a) Millennium Program Grants and b) Brain & Behavior Grants	Study Section	Munir
NIH National Institute of Mental Health Resarch Education and Training Grants	Study Section	Munir
Organizational Change Forum	Organizing Committee	Butterworth
PREP Psychological Rehabilitation and Education Association	Int. Advisory Board	Munir

Reinventing Quality Conference	Organizing Committee	Butterworth
Society for Disability Studies (SDS)	Member	Boeltzig
Special Quest	State Leadership/Adv. Team Member	Putnam-Franklin
TASH	Board of Directors	Butterworth
TASH - Operating Committee	Chair	Butterworth
The Arc of the United States - Research Committee	Member	Kiernan
WPA Section on Epidemiology and Public Health (SEPH)	Member	Munir
WPA World Psychiatric Association Section on Psychiatry of Intellectual Disability (SPID)	Advisory Board	Munir
WHO ICD-11 Intellectual Disability Classification	Int. Advisory Board	Munir

## II. Regional Organizations

New England Council ADA Technical Assistance	Advisory Board	Munir
New England Regional Genetics Collaborative	Speaker Series/Consultant	Berman
New England Regional Genetics Collaborative	Advisory Board	Helm
New England Society for Clinical Hypnosis	Member	Berman
TASH - New England Chapter	Board Member	Butterworth

## III. State Organizations

Disability Policy Consortium	Board Member	Hoff
The Education Cooperative	Board of Directors	Thomas
MA Arc	Board	Bostic
Massachusetts APSE	President	Cote
MA Chapter of NASW	Member, Disability Committee	Berman
MA Dept of Early Education and Care/Task Force for Positive Environments for Infants&	Task Force	Love

Toddlers		
MA Dept of Education	Tak Force on Rates	Love
MA Dept of Elementary and Secondary Education	K-3 Curriculum Alignment Project	Putnam-Franklin
MA DESE - Teacher of Licensure	Review of Communication Literacy Test	Putnam-Franklin
MA Dept of Public Health Early Intervention Higher Ed Adv Council	Member	Helm
MA Dept of Public Health Early Intervention Higher Ed Adv Council	Member	Osborne
MA Dept of Public Health MASSTART	Member	Porter
MA Developmental Disabilities Council	Member	Kiernan
MA Medical Society, House of Delegates from Norfolk District	Member	Szymanski
RI Dept of Early Education / Early Learning Standards	Professional Task Force	Love
TEACH	Fesability Committee	Love

#### **IV. Local Organizations**

Autism Services Association	Board Member	Helm
Autism Society of America (ASA)	Advisory Board	Munir
Boston Association for the Education of Young Children	Member and Past Treasurer	Love
Center Club Advisory Board	Member and Job Development Committee Leader	Gelb
Child Span	Advisory Board	Love
Children's Hospital Boston, Physical Therapy Department	Research Committee	Osborne
Children's Hospital Center for Families	Supervisor/Consultant	Berman
Children's Hospital Transition Planning Committee	Member	Berman
Creating Life and School Success (CLASS)	Board Member	Bostic
Greater Lawrence Arc	Family Advisory Council	Bostic

	Member	
Horizons for Homeless Children		Theriault
Imagine Enterprises, Houston TX	Board Secretary	Hoff
Institute for Community Inclusion (ICI)	Program Manager & Outreach Coord.	Bostic
New Englad Business Associates, Springfield	Board President	Hoff
Old Colony, Chapter of BAEYC	Founder & Board Member	Love
Self-Help, Inc.	Head Start Policy Council Member	Love
University of Massachusetts Boston - Chancellor's Strategic Planning Committee	Member	Kiernan

## V. Publications/Journals

AAIDD - Intellectual and Developmental Disabilities (IDD)	Associate Editor	Helm
AAIDD - Intellectual and Developmental Disabilities (IDD)	Consulting Editor	Butterworth
AAIDD - Intellectual and Developmental Disabilities (IDD)	Editorial Board	Kiernan
Disability Studies Quarterly (DSQ), Disability in Japan, Summer 2008, Volume 28, Number 3	Guest Editor	Boeltzig
Journal of Clinical Epidemiology	Editorial Board	Munir
Journal of Disability Policy Studies	Editorial Board	Kiernan
Journal of Head Trauma Rehabilitation	Editorial Board	Kiernan
Journal of Vocational Rehabilitation	Editorial Board	Butterworth
Mental Retardation	Guest Reviewer & Contributing Editor	Butterworth



# **Appendix L**

## **List of ICI Partnerships**

## **Appendix L: Partnerships of ICI**

AHEAD

Alabama Office of Faith-Based and Community Initiatives

Alaska State Community Service Commission

American Association of Colleges of Teacher Education

Arizona Commission on Service and Volunteerism

Associated Early Care and Education

Assumption College

AUCD

Boling Center for Developmental Disabilities at the University of Tennessee

Boston Center for Independent Living

Boston Chinatown Neighborhood Center

Boston Housing Authority

Boston Public Schools - Special Education and Related Services

Brockton Public Schools

BWH Partners for Health Care

California State Employment Leadership Network

Career Place

CDS at University of South Carolina

Center for Development and Learning at the University of North Carolina - Chapel Hill

Center for Disabilities and Development at the University of Iowa

Center for Disability Studies at the University of Hawaii

Center on Disabilities and Human Development at the University of Idaho

Center on Disability and Community Inclusion at the University of Vermont

City Year

Clark County Washington, Department of Community Services

Connecticut Board of Education Services  
Connecticut State Employment Leadership Network  
Delaware Department of Labor, DVR  
Department of Developmental Services; Massachusetts  
Department of Elementary and Secondary Education: MA  
Disability Policy Consortium  
District of Columbia State Employment Leadership Network  
Early Childhood Associates  
Eritrean Community Center  
Ethiopian Community Mutual Assistance Association  
Federation for Children with Special Needs  
Florida Center for Inclusive Communities  
Florida Commission on Volunteerism and Community Service  
Haitian American Public Health Initiatives, Inc.  
Hawaii State Employment Leadership Network  
Herkimer WIB  
HILL - MGH Institute of Health Professions  
Horizons for Homeless Children  
Illinois Commission on Volunteerism and Community Service  
InfoUse  
Institute for Disability Studies: Mississippi's UCEDD  
Institute for Human Development at the Northern Arizona University  
Institute for Community Integration at the University of Minnesota  
Interdisciplinary Human Development Institute at the University of Kentucky  
Iowa State Employment Leadership Network  
Kansas Volunteer Commission  
Louisiana BLN and Jefferson Parish (LA) Chamber of Commerce

Louisiana State Employment Leadership Network  
Lynn Public Schools  
Maryland Department of Vocational Rehabilitation  
Maryland MHA  
Maryland State Employment Leadership Network  
Mass Bay Community College  
Mass General  
Massachusetts Alliance of Portuguese Speakers  
Massachusetts Asian & Pacific Islanders for Health  
Massachusetts Commission for the Blind  
Massachusetts Rehabilitation Commission  
Michigan Community Service Commission  
Michigan State Employment Leadership Network  
Mississippi Commission for Volunteer Service  
Missouri Department of Mental Health  
Missouri Department of Vocational Rehabilitation  
Missouri State Employment Leadership Network  
National Association of Directors of Developmental Disabilities Services  
National Down Syndrome Society  
National Leadership Consortium for Developmental Disabilities at the University of Delaware  
National Organization on Disability  
Nevada State Employment Leadership Network  
New England Council  
New Jersey Commission on National and Community Service  
New Mexico State Employment Leadership Network  
Nisonger Center at Ohio State University  
North Carolina Commission on Volunteerism and Community Service

North Dakota Center for Persons with Disabilities  
North Shore Community College  
Northeast Independent Living Program  
NTAR - The Heldrich Center  
NYS Association of Psych Rehab Services  
OESE  
Optum Health National  
Oregon Commission for Voluntary Action and Service  
Oregon State Employment Leadership Network  
Partnership for People with Disabilities at the Virginia Commonwealth University  
Paul V. Sherlock Center on Disabilities, Rhode Island Vision Education and Services Program  
Pennsylvania State Employment Leadership Network  
Ready to Learn Providence  
Research and Educational Planning Center at the University of Nevada Reno  
Resource Center for Independent Living  
Serve Idaho  
Serve Minnesota  
Services for Blind & Visually Impaired  
Somali Development Center  
SoulTouchin' Experiences  
Texas State Employment Leadership Network  
The Center for Disability Studies and Community Inclusion at The University of Southern California (USC)  
The Mailman Center for Child Development at the University of Miami  
The National Council on Independent Living  
The National Down Syndrome Congress  
The Tarjan Center at the University of California at Los Angeles (UCLA)

TransCen Inc.

UMB Division of Corporate, Continuing and Distance Education

United Way

University of Maine, Center for Community Inclusion

University of Massachusetts Medical School – CHPR

University of Minnesota RRTC on Community Living

University of New Mexico

University of Rochester

Urban College

Vanderbilt Kennedy Center

Vermont - Center on Disability and Community Inclusion

Vermont Association for the Blind and Visually Impaired

VIP Family Child Care

Virginia Commonwealth University RRTC

Virginia State Employment Leadership Network

Volunteer Tennessee

Waisman Center at the University of Wisconsin

Washington Commission on National and Community Service

Washington State Department of Mental Health

Washington State Employment Leadership Network

Wellesley College

West Virginia University Center for Excellence in Disabilities

Westchester Institute for Human Development at the New York Medical College

Wheelock College

Wisconsin Partnerships Project

Work Inc.

# **Appendix M**

## **List of ICI products, 2005-2010**





**Institute for Community Inclusion**  
**University of Massachusetts Boston**  
**Publications and Products, 2005–2010**

Journal Articles .....	2
Books, Book Chapters .....	8
Doctoral Dissertations .....	12
Resource Guides and Reports.....	13
Curricula .....	17
ICI informational briefs	
Data Note series .....	18
Research to Practice series .....	21
Institute Brief series .....	22
Case Studies series .....	23
MassWorks series .....	24
Promising Practices by State Agencies series .....	26
Real People, Real Jobs: Stories from the Front Line .....	28
Tools for Inclusion series .....	29
Think College publications .....	29
National Service Inclusion Project fact sheets .....	30
Newsletter Articles/Other Publications .....	31
Electronic Modules .....	33
Videos .....	34
<i>Employment for All</i> Boston Cable Program videos .....	35
Websites .....	38
E-Newsletters .....	39
Webinars .....	44

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## **DataNote Series**

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Vocational Rehabilitation Employment Outcomes for Transition-age Youth with Autism and Other Disabilities

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Persons Served in Community Mental Health Programs and Employment

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The National Survey of Community Rehabilitation Providers, FY2004-2005 Report 1: Employment Outcomes of People with Developmental Disabilities in Integrated Employment

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Issue 3 (2005)

CommonHealth

Issue 2 (2005)

Developing Community Partnerships to Reach Underserved Diverse Populations

## **MassWorks blog**

Several articles are published online only. Below is a list:

Disclosure of Disability: Before the Job Interview? After? Or Never? (January 2008)

*By David Hoff*

Do We Really Know What Works?

*By David Hoff*

How is Massachusetts Doing? What does the Data Tell Us? (March 2008)

*By David Hoff*

Job Coaching: Experiences from the Field (April 2008) Video

*By Rick Kugler*

Job Coaching: Sometimes Less is More (June 2008)

*By Diane Loud*

Knowledge is the First Step Toward Financial Well-being (August 2008)

*By Rick Kugler*

Natural Supports: Higher Earnings, Lower Service Costs (June 2008)

*By David Hoff*

One-Stop Career Centers: Understanding Their Role (February 2008)

*By David Hoff*

One-Stop Collaborations: The Key to Expanding Your Workforce Connections (April 2008)  
*By Rick Kugler*

Quality Employment Services: Where Research and Practice Meet (December 2007)  
*By Rick Kugler*

Why Bother Implementing Evidence-Based Practices in Supported Employment? (December 2007)

*By Rick Kugler*

# Promising Practices by State Agencies series

## Implementation of priority policy goals

State ID/DD agency's regulations, mission or goal statements around employment and activities related to the achievement of those goals.

- Mandatory Situational Assessments in Tennessee
- Employment First! Making Integrated Employment the Preferred Outcome in Tennessee
- Washington State's Working-Age Adult Policy
- Washington: Promoting Public Sector Jobs for People with Intellectual and Developmental Disabilities
- Reaching Target Employment Goals: The Five-year Initiative from Florida's Agency for Persons with Disabilities

## Agency organization and operation

Practices or policies around the state ID/DD agency organizational structure (such as new departments, committees, or regional/local re-organization) with respect to the provision of employment

- Colorado's Ad Hoc Committee on Employment and Community Participation

## Funding and service contracting

Innovative and/or effective funding mechanisms, including development of rates, use of blended or braided funding, or use of funding incentives for providers who are successful in helping people with ID/DD find and maintain employment.

- North Carolina: Using an Outcomes-based Long Term Vocational Services Funding Model
- Shifting Resources Away from Sheltered Workshops in Vermont
- Oklahoma: Contracting with Industry for the Provision of Job Coaching Supports
- Oklahoma's Outcomes-based Rate Setting System

## Training and technical assistance

Formal training supported by ID/DD state agencies to help increase the use of innovative employment techniques.

- Maine's Peer Support Training: Helping People with ID/DD Transition Out of Sheltered Workshops
- Integrated Employment Outcomes Through Person-to-Person Technical Assistance: New Hampshire
- Wisconsin's Job Development Mentors Project
- Community Employment Training by and for Individuals with Intellectual and Developmental Disabilities in Tennessee
- The Maine Employment Curriculum: Delivering Best Practices for Employment Support Professionals

## Collaboration

- Washington: Collaborating with a Community College and a Supported Employment Agency to Facilitate the Transition From High School to Community Employment
- Massachusetts: Using a Collaborative, Person-Centered Planning Approach to Think Creatively About Community Employment

- Practices that encourage formal and informal interagency relationships that more holistically support individuals with ID/DD in employment.
- The Tennessee Employment Consortium (TEC): A Statewide Collaboration for Change
- Delaware's Early Start to Supported Employment Pilot Project
- Working Together to Convert the Last Sheltered Workshop in Vermont to Individualized Supports
- Working Together: Collaboration between Colorado's Developmental Disabilities Division and Division of Vocational Rehabilitation
- Performance measurement, quality assurance, and program oversight
- Use of individual and provider level outcome data to assess progress and communicate the importance of employment.
- Using Employment Data to Create Area-specific Employment goals in Massachusetts

## **Real People, Real Jobs: Stories from the Front Line**

### **Networking**

- Judy: Using a Job Developer's Professional Networks (2009)
- Brian: Using personal networks in the job search

### **Job Negotiation**

- Cindy: Creating a Career in Child Care (2009)

### **Self-Employment**

- Dusty: Tapping into personal resources to create her business (2009)

### **On the Job Supports**

- Carrie: Natural Supports at Work (2009)
- Michael: Supplementing Job Coaching with Natural Supports (2009)
- Allison: Tailoring on-the-job supports to the individual and the workplace

### **Career Planning**

- Matt: Taking the time to plan for employment (2009)

### **Interagency Collaboration**

- John: Collaborating for community employment (2009)

### **Job Creation**

- Cody: Creating and adapting a job with the YMCA (2009)

## **Tools for Inclusion Series**

Issue 23 (2009)

Disclosure of Disability Information at a One-Stop Career Center: Tips and Guidelines

Issue 22 (2007)

Self-Determination: A Fundamental Ingredient of Employment Support

Issue 21 (2007)

Minimum Wage Increase: What It Means for People with Disabilities

## **Think College Publications**

Newsletters (A newsletter from the consortium for postsecondary education for individuals with developmental disabilities)

Think College Newsletter January 2010

Think College Newsletter December 2009

Think College Newsletter October-November 2009

Think College Newsletter September 2009

Think College Newsletter August 2009

Think College Newsletter July 2009

Policy Brief. The Higher Education Opportunity Act of 2008: An Overview (2009)

Fast Facts. Postsecondary Education and Employment Outcomes for Youth with Intellectual Disabilities. Issue 1 (2009)

## **National Service Inclusion Project Fact Sheets: Effective Practices Provided by the National Service Inclusion Project**

Accommodating service members and volunteers with Traumatic Brain Injury (May 5, 2009)

Adopting strategies for making national and community service programs disability friendly (March 14, 2006)

Applying universal design principles in an educational setting (August 13, 2007)

Asking for documentation when reasonable accommodation is requested (February 29, 2008)

Determining appropriate accommodation options: a five step plan (May 05, 2009)

Going beyond simulations to promote education about people with disabilities (May 11, 2007)

Interviewing potential applicants using an inclusive process (September 17, 2008)

Making presentations accessible December 20, 2005)

Overcoming barriers and creating opportunities for people with developmental disabilities in national service programs (August 15, 2008)

Preparing people with disabilities for evacuation, shelter, and recovery during national emergencies (May 24, 2006)

Promoting inclusion in mentoring July 5, 2006)

Providing and maintaining effective reasonable accommodations: five practical tips (May 6, 2009)

Providing older volunteers with adaptive products to enable them to continue to serve (March 7, 2006)

Providing reasonable accommodations for people with disabilities (February 15, 2006)

Understanding the principles of universal design (August 9, 2007)

Understanding when substance abuse is a disability (March 13, 2008)

Using positive approaches to inclusion during a meeting and conference: a case study (May 11, 2007)

Utilizing volunteers with disabilities in Senior Corps programs (November 22, 2006)

Writing inclusive service descriptions (October 15, 2008)

## **Newsletter Articles/Other Publications**

Boeltzig, H., Timmons, J.C., & Butterworth, J. (2008). Findings on Gender Differences in Employment of Individuals Receiving Rehabilitation Services. IMPACT Newsletter, 21 (1), Summer/Fall 2008, p.33. Minneapolis: MN: Institute on Community Integration, University of Minnesota.

Bose, Jennifer (2009) Dusty:Tapping into Personal Resources to Create Her Business. Job Training and Placement Report, Volume 33, No. 8, August 2009

Butterworth, J., Metzel, D.S., Boeltzig, H., Gilmore, D.S., & Sulewski, J.S. (2005). Employment Outcomes: Room for Change. TASH Connections 31(5/6), 4-6.

Fesko, S.L. (2008) Job Training & Placement Report. Leveraging resources to attain common goals.

Marrone, J. (2007) Behavioral Healthcare. Left Out of the Economy.

Jezewski M., Sotnik P. (2001). The Rehabilitation Services Provider As Culture Broker: Providing Culturally Competent Services To Foreign Born Persons. University At Buffalo, State University Of New York: Center For International Rehabilitation Research Information and Exchange.

Marrone, J. (2005). Disability Policy and Employment: Marriage of convenience or passionate love affair between VR and other public systems? In "25 Years of Switzer Seminars: What Have We Learned?" Alexander E. (ed). Alexandria, VA: National Rehabilitation Association.

Marrone, J., Tellier, J., DiGalbo, L., & Taylor, S. (2005) "Systems Issues in the Provision of Psychiatric Vocational Rehabilitation" in Dew, D. W. & Alan, G. M. (Eds.). Innovative methods for providing VR services to individuals with psychiatric disabilities (Institute on Rehabilitation Issues Monograph No. 30, p. 81-106). Washington, DC: The George Washington University, Center for Rehabilitation Counseling Research and Education.

Marrone, J., McCarthy, T., Harper, J. & O'Brien, C, (2005) "Managing For Change in the VR System" in Dew, D. W. & Alan, G. M. (Eds.). Innovative methods for providing VR services to individuals with psychiatric disabilities (Institute on Rehabilitation Issues Monograph No. 30, p. 111-148). Washington, DC: The George Washington University, Center for Rehabilitation Counseling Research and Education.

O'Day, B, Foley, S. What do we know, and not know, about women with disabilities in the workforce? IMPACT Newsletter, 21 (1), Summer/Fall 2008, p.33. Minneapolis: MN: Institute on Community Integration, University of Minnesota.

Parent, W., Foley, S., Balcazar, F., Ely, C., Bremer, C. & Gaylord, V. (Eds.). (Summer/Fall 2008). Impact: Feature Issue on Employment and Women With Disabilities, 21(1). [Minneapolis: MN: Institute on Community Integration, University of Minnesota.

Paiewonsky, M., Sroka, A., Ahearn, M., Santucci, A., Quiah, G., Bauer, C., Fearebay, J., Wright, S., Chu, C., & Lee, W. (in press). Research to Practice Brief . Think, Hear, See, Believe College: Using Participatory Action Research to Document the College Experience

Pilling, D., Boeltzig, H., Timmons, J.C., & Johnson, R. A (2010). Comparative Review of Public Employment Services for Disabled People in the United States and the United Kingdom: Lessons and Issues. Rehab Review Newsletter, January 2010 Issue. Available online at:  
<http://www.rehabwindow.net/RecentNewsletters.aspx>

Pilling, D. & Boeltzig, H. Catching New Users of the Net. ABILITY Magazine. Issue 65, Spring 2007, 21-22.

Sulewski, J.S. (2007). Closing sheltered workshops in Vermont. Community Services Reporter 14(1), 4-5.

Timmons, Jaimie (2009) Judy: Using a job development professional's personal networks, Job Training and Placement Report Volume 33, No. 7 July 2009

Timmons, Jaimie, Fesko, Sheila, & Hall, Allison (2009) From Diversity to Inclusion: Considering the Universally Designed Workplace. Published at Diversityinc.com August 04, 2009

# **Electronic Modules**

Earnings & Benefits: Using Social Security Work Incentives

Coaching & Teaching Strategies

Employment Strategies for People with Psychiatric Disabilities

Employment Law and People with Disabilities: The ADA, Criminal Records and Beyond

Getting Everyone On Board: Working with Stakeholders

I've Got Too Much To Do: Time Management for Employment Staff

Where Do I Go from Here: Career Development for Employment Staff

Communicating with People with Disabilities for National Service and Volunteer Organizations

Effective Communication, Alternative Formats, and Web Accessibility for National Service and Volunteer Organizations

Inclusive Outreach and Recruitment for National Service and Volunteer Organizations

Physical and Programmatic Access for National Service and Volunteer Organizations

Understanding Disability Legislation for National Service and Volunteer Organizations

# Videos

John Kemp Interview- Employment Matters Now More than Ever- the Employer's Perspective  
Mike Callahan- Customized Employment  
Making a Difference: Careers in Early Intervention  
The Inclusive Concurrent Enrollment  
John's Story: Collaborating for Community Employment  
Carrie's Story: Natural Supports at Work  
Laura Zirpolo Stout Interview  
James Salzano Interview  
Jennifer Lerner Interview  
Felicia Nurmsen Interview  
Oswald Mondejar Interview  
Lois Cooper Interview  
Work Without Limits employer summit  
Employment Law: Course Introduction  
Keith Jones Interview  
Employment Law: Fran Fajana Interview  
Employment Law: Tom Murphy Interview  
Employment Law: Matt Mitchell Interview  
Elisabeth Schaefer Interview  
Shirley Fanchan Interview  
Career Development for Employment Staff Online Training Introduction  
Time Management for Employment Staff Online Course Introduction  
Coaching and Teaching Strategies Online Course Introduction  
Transition Assessment Interview  
Recreation and Social Opportunities for Transition Age Youth  
Gil Cote Interview  
Sheila Fesko Interview  
Robin Foley Interview  
Debbie Gilmer Interview  
Debbi Horvath Interview  
Maria Husted Interview

Bill Kiernan Interview

Rick Kugler Interview

Karen Langley and Kobena Bonney Interview

Frank Smith Interview

Keith Westrich Interview

Wilson Interview

Jen's Filing System

Ben's Lunch

Star's Star Song (Cee singing)

Job Developer's Lunch

Returning to Work: Disability Benefits, Earnings & Issues

Amy Gelb with Lyn Legere, Director of Peer Education and Peer Support at the Transformation Center in Boston, Massachusetts.

## **"Employment for All" Boston Cable Program videos**

Disability Management in the Workplace

Dr. Norm Hursh/Amy Gelb

12/17/07

Disability Navigator Program and the One-Stop Career Centers

Lisa Matrundola/Amy Gelb

12/5/07

Co-Occurring Issues and Employment

Rick Kugler/Amy Gelb

10/3/07

Assistive Technology

Cindy Thomas/Sue Cusack

9/12/07

Accessibility andTechnology

Jeff Coburn/Amy Gelb

8/29/07

Networking

Cee Gandolfo/Amy Gelb

8/8/07

WIPA-work incentive Planning and Assistance, in MA

Brian Forsythe/Amy Gelb

7/27/07

Career Planning

Joy Gould/Amy Gelb

7/11/07

Disability Resource Management for employees within a hospital setting and HR/employer perspective on best practices in hiring within the Partners hospital system

Oswald Mondejar/ Betsy Pilsbury/Amy Gelb

6/13/07

Diabetes Research study

Doris Hamner/Amy Gelb

5/30/07

Ticket-To-Work

John Halliday/Amy Gelb

5/9/07

One-Stop Career Center Systems

David Hoff/Amy Gelb

5/2/07

Medicare Part D

Lyn Legere/Amy Gelb

4/14/07

Social Security Facts and Myths

Barbara Siegel/Amy Gelb

4/11/07

PFE/Housing Project

Melanie Jordan/Nuri/ Amy Gelb

3/14/07

Workplace Culture and clothing

Allison Fleming/John Lawson/Amy Gelb

3/7/07

Employers perspective on hiring people with disabilities

Diane Loud/ Danielle Dreilinger

2/21/07

MRC

Neill McNeill/Amy Gelb

2/14/07

**Workplace Accomodations**  
Alexis Gordon/Kim Cortez/Amy Gelb  
1/31/07

**Project Impact/MRC**  
Joe Reale/Amy Gelb  
1/10/07

**Peer Employment Benefits Network and ILC's**  
Andy Forman/Amy Gelb  
1/3/07

**One-Stop Career Centers and the Navigator program**  
Jennifer Hinde/Danielle Dreilinger  
12/27/06

**Mental Health Systems and Employment**  
Joe Marrone  
12/6/06/Amy Gelb

**School to work**  
Michael Doyle  
Maria Paiewonsky/Lara Enein Donovan  
11/22/06

**Workforce Retention**  
Rick Kugler/ Marianne Gilmore/Amy Gelb  
11/8/06

**Intro. to series**  
Kim Bisset/Amy Gelb  
11/1/06

# Websites

(created during the period 2005-present)

## New websites:

Think College ([www.thinkcollege.net](http://www.thinkcollege.net))

Real Work Stories ([www.realworkstories.net](http://www.realworkstories.net))

TACE ([www.TACENE.org](http://www.TACENE.org))

State Agency Promising Practices ([www.communityinclusion.org/](http://www.communityinclusion.org/))

Work Without Limits ([www.workwithoutlimits.org](http://www.workwithoutlimits.org))

Boston Ready ([www.bostonready.org](http://www.bostonready.org))

NERCVE online brailler ([www.nercve.org/brailler](http://www.nercve.org/brailler))

Opening Doors for Children and Youth with Disabilities and Special Health Care Needs  
([www.openingdoorsforyouth.org](http://www.openingdoorsforyouth.org))

## Websites maintained and updated:

The main Institute for Community Inclusion website and portal ([www.communityinclusion.org](http://www.communityinclusion.org))

National Service Inclusion Project ([www.serviceandinclusion.org](http://www.serviceandinclusion.org))

For Employers ([www.foremployers.org](http://www.foremployers.org))

MassWorks ([www.massworks.org](http://www.massworks.org))

New England Rehabilitation Continuing Education Program ([www.nercep.org](http://www.nercep.org))

Northeast Regional Center for Vision Education ([www.nercve.org](http://www.nercve.org))

## Wikis

<http://ici-bostonready-community-of-practice.wikispaces.umb.edu/>

<http://ici-bostonready-pd-2008-2009.wikispaces.umb.edu/>

# **E-Newsletters**

**January 2008—present**

March 2010

National

ICI website satisfaction survey, ICI in social media

March 2010

MA

Caring, Collaboration, and Advocacy Through the Ages: From Novices to Heroes?

February 2010

Datanote 26

Vocational Rehabilitation Employment Outcomes for Transition-age Youth with Autism and Other Disabilities

January 2010

TACE

Help Individuals Understand Their Rights and Responsibilities in the Workplace, Two new online events: Job Creation and Ethics

December 2009

MICEO

Human Services Summit registration

November 2009

ICI Training

Co-occurring Mental Illness/Substance Abuse and Employment, Achieving Successful Employment for Youth with Disabilities, Person-Focused Career Planning Work Without Limits trainings

November 2009

Datanote 25

Job Seekers with Disabilities at One-Stop Career Centers: An Examination of Registration for Wagner-Peyser Funded Employment Services from 2002 to 2007

November 2009

MICEO

Governor Patrick MA Human Services Summit invitation

October 2009

National

ICI on Facebook and Twitter, ICI projects on Facebook

September 2009

TACE

TACE calendar announcement

September 2009

Datanote 24

Patterns of State, County, and Local ID/DD Funding Allocation

August 2009

ICI Training

Work Without Limits fall training series

July 2009

Datanote 23

Work Incentives and SSI Recipients with Intellectual Disabilities

July 2009

National

Real People, Real Jobs Announcement

June 2009

WWL: Concepts of Self-Employment, Employment Supports Training

June 2009

Datanote 22

Indicators of Labor Market Success for People with Intellectual Disabilities

June 2009

VR-RRTC Directors

Bobby Silverstein Powerpoint

June 2009

National

US & UK Routes to Employment: Strategies to Improve Integrated Service Delivery to People with Disabilities

May 2009

National

Access to Integrated Employment: State Agency Promising Practices

April 2009

Economic Stimulus MA

MassWorks: What Does the Economic Stimulus Mean for Employment of People with Disabilities?

March 2009

StateData Book Announcement

March 2009

## Comm-PASS Solicitation

March 2009

National

US News & World Report News Coverage; Going to Work (2009), Institute Brief 25, Tools for Inclusion 23, Research to Practice 23 Announcement

February 2009

Datanote 21

Postsecondary Education and Employment Outcomes for Youth with Intellectual Disabilities

January 2009

ICI Training

Denise Bissonnette Training

December 2008

ICI Training

Best Practices in Employment Services for People with Co-Occurring Mental Illness/Substance Abuse, Motivational Interviewing for Supported Employment

December 2008

ICI Employment Data

StateData Update: State Intellectual/Developmental Disability Agency Survey Data, Vocational Rehabilitation Outcomes Data, US Census Bureau Data

November 2008

DataNote 20

Individual Employment Outcomes Based on FY2007 National Survey of Day & Employment Programs

November 2008

MA

It's Just Good Business: A Conference for MA Job Developers

September 2008

ICI Employment Data

DataNote 19: Employment Outcomes for Individuals Served by One-Stop System

September 2008

NERCEP

TACE Announcement

September 2008

NSIP National News

Scholarships Available for the 2008 National Conference

September 2008

MA

Employment Service Provider Forum, New Opportunities for Service Providers in the Ticket to Work Program, Employment and Disability Summit, It's Just Good Business: Conference for MA Job Developers

August 2008

ICI Employment Data

Vocational Rehabilitation Outcomes Data, Workforce Development Outcomes Data, State Mental Health Agency Data all on StateData.info

July 2008

National

5th National Organizational Change Forum Announcement

July 2008

DataNote 18

Vocational Rehabilitation Program's Role in Assisting People with Disabilities in Gaining Integrated Employment

July 2008

NERCEP

Still Time to Take Advantage of NEJDTP, and Job Developing and Self-Employment

June 2008

Datanote 17

Persons Served in Community Mental Health Programs and Employment

June 2008

NERCEP

Invitation to the NEJDTP program, Training on supporting workers with mental illness and cognitive impairments, Training for obtaining jobs for Deaf or hard of hearing job seekers

June 2008

MA

MassWorks.org introduction, Survey for best practices for engaging employers

May 2008

NERCEP

Comprehensive vocational assessment, 2-day workshop on Autism Spectrum Disorders and employment

April 2008

Datanote 16

Expenditures for Integrated Employment Services

April 2008

NERCEP

Registration for B/VI Employment Services conference, Moving On Up training

March 2008

NERCEP

Creative Job Development, Blind/Visual Impairment Services conference

March 2008

MA

MA Youth Leadership Forum on March 29

February 2008

Datanote 15

Registration for Wagner-Peyser Funded Employment Services

February 2008

NERCEP

Employment Services for People with Psychiatric Disabilities, Not just a job – a career training

February 2008

National

APSE 2008: The Winner's Circle ... Everybody Works! Everybody Wins!

January 2008

NERCEP

Co-Occurring Mental Illness And Substance Abuse Training in Vermont, Training for new employment services staff

January 2008

Datanote 14

Application Timeframes for Vocational Rehabilitation Customers with Developmental Disabilities

January 2008

National

Working Life: Towards a Lifestyle of Employment For All training

## **Webinars**

### **National Service Inclusion Program (NSIP) Webinars**

Sharing Service Experiences: Senior Corps Volunteers (June 16 2009)

Inclusive Interviewing for National and Community Service Programs (May 20 2009)

Strategies to Dynamically Engage Volunteers Over 55 in Program Training ( April 23 2009)

Integrating Service Learning into an Individualized Education Program (IEP) ( March 19 2009)

Universal Design in Early Childhood Education (February 23 2009)

Association of Higher Education and Disability (AHEAD) (January 22 2009)

Volunteers with Disabilities Serving Internationally (December 17 2008)

Experiences of Program Staff that Supervise Service Members and Volunteers with Disabilities (December 5 2008)

Supervising Service Members and Volunteers with Disabilities: A Practical Approach (October 31 2008)

NSIP Fellows Share Promising Practices for Engaging People with ALL Abilities in National Service (September 9 2008)

US Veterans Serving as Mentors (August 26 2008)

Inclusive Intergenerational Mentoring (July 29 2008)

### **State Employment Leadership (SELN) Webinars**

Marketing to Employers (May 2010)

Person-focused Career Approaches (April 2010)

Transitioning to Community Employment (March 2010)

Relationships and Networking (February 2010)

Person-focused Career Approaches (January 2010)

Importance of Employment (December 2009)

Relationships and Networking (November 2009)

New Employment-Focused Service Definitions (October 2009)

New Employment-Focused Service Definitions (September 2009)

Importance of Employment (September 2009)

The Economics of Supported Employment and How to Improve Them (June 2009)

I Manage an Agency or Employment Services! A Communication Plan? What Is It and Why Do I Need One? (April 2009)

What is a 30-Day Plan (April 2009)

What is a 30-Day Plan (March 2009)

Community-Based Discovery for Employment Services Professionals (March 2009)

## **TACE**

Overview of E-Learning (3/12/10)

Successful Placements for Individuals with Asperger Syndrome will be open to TACE audience in New England (5/19/10)



# **Appendix N**

## **List of ICI Projects, 2004–2009**



## **Appendix N: Projects and Activities**

### **Institute for Community Inclusion**

#### **Summary of Activities for FY04 thru FY 09**

The Institute for Community Inclusion (ICI), the University Center of Excellence on Disabilities (UCED) located at the University of Massachusetts Boston (UMB) and Children's Hospital (CH), has and remains supportive in advocating for the continued growth in the role of persons with disabilities and their families through all aspects of the Institute's activities. Over the past five years the ICI has had a number of grants and contracts addressing a variety of issues in research, training, technical assistance, dissemination and policy formulation for persons with disabilities in the Commonwealth, the New England region, nationally and internationally.

The following list provides a summary of the grants (state and federal) that are ongoing in the Institute for Community Inclusion at the University of Massachusetts Boston and the Children's Hospital Boston as well as those grants that were received and completed during this five year project report (FY04 thru FY 09).

#### **A. Current Projects at UMB**

1. Title:	Statewide Improvement Grant (SIG)
Funding Agency:	MA Dept. of Education
Project Period:	7/1/02 through 6/30/10
Annual Budget	\$285,000
Total Budget	\$2,300,000

#### **Abstract**

The project will work with the state Department of Education on two major statewide personnel development needs that include improved secondary teacher quality and improved outcomes for youth with disabilities as they move into adult life. The ICI is working with the state to expand the early education and transition resources in the Commonwealth through the provision of pre-service and in-service training. Project personnel will work with local school districts to develop a collaborative interagency model for assisting all youth with disabilities to achieve competitive employment and/or postsecondary education options.

2. Title:	National Service Inclusion Project
Funding Agency:	Corporation for National and Community Service
Project Period:	7/1/05 through 12/30/08
Annual Budget	\$1,350,000
Total Budget	\$2,700,000

### Abstract

Develop the capacity for the members of the CNCS system including Learn and Serve America, AmeriCorp and Senior Corp to support individuals with disabilities who are interested in volunteering. This project will offer training and technical assistance to all of the five clusters nationally in the CNS system, training to states and TA to individual programs. It will work with other UCEDs in the development of the affiliation between the University Centers of Excellence to the National and Community Service programs at the state level. This project has also begun to work with the Senior Corp in addressing issues of supporting seniors who have a disability in working in volunteer settings.

3. Title:	Universal Design for Learning
Funding Agency:	US Department of Education
Project Period:	7/1/01 through 6/30/09
Annual Budget	\$175,000
Total Budget	\$875,000

### Abstract

This project will work with local school districts in redesigning the curriculum to reflect universal design strategies that will facilitate the full inclusion of students with disabilities into the typical classroom settings. The project will work with local school teachers and the administration of local schools to expand the involvement of students with disabilities in their natural school and classroom settings.

4. Title:	Community Technical Assistance
Funding Agency:	state and local agencies
Project Period:	ongoing
Annual Budget	\$625,000 to 1,250,000
Total Budget	ongoing

### Abstract

This activity reflects the various technical assistance contracts the Institute had and has with community vendors to provide technical assistance in expanding integrated employment opportunities for persons with severe disabilities, comprehensive medical supports for children with severe disabilities, early intervention staff building TA and local health and evaluation services for children with developmental disabilities. The contacts vary in scope and reflect the needs of the community program. Additionally, the Institute has a number of contractual relationships with several states (Maryland, Oregon, Washington, Delaware, Wisconsin, Connecticut, North Carolina, and Louisiana).

5. Title:	Small project grants
Funding Agency:	federal, state and local agencies
Project Period:	ongoing
Annual Budget	\$155,000
Total Budget	\$155,000

**Abstract**

The ICI has a number of small projects that include funding for doctoral students, short term training and technical assistance to federal or state agencies and small grants from foundations. These projects vary from year to year and are often tied to specific training activities of the Institute.

6. Title:	Ongoing National Data Collection on Day and Employment Services for Persons with Developmental Disabilities
Funding Agency:	U. S. Dept. of Health and Human Services: Administration on Developmental Disabilities
Project Period:	10/1/07 through 9/30/12
Annual Budget	\$300,000
Total Budget	\$1,500,000

**Abstract**

This project collects and analyzes national data documenting day and employment service utilization and trends for individuals with mental retardation and other developmental disabilities. The project surveys state Vocational Rehabilitation (VR) agencies and state Mental Retardation/ Developmental Disabilities (MR/DD) agencies, analyzes the RSA 911 data tapes, the national health follow up survey data and will complete a sample survey of facilities nationally. Other dissemination activities include a monograph series documenting day and employment service and policy trends, journal articles, newsletter submissions, conference presentations, data on request services for state agencies and the provision of technical assistance.

7. Title:	DRRP on Vocational Rehabilitation Program Management
Funding Agency:	NIDRR; U. S. Dept. of Education
Project Period:	10/1/09 through 9/30/14
Annual Budget	\$1,500,000
Total Budget	\$7,500,000

**Abstract**

This project will seek to develop with the state public Vocational Rehabilitation agencies a more formal and structured Strategic Planning, Quality Assurance and Human Resource Management. The project will provide training and technical assistance to selected public VR agencies in years one and two with the implementation of the management model in years two through four and the going to scale of the model in the fifth year. The project will further develop policy papers and documents reflecting expansion of VR services and administrative structures for consumers who are eligible for services through the public VR system nationally. This project links to a variety of national organizations in the expansion of employment for individuals with disabilities.

8. Title: TACE for Rehabilitation agencies and their partners in the New England region

Funding Agency:	RSA
Project Period:	10/1/08 through 9/30/13
Annual Budget	\$727,000
Total Budget	\$3,635,000

#### Abstract

The TACE will provide training and technical assistance to the public VR agencies in the New England region as well as the community rehabilitation providers serving individuals with disabilities in employment and training programs. The focus will be on increasing the capacity of the staff in these programs as well as the programs themselves to increase the number of persons with disabilities who will enter integrated employment through this system. The TACE will offer seminars, workshops, certificate training and consultations utilizing distance education, face to face and on demand consultation strategies. The TACE is a collaborative project with Assumption College.

9. Title: National Center on Workforce Development and Disabilities

Funding Agency:	U. S. Dept. of Labor
Project Period:	8/1/08 through 3/30/9
Annual Budget	\$450,000
Total Budget	\$450,000

#### Abstract

Provide training and technical assistance to One Stop Career Centers nationally and support to WIA mandated partners in the Workforce Development and Employment and Training system. Develop policy papers and documents reflecting expansion of workforce participation for individuals with disabilities. This project links to a variety of national organizations in the expansion of work opportunities for individuals with disabilities.

10. Title: RCEP for Community Rehabilitation Providers in the New England region

Funding Agency:	RSA
Project Period:	10/1/05 through 9/30/10
Annual Budget	\$500,000
Total Budget	\$2,500,000

#### Abstract

The RCEP will provide training and technical assistance to the community rehabilitation providers serving individuals with disabilities in employment and training programs. The focus will be on increasing the capacity of the staff in these programs as well as the programs themselves to increase the number of persons with disabilities who will enter integrated employment through this system. The RCEP will offer seminars,

workshops, certificate training and consultations utilizing distance education, face to face and on demand consultation strategies.

11. Title:	Individual Placement Program
Funding Agency:	MRC, DMR, local schools
Annual Budget	\$120,000
Project Period:	ongoing

#### Abstract

This program is a direct placement program where persons with disabilities are placed into jobs and provided support through an employment training specialist to master the job duties, increase their productivity and become more integrated into the work force in the company. Referrals are received from the local offices of the Massachusetts Rehabilitation Commission and the Department of Mental Retardation. This program provides job development, job matching and job placement and ongoing supports to persons using a supported employment design. Emphasis is placed upon initial placement and onsite training.

12. Title:	Massachusetts Comprehensive Assessment Alternate Assessment
Funding Agency:	Measured Progress
Project Period:	10/1/00 through 9/30/08
Annual Budget	\$75,000
Total Budget	\$440,000

#### Abstract

The Individuals with Disabilities Act (IDEA) requires that all students with disabilities be included in mandatory statewide assessment. As a result, states are also mandated to ensure that this statewide system will include students with significant disabilities. To this end, Massachusetts has developed a portfolio based system that is designed to ensure that all students, including students with the most severe and profound disabilities will have the opportunity to demonstrate their knowledge of the state curriculum frameworks and standards and receive a state approved diploma.

13. Title:	RRTC on Vocational Rehabilitation
Funding Agency:	U. S. Dept. of Education: National Institute on Disability Rehabilitation and Research
Project Period:	107/1/07 through 9/30/12
Annual Budget	\$650,000
Total Budget	\$3,250,000

#### Abstract

This research project will study critical elements in the public vocational rehabilitation system and document promising practices in employment training and job supports for this public system. Additionally, through the identification of key policy areas, the project will examine impacts of policy on employment outcomes nationally

making recommendations for changes to the national public Vocational Rehabilitation system to address current challenges in this system. Consultation, training and technical assistance will be available through the project to individual state agencies.

14. Title:	MIG: Comprehensive Employment Infrastructure Development
Funding Agency:	Center for Medicare and Medicaid Services
Project Period:	1/1/08 through 12/31/12
Annual Budget	\$1,350,000
Total Budget	\$5,400,000

#### Abstract

This project will develop with the U MA Medical School, the Executive Office of Human Services (and several Departments within this Secretariat) and the Department of Workforce Development a comprehensive employment system for the state. The project will work with state agencies in developing innovative policies and supporting comprehensive practices that will increase the employment of persons with disabilities who are supported under CMS programs.

15. Title:	Equity and Excellence in Higher Education
Funding Agent	Office of Postsecondary Education
Project Period	10/1/05 thru 9/30/09 (no cast extension to FY09)
Annual Budget	\$300,000
Total Budget	\$900,000

#### Abstract:

Equity and Excellence in Higher Education is working with over 100 college faculty across 5 colleges and universities in New England to educate faculty about Universal Course Design. The project is also building a Universal Course Design website where faculty will have access to the necessary tools to help them implement the principles of universal design into course syllabi, instruction and assessment.

16. Title:	Post Secondary Options for Students with Intellectual Disabilities
Funding Agent	NIDRR
Project Period	10/1/08 thru 9/30/11
Annual Budget	\$500,000
Total Budget	\$1,500,000

#### Abstract:

The ICI and TransCen will implement a national Center that will address these needs specifically by: (1) conducting secondary data analyses using existing national datasets (i.e., NSLTS2, RSA 911, ACF) to further explain the different types of postsecondary education (PSE) programs and related student outcomes; (2) conducting outreach using formal (e.g., AHEAD, AUCD) and informal networks to identify additional PSE programs; (3) conducting a national survey of these PSE programs to

identify key characteristics and promising practices of such programs and services and determine the impact on the personal outcomes of students with ID; (4) compiling existing and developing new training and technical assistance (TTA) materials to address gaps in knowledge based on the Center's research; and (5) collaborating with existing TTA providers to disseminate these materials.

17. Title: Post Secondary Options for Students with Intellectual Disabilities: College to Career Connections

Funding Agent	Office of Postsecondary Education
Project Period	10/1/05 thru 9/30/09
Annual Budget	\$180,000
Total Budget	\$720,000

**Abstract:**

Research and demonstration in re: implementing individual support model to improve outcomes (pre & employment) for youth with intellectual disabilities. We work with teams of educators in high schools across MA; also develop and maintain website.

18. Title: Preservice Training for Teachers of the Visually Impaired

Funding Agency:	U.S. Department of Education.
Project Period:	7/1/02 through 6/30/12
Annual Budget	\$200,000
Total Budget	\$2,000,000

**Abstract**

This project will develop training materials and offer a Maser training for preparing TVI educators in the New England region. The project is supported through federal resources as well as by each of the six New England states through their Statewide Improvement grants as well as the Hilton Perkins Foundation.

19. Title: Preservice Training for Orientation and Mobility Specialists

Funding Agency:	Hilton Perkins Foundation and Depts. of Education. in the New England Region
Project Period:	10/1/03 through 9/30/13
Annual Budget	\$100,000
Total Budget	\$1,000,000

**Abstract**

This project will develop training materials and offer a Maser training for preparing O & M Specialists in the New England region. The project is supported through federal resources as well as by each of the six New England states through their Statewide Improvement grants as well as the Hilton Perkins Foundation.

20. Title: Long Term Training in Rehabilitation Counseling  
 Funding Agency: U. S. Department of Education: Rehabilitation Services Administration:  
 Project Period: 9/1/04 through 8/31/09  
 Annual Budget \$150,000  
 Total Budget \$750,000

**Abstract**

Provide long-term training in rehabilitation counseling leading to a master's degree in Rehabilitation Counseling. The project expands the current rehabilitation counseling offerings to include an expansion to offer this master's training in distance education format throughout the New England Region.

21. Title: Long Term Training in Job Placement and Job Development  
 Funding Agency: U. S. Department of Education: Rehabilitation Services Administration:  
 Project Period: 9/1/04 through 8/31/09  
 Annual Budget \$100,000  
 Total Budget \$500,000

**Abstract**

Provide long-term training in job placement and job development for rehabilitation staff in public and not for profit community rehabilitation programs throughout the state. The project will train utilizing the resources of the Division of Continuing Education at the University of Massachusetts at Boston as well as the Rehabilitation Counseling program of the Graduate College of Education.

22. Title: Strategic Planning and Technical Assistance  
 Funding Agency: Department of Transitional Assistance  
 Project Period: 7/1/07 through 6/30/10  
 Annual Budget \$1,200,000  
 Total Budget \$3,600,000

**Abstract**

Provide technical assistance and support in strategic planning as well as program development within the Department of Transitional Assistance addressing increasing employment options for persons on welfare that have a disability. The project will have employment trained staff in a selection of area welfare office on an annual basis.

23. Title: Statewide Employment Leadership Network  
 Funding Agency: 17 individual state Mental Retardation agencies  
 Project Period: 7/1/08 through 6/30/10  
 Annual Budget \$370,000  
 Total Budget \$740,000

### Abstract

This is a membership project in which the state Mental Retardation and Developmental Disability agencies pay a fee to join the roundtable. The states serve as the board of directors for the SELN framing the priorities and activities of the Network. The goal is to increase the cross fertilization of employment related activities across the 13 member states.

24. Title:	Early Education Model Demonstration
Funding Agency:	US Department of Education
Project Period:	7/1/06 through 6/30/09
Annual Budget	\$1,200,000
Total Budget	\$3,600,000

### Abstract

This project will work with the Boston Public Schools in the rolling out of 90 early education classes over a three year period. The project will seek to evaluate the effectiveness of the reading, math and socialization curricula for BPS. Through the use of a randomized treatment and control design classrooms will be assigned to either a treatment or control status and then interventions including presentation on selected curricula and supports to teachers will be provided. Over a three year period the project team will assess impact and develop model programs for four year old BPS students.

25. Title:	Early Education Pre-service Training
Funding Agency:	US Department of Education
Project Period:	7/1/06 through 6/30/11
Annual Budget	\$300,000
Total Budget	\$1,500,000

### Abstract

Early Education teachers are becoming more and more of a demand in the public as well as private school environment. This grant will develop a graduate training program that will prepare educators to meet the certification and licensure requirements of the Commonwealth of Massachusetts. This will be the only Mater's training program in the eastern part of the state that is located in a public university system.

26. Title:	Ticket Plus
Funding Agency:	Social Security Administration
Project Period:	7/1/08 through 6/30/09
Annual Budget	\$110,000
Total Budget	\$110,000

### Abstract

With the anticipated changes in the Social Security regulations regarding the rules for the Ticket to Work, the ICI is working with five state public Vocational Rehabilitation agencies in getting ready to implement the new VR Ticket option. This TA project will increase the use of the SSA Ticket nationally

27. Title:	Comprehensive Employment Supports
Funding Agency:	Department of Mental Retardation
Project Period:	7/1/08 through 6/30/10
Annual Budget	\$145,000
Total Budget	\$280,000

**Abstract**

Working with the Department of Mental Retardation and the four regions in the Commonwealth the ICI is working with providers, state agency staff and consumers in increasing the number of persons with mental retardation who enter integrated employment. The project will develop comprehensive case studies and identify policies and practices that enhance employment placement for consumers.

***B. Current Projects at Children's Hospital***

28. Title:	LEND Interdisciplinary Training in Mental Retardation
Funding Agency:	U. S. Dept. Health and Human Services: Maternal and Child Health
Project Period:	7/1/01 through 6/30/11
Annual Budget	\$550,000 to 755,326
Total Budget	\$5,500,000

**Abstract**

This project provides interdisciplinary training supports for the core Maternal and Child Health (MCH) disciplines of the University Centers on Developmental Disabilities (UCEDD) located at Children's Hospital. The UCEDD mandate is to provide interdisciplinary training, exemplary service, research and dissemination in the field of mental retardation. The emphasis of the LEND training program is on the development of professionals from many fields such that they understand interdisciplinary training and that they will be prepared to assume a leadership role in the field of mental retardation. In addition to the staff support limited trainee support is available through this core grant.

29. Title:	UCEDD Administrative and CORE Support
Funding Agency:	U. S. Dept. Health and Human Services:
Project Period:	Administration on Developmental Disabilities
Annual Budget	7/1/03 through 6/30/13
Total Budget	\$520,000
	\$5,200,000

**Abstract**

This grant provides core support for the UCEDD. This core support includes administrative staff support, management support and some clinical staff support. The ADD project is used in concert with the MCH grant (noted above) to develop a more

stable funding base for the UCEDD, expands the training to undergraduate and community college trainees, and creates a stronger emphasis upon community outreach for the UCEDD. The CORE grant allows the UCEDD to expand its outreach efforts, develop a more targeted adult service component and expand on the relationship with local schools.

30. Title:	RRTC on Children with Disabilities and Special Health Care Needs
Funding Agency:	NIDRR
Project Period:	3/1/06 through 2/28/11
Annual Budget	\$800,000
Total Budget	\$4,000,000

#### Abstract

The RRTC includes three research studies that are specifically addressing the needs of the target population and meet the gold standard of improved outcomes for CYDS. Research activities include two intervention projects that use randomized controlled designs to improve the educational and recreational activities of CYDS and a demonstration project to improve the early identification of CYDS from traditionally underserved communities. Research Study 1 will investigate the use of a regional interagency team that will integrate innovative practices in education, social services, and medical support for transition aged students. Research Study 2 will build off of innovative practices in recreation and volunteer training to examine a model that integrates CYDS into community recreation activities. Research Study 3 will model the integration of a reliable screening mechanism into the flow of activity at a busy, urban neighborhood health center. The research activities address the NIDRR's priorities of transition, community-based practices, and access.

31. Title:	Massachusetts Technology Assistance Resource Team (MASSTART)
Funding Agency:	Department of Public Health: Bureau of Family and Community Health Division of Special Needs
Project Period:	7/1/03 thru 6/30/08
Annual Budget	\$125,000
Total Budget	\$675,000

#### Abstract:

MASSTART is a free program providing services for children with special health care needs and who are assisted by medical technology in the school setting. Nurses from Children's Hospital provide consultation in developing HCHP's, assist in developing emergency plans of care, provide technical assistance and training to schools, families, and health care providers, conduct educational seminars, and provide information referral and resources concerning services for children with special health care needs.

32. Title:	Work Experience Program
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Funding Agency:	MRC, DMR, local schools
Project Period:	ongoing
Annual Budget	\$75,000
Total Budget	\$75,000

#### Abstract

This program provides onsite job experiences for persons referred from the local public schools, of offices of the Massachusetts Rehabilitation Commission and the area offices of the Department of Mental Retardation. The program provides evaluation, counseling (individual and group) and onsite training to persons with disabilities. The program utilizes a wide variety of work environments throughout the hospital including clinical labs, environmental services, message center, Fegan clinics, patient accounting, medical records, and other hospital departments. The purpose of the program is to provide support to people with disabilities while they gain real work experiences. It is not a specific skill building program but a counseling and support program which uses the real work setting as an opportunity for the trainees to develop appropriate work and social skills. The trainees generally work a six hour day five days per week and remain in the training program for an average of six months. They will have experiences in two to five work areas during this training program.

#### ***C. Past Projects at the ICI that have been Completed***

1. Title:	Family Support Net
Funding Agency:	Administration on Developmental Disabilities
Project Period:	7/1/03 through 12/31/07
Annual Budget	\$100,000
Total Budget	\$400,000

#### Abstract

This project will work with a series of Community Based Minority Organizations in increasing the capacity of individuals who are part of these communities to access information on the Web addressing their or their children's needs when there is a disability. The project will develop the capacity of the local CBMOs to expand their services and utilize technology more effectively to support their families and individuals with disabilities.

2. Title:	Universal Design for Learning
Funding Agency:	US Department of Education
Project Period:	7/1/01 through 6/30/07
Annual Budget	\$175,000
Total Budget	\$875,000

#### Abstract

This project will work with local school districts in redesigning the curriculum to reflect universal design strategies that will facilitate the full inclusion of students with

disabilities into the typical classroom settings. The project will work with local school teachers and the administration of local schools to expand the involvement of students with disabilities in their natural school and classroom settings.

3. Title:	National Center on Workforce Development and Disabilities
Funding Agency:	U. S. Dept. of Labor
Project Period:	10/1/02 through 9/30/07
Annual Budget	\$1,200,000
Total Budget	\$6,000,000

#### Abstract

Provide training and technical assistance to One Stop Career Centers nationally and support to WIA mandated partners in the Workforce Development and Employment and Training system. Develop policy papers and documents reflecting expansion of workforce participation for individuals with disabilities. This project links to a variety of national organizations in the expansion of work opportunities for individuals with disabilities.

4. Title:	Emerging Disabilities
Funding Agency:	U. S. Dept. of Education: National Institute on Disability Rehabilitation and Research
Project Period:	7/1/02 through 6/30/06
Annual Budget	\$400,000
Total Budget	\$1,200,000

#### Abstract

This study will examine the elements of the emerging disabilities and develop a methodology for understanding the issues related to emerging disabilities in service, program development and policy formulation. The issues of emerging disabilities will be examined to offer NIDRR a realistic understanding of the concepts of new of emerging disabilities nationally.

5. Title:	TAP: Technical Assistance to Community Rehabilitation Providers
Funding Agency:	Virginia Commonwealth University
Project Period:	U.S. Department of Labor
Annual Budget	7/1/02 through 6/30/07
Total Budget	\$350,000 (\$100,000 FY07)
	\$1,500,000

#### Abstract

This project will provide TA and technical assistance to selected community rehabilitation programs in the area of program conversion and the increased use of integrated employment for individuals served in 14 programs. This project will develop

training modules and offer direct technical supports to providers interested in moving away from sheltered employment to integrated employment.

6. Title:	Massachusetts Innovative State Alignment Grants for Improving Transition Outcomes for Youth with Disabilities Through the Use of Intermediaries
Funding Agency:	U.S. Department of Labor and MA Department of Workforce Development
Project Period:	10/1/03 through 9/30/08
Annual Budget	\$250,000
Total Budget	\$1,250,000

#### Abstract

This project will assist the MA Department of Workforce Development in developing a comprehensive youth infrastructure to support improved employment and postsecondary education outcomes for youth with disabilities as they exit secondary school. To this end, project personnel will assist the Commonwealth in establishing a state Transition Coordinating Committee (TCC) to conduct resource mapping on the state level to identify transition related resources, duplication of resources, and gaps in services for all youth. Next, project staff will work with the SWIB to develop and implement an RFP process designed to identify and provide technical assistance to model demonstration projects designed to pilot innovative strategies (e.g., braided/blended funding) in eight communities across the Commonwealth. The project also includes a comprehensive evaluation for each of the eight demonstrations with a feedback loop to the TCC to inform policy development and statewide implementation of promising practices.

7. Title:	Ticket Plus
Funding Agency:	Social Security Administration
Project Period:	7/1/06 through 6/30/07
Annual Budget	\$150,000
Total Budget	\$150,000

#### Abstract

With the anticipated changes in the Social Security regulations regarding the rules for the Ticket to Work, the ICI is working with five state public Vocational Rehabilitation agencies in getting ready to implement the new VR Ticket option. This TA project will increase the use of the SSA Ticket nationally

8. Title:	Pediatric Medical Unit
Funding Agency:	Social Security Administration/AUCD
Project Period:	12/1/06 through 11/30/07
Annual Budget	\$435,000
Total Budget	\$435,000

#### Abstract

The ICI will provide a review process for the Social Security Admonition on the disability determination process for children. The ICI team will review documents to facilitate the eligibility and disability determination process for children with disabilities. This project will reduce the length of time that children will be waiting for health care and Social Security payments.

9. Title: Making Connections: Personal Networking as a Job Search Strategy in Culturally Diverse Communities  
 Funding Agency: Administration on Developmental Disabilities  
 Project Period: 7/1/01 through 6/30/04

#### Abstract

This project will study strategies to improve the employment outcomes of job seekers with disabilities from culturally diverse communities by introducing the use of a personal networking curriculum in four community-based organizations in diverse communities, and developing culturally sensitive approaches to career development.

10. Title: Community Employment Demonstration with Public Housing consumers  
 Funding Agency: Department of Education: Rehabilitation Services Administration  
 Project Period: 10/1/01 through 9/30/06

#### Abstract

This project will work with a series of local public housing authorities facilitating the movement of individuals with disabilities who are served through the public housing system into competitive employment. The project will work with the public rehabilitation system in increasing the involvement of public housing residents who have a disability to enter and remain in employment. The project will offer contracts with the local housing authorities and community groups to expand integrated employment for this audience.

11. Title: MA Customized Employment Demonstration  
 Funding Agency: Metro North Workforce Investment Board  
 Project Period: 7/1/01 through 6/30/06

#### Abstract

This project will work with the local workforce investment board in developing more innovative ways of serving individual job seekers who have significant disabilities. The project will link the resources of the LWIB with those of community based agencies in increasing the involvement of individuals with disabilities into the core, intensive and training services. This project will also work with the local offices of the Departments of mental Health and Mental Retardation. The ICI will offer ongoing training and TA to the LWIB in the development of the project.

12. Title: Project Impact  
 Funding Agency: MA Rehabilitation Commission  
 Project Period: 7/1/01 through 6/30/06

#### Abstract

This project will work with various diverse communities in the development of the capacity of these cultural communities to support individuals with disabilities in making decisions about return to work and to utilize some of the community training in benefits counseling for individuals with disabilities.

13. Title: Promising Practices Case Studies  
Funding Agency: Academy of Educational Development  
Project Period: 10/1/02 through 9/30/07

**Abstract**

This project will review and develop case studies addressing the development of a comprehensive employment service utilizing the One Stop Career center design. The case studies will be used to develop promising practices in enhancing the employment of individuals with disabilities.

14. Title: Linking Hands  
Funding Agency: Rochester Area Community Foundation  
Project Period: 7/1/02 thru 6/30/04

**Abstract:**

This project was developed to teach residents what family life is like for families of children with chronic illnesses and disabilities. Residents from the Primary care Program and the Coordinated Care Service Program spend time with families in their homes. Residents complete pre and post assessments and receive valuable resources to support families. Families receive a stipend.

15. Title: Educating Providers About Down Syndrome  
Via an Integrated Marketing Module  
Funding Agency: CDC-AUCD  
Project Period: 10/1/03 thru 9/30/05

**Abstract:**

This project submitted by the USC UCEDD and funded via AUCD in collaboration with the Centers for Disease Control (CDC) will bring together the ICI and the UCEDDs from Iowa and Univ. of Southern CA to develop materials for pediatricians, OB/GYN, and family practitioners about Down syndrome.

# **Appendix 0**

# **ICI Report to the Provost, 2009**



**Annual Report to the Provost**

**Institute for Community Inclusion**

**August 2009**

Prepared by:

William E. Kiernan, Ph.D.  
Research Professor and Director  
Institute for Community Inclusion  
University of Massachusetts Boston  
100 Morrissey Blvd  
Boston, MA 02125-3393

Tel: 617-287-4311  
E mail: william.kiernan@umb.edu

# **Annual Report to the Provost**

## **Institute for Community Inclusion**

### **August 2009**

**Introduction:** The Institute for Community Inclusion (ICI) is a University Center of Excellence as identified through the Developmental Disabilities Act (Public Law 106-402-Oct. 30, 2000 114 STAT. 1719). As such the statutory charge of the ICI is to provide training (pre-service and in-service), technical assistance, exemplary service, research and dissemination addressing the needs of persons with developmental and other disabilities across the life cycle. As a UCED the ICI is one of a national Network of Centers on Disabilities that are supported by the American Association of University Centers on Disabilities (AUCD). There are a total of 67 such centers nationally with at least one in every state.

This is the FY09 annual report of the ICI, a University Center of Excellence in Disabilities (UCED). The ICI, while primarily based at the University of Massachusetts Boston, remains a joint program of the University and Children's Hospital Boston. The ICI has been a University Center of Excellence in Developmental Disabilities (or its equivalent) for more than four decades. Over that time the ICI has evolved from a center providing training and exemplary clinical and evaluation services to a comprehensive program that offers; (1) training at the pre-service and in-service levels, (2) research that is both applied and translational, (3) exemplary services addressing a variety of major areas including early education, transition, employment, recreation, national service and health care, (4) consultation and technical assistance in the areas of early education, teachers of the visually impaired, orientation and mobility, employment services, post secondary educational opportunities, transition from school to adult life, self determination, volunteerism, public policy formulation and consultation to state agencies in the areas of welfare reform, employment services, health care, national service and early education supports, (5) systemic change at the local, state and national levels to the 16 state Developmental Disabilities agency members of the State Employment

Leadership Network (SELN), to the 10 New England public Vocational Rehabilitation agencies through the New England Technical Assistance and Continuing Education center (TACE) and to 26 state offices of the Corporation for National and Community Services and their collaborating partners and (6) dissemination of products and materials locally, statewide, nationally and internationally through a variety of Web pages and electronic communication strategies.

**ICI Organization and Structure:** The ICI is organized around a cluster of staff level functions (Administration/business, research, MIS/data analysis, Research Core, Marketing and Communication as well as Events Planning) and operational level activities (research, education and transition, technical assistance, policy development, training and exemplary services). The staff level functions are designed to support the full implementation of the operational level activities (see Appendix A: ICI Table of Organization). Additionally, the ICI has eight national as well as regional center programs: (1) National Rehabilitation Technical Assistance Center for Vocational Rehabilitation Management (RTAC), (2) National Service Inclusion Project (NSIP), (3) Leadership in Neurodevelopmental Disabilities (LEND based at Children's Hospital), (4) Rehabilitation Research and Training Center (RRTC) on Children and Youth with Disabilities and Significant Medical Needs (Opening Doors), (5) the New England Regional Center for Vision Education (NERCVE), (6) the New England Technical Assistance and Continuing Education Center (TACE), (7) the Rehabilitation Research and Training Center on Vocational Rehabilitation (RRTC-VR) and (8) the National Research and Demonstration Center on Postsecondary Education for Students with Developmental Disabilities (DRRP/ADD Postsecondary). The ICI has approximately 180 staff and supports about 286 students (from fellowships, graduate assistants, tuition supports and summer employment) from more than 13 Institutions of Higher Education. The vast majority of the students at the ICI are from the University of Massachusetts Boston.

**Setting the Vision for the Future for the ICI:** Over the past three years the ICI through input from a myriad of community based organizations as well as its own Community Advisory Committee continues to develop a more comprehensive visioning document seeking to identify the needs in the community in the coming years, identifying where the areas of emphasis will be and examining how the ICI will be able to respond (see Appendix B: Vision Statement of the ICI). The visioning process is one that takes stock of the needs and concerns of the many ICI constituencies and serves as the core document for the revision of the ICI's strategic plan, the development of the ICI's response to the anticipated grant announcements at the federal and state levels and the expansion of the ICI's activities into contracts and product development in the public and private sectors. The ICI has involved a range of stakeholders throughout the past year and has revised its overall five year plan to reflect the emerging priorities at the national, state and local levels as well as the evolving needs of persons with disabilities and their families.

**Past Year Activities and Accomplishments:** The following section of this report is organized around the key activities of the ICI and include (A) training, (B) community capacity development, (C) exemplary service delivery and model demonstration, (D) technical assistance, (E) research and (F) dissemination. Each of the following subsections provides an overview of the key activities that have occurred in this area. A summary of the individual projects of the ICI in the past year are included in Appendix C (see Appendix C: ICI Activities for FY09). A series of reports on the outputs as well as outcomes of these activities are presented in Appendix D: ICI Publication List.

*A. Training:* The ICI has been engaged in a range of training activities that address the current and future workforce needs in the field of disabilities. The following outlines some of the pre-service and in-service activities that have been initiated or are ongoing at the ICI.

This past year the ICI funded twenty two graduate assistant positions for students in the advanced level of their training. These fellowships were available to any student at the University and carried with them an expectation that the students would be involved with ICI activities from ten to twenty hours per week for a nine month period. In collaboration with the Office of Graduate Studies, these fellowships are funded by the ICI through existing grants or contracts or through the ICI's Research Trust Fund. The students who participated in these Graduate Assistant positions came from a variety of Departments in several different colleges. Students were expected to also participate in a monthly seminar addressing issues of research, policy and materials development. All Graduate Assistant position are posted through the Office of Graduate Studies with students selected through a structured interview process.

Additionally, as an effort to expand both the training and recruitment of new professionals into the field of disabilities, six years ago the ICI initiated summer employment for undergraduate students in the Greater Boston area. This past year the ICI funded five of these student employment positions with the students assigned to research, training and product development efforts in the ICI over an eight week summer period. All student employees are assigned a mentor and participate in a weekly meeting addressing issues in the disability field. The intent of this effort is to recruit undergraduates who are in the process of selecting majors with the purpose of exposing them to careers in the disability field.

Additionally, interdisciplinary training was provided to trainees from 20 health care and related disciplines: audiology, child development, dental education, family, genetic counseling, nursing, occupational therapy, pediatrics, physical therapy, public health, psychiatry, psychology, social work, law, nutrition, human development, medicine, rehabilitation counseling and speech/language through the ICI's LEND training project at the Children's Hospital. There were 36 long-term, 22 intermediate and 228 short-term trainees with over 20,700 hours of training to these 286 students. Of these 66 were post-doctorate, 56 pre-doctoral, 109 master candidates or post-masters, and 45 unknown

degree status. Approximately 37% were from underserved or diverse cultures. We have also enhanced our “pipeline” work with undergraduates working with 5 long-term students in our new summer program with a focus on autism research.

The long-term leadership trainees participate in a multi-faceted program including didactics, clinical and community experiences. In addition to the core courses on developmental disabilities, trainees are enrolled in an intensive seminar series covering the topics of public health, cultural competency, evidence-based research, technology, policy, and management. They also are required to attend a monthly leadership seminar. Trainees have three intensive community experiences; they visit the homes of families having a child with a disability, visit and interview the directors of Title V Maternal and Child Health programs and work extensively with community-based organizations. This year students worked with the Somali Development Center, Haitian Public Health Initiative, Urban PRIDE., Boston Chinatown Neighborhood Center, Ethiopian Community Mutual Assistance Program, Congolese Women’s Alliance, Eritrean Community Center, International Institute of Lowell, and Adgar (Ethiopian Women’s Alliance). Trainees develop a project with the staff of the CBO while learning about the meaning that "disability" has within those communities. In addition, work with the Massachusetts Developmental Disabilities Network (Massachusetts Developmental Disabilities Council [MDDC], Disability Law Center, and Shriver/UCEDD) is intertwined in course work throughout the year. This year 12 fellows attended the three day National Disability Policy Conference in Washington DC in April.

The ICI hosts the only certificate program in orientation and mobility and low vision studies offered in New England. We offer both a degree and certificate program at UMB through the Graduate College of Education, Department of Curriculum and Instruction. The ICI receives support from all six NE state Departments of Education and continues to have nearly 40 new students enroll each year. We are developing considerable distance education capabilities in this field as well and thus attract students from across the country. The ICI is now in discussion with the UCED in Guam how to develop an on-line training program in vision including teachers of the visually impaired as well as orientation and mobility specialists. The Vision programs are nationally certified (by AER). The ICI also offers a totally accessible Braille Literacy program that allows attendees to maintain Braille proficiency through this unique on line Braille training program.

Our alliance with the Children’s Hospital Boston school nurse program, coordinated by our Director of Nurse Training and closely affiliated with our LEND program continues to flourish. This has been a growing program with over 1,000 attendees from across the Commonwealth. The topics of these trainings include:

- Pediatric trauma in the school Setting: Are you ready to REACCT?
- Collaboration between Home and Community emergency personnel in a Trauma situation
- Urgent care/Primary Care
- Children with Mental Health Issues in the School Setting

- Munchausen by proxy
- Children with Special health care Needs in the School Setting
- Infectious Disease Update in the School Setting
- Pediatric Dentistry for School Nurses: All you need to know and more
- Obesity in the school age child

Nurses qualify for our short-term training certificates if they are “frequent flyers,” that is, attending 3 or more sessions in a year. This year we had 102 earn our certificate.

Of note in this year's report is the additional emphasis on developing new training opportunities in diagnosis, intervention, and research regarding autism spectrum disorders (ASD). Increased support through ICI's LEND program has resulted in a new 10 hour training on ASD (Autism and other pervasive developmental disorders: clinical presentation and natural history across the life span). In addition we have added faculty, Dr. Ellen Hanson, a developmental psychologist (and former trainee of the ICI LEND training program) who is certified as a Train the Trainer on the ADOS and ADI (both for clinical and research validity) with whom we have co-sponsored a number of trainings. This will be further developed in future years through increased collaboration between UMB and Children's Hospital.

The early education program remains relatively new for the University and has been a core focus for the ICI. ICI staff has designed and with the Graduate College of Education secured approval for a state endorsed certification in this area that was offered this year at the graduate level primarily and was hosted in the Graduate College of Education, Department of Curriculum and Instruction. Twenty eight students are enrolled in the undergraduate early education program for this year with an additional twenty two students in the graduate program in the past year.

One of the areas of emphasis in the NETACE center (New England Technical Assistance and Continuing Education Center) is the development of core training sequences in the areas of job development, job supports, marketing and consumer participation (self determination). These training modules have been designed to be offered in person and in the coming year our plan is to move them to on-line and to create a national employment and training curriculum for employment and training specialist nationally through Elsevier publishing and the College of Direct Support Professionals at the University of Minnesota. This past year the TACE project staff completed two multi-day training in the areas of job placement and job development with the focus on staff that are working in the CRPs in the New England region. A total of 45 staff participated in these trainings (typically three days in duration) and returned to their programs to implement new strategies in placing and supporting persons with developmental disabilities in real work settings.

The ICI in this past year has offered a range of training activities in employment, education, health care and transition. This is a major area of emphasis for ICI as can be seen from our data with over 1,070 events addressing one of twelve areas of emphasis (see Table 1: Activities by Area of Emphasis). Through these efforts a total of 23,121

participants were involved including: 517 students participating in classroom training, 20,886 participants in our training and technical assistance activities, 631 in our demonstration programs, 614 in our research and program evaluation activities and 473 in the development of dissemination materials (see Table 2: Activities by Participants and Core Functions). These activities covered a broad array of events including classroom teaching, community training and technical assistance, system change work (e.g., boards of directors, legislative staff, agency personnel, employers etc.), conference presentations, and many other activities aimed at increasing opportunities for individuals with developmental and other disabilities to be included in typical community settings (school, health care, employment, recreation and community living).

Table 1 FY 2009: Activities by Areas of Emphasis

Area of Emphasis	Total # of Responses	% of All Responses
QA	134	13%
Education	53	5%
ChildCare	0	0%
Health	158	15%
Employment	582	54%
Housing	4	0%
Transportation	2	0%
Recreation	2	0%
Quality of Life	79	7%
Other - Assistive Technology	0	0%
Other - Cultural Diversity	17	2%
Other - Leadership	20	2%
Other	19	2%
<b>TOTALS</b>	<b>1070</b>	<b>10</b>

This report provides a summary of the number and percentage of activities by area of emphasis.

Table 2 FY 2009: Activities by Participants and Core Function

Types and Numbers of Participants	Training Trainees	Perform TA and/or Training	Perform Direct or Demo. Services	Perform Research or Eval.	Developing & Dissem. Information	Total # Participants / % of all Participants
Classroom Students	277	2019	23	0	60	2379 10%
Professionals & Para-professionals	170	10946	46	394	381	11937 52%
Family Members/ Caregivers	69	3562	547	45	0	4223 18%
Adults with Disabilities	0	1089	14	44	24	1171 5%
Children with SHCN	1	31	1	16	8	57 0%
Legislators/ Policymakers	0	1045	0	9	0	1054 5%
General Public	0	2194	0	106	0	2300 10%
Other Participants	0	0	0	0	0	0 0%
Core function Total #	517	20886	631	614	473	23121
% in core function	2%	90%	3%	3%	2%	100%

This report provides, from the activity records, details on the number and type of activity participants, organized by core function.

*B. Community Capacity Development:* In addition to the extensive training activities of the ICI, staff are involved with a wide range of community based programs and community organizations with these efforts directed at increasing the community capacity to serve persons with disabilities in typical community and cultural settings. For the past decade the ICI has had a series of community based organizations that are serving the diverse communities in Boston as well as the Commonwealth of Massachusetts involved in both training (serving as training sites for our long term trainees), capacity development (increasing the ability of their organizations to support persons with disabilities from their respective cultures) and involvement in new grant and program development. More than 55 Community Based Minority Organizations have or are interacting with the ICI through contracts, training agreements or service contracts.

On the national level the ICI through its National Service Inclusion Program (NSIP) is playing a role in significantly increasing the opportunities for persons with disabilities as volunteers and being part of the national volunteer effort. Through mini-grants to more than 29 University Centers of Excellence in Disabilities (UCEDs) over the past six years, the ICI, in collaboration with Association of University Centers on Disabilities (AUCD), has been able to stimulate new relationships between the state Offices of the Corporation for National and Community Service (CNCS) and the local UCEDs. This effort has lead to the development of new opportunities for persons with disabilities to engage in community service nationally. More than 6,500 individuals who are part of the national services system (Americorp, Service Learning, Senior Corp and other programs at the state levels) have benefited from the training and technical assistance activities of NSIP.

In the past year the ICI was involved in the development of major presentations at the Corporation's annual meeting and also in providing all of the accommodations and supports for members who have a disability. This year more than 5,500 individuals attended the meeting with the keynote presentation delivered by First Lady Michelle Obama. The ICI has played a key role in the passage of the Edward M. Kennedy Serve America Act including language that would assure that individuals with disabilities are included in all national service activities. Additionally, the ICI has been involved with the Corporation in changing the Social Security regulations addressing the issues of countable income for those individuals with disabilities who are involved with national services but are on the Social Security roles (SSI and or SSDI). This change in regulatory language increased the number of persons with disabilities who are on Social Security to consider national service as a goal.

Over the past two years the ICI has expanded its contract with the Department of Transitional Assistance in the Commonwealth of Massachusetts with the ICI hiring 12 vocational staff who are assigned to the local DTA offices and are assisting the case managers of DTA in recruiting DTA clients into DTA contracted employment services. The focus of this effort has been upon assisting those individuals who are nearing the end of their eligibility for welfare services to enter the employment and training services of DTA. This outreach effort reflects a more aggressive position for DTA in the entry into employment by recipients of welfare.

*C. Exemplary Service Delivery and Model Demonstration:* Again this year the ICI has seen a continued growth within the state in the areas of employment, postsecondary opportunities for youth with disabilities and early education. These are areas of core interest to the ICI and ones in which the Commonwealth has in the past year placed a great deal of emphasis.

As part of this expansion, three years ago the Legislature allocated a line item appropriation of \$4.5M to support the development of partnerships between high schools and community colleges addressing the issues of transition of students with disabilities from school to adult life. The ICI has worked closely with the state Department of Education in the design, development and implementation of this effort. The intent of the program is to increase the postsecondary opportunities for students with disabilities as

they transition from school to adult life. In collaboration with this effort at the state level the ICI was able, in working with the National Down Syndrome Society, to insert language into the reauthorization of the Higher Education Act so that students with intellectual disabilities would be able to participate in postsecondary settings, be eligible for Pell grants and experience concurrent enrollment in their high school as well as IHE thereby maintaining their entitlement to educational services.

This past year three ICI staff were involved with the US Department of Education in the development of regulations and guidance for the implementation of the Higher Education Act nationally. These regulations were recently completed and will be issued for comment in the coming weeks. Finally, the ICI has received two major grants one from the Administration on Developmental Disabilities and the second from the National Institute on Disability Rehabilitation and Research to establish a national center on postsecondary education. This effort involves several Universities as well as community colleges and will be responsible for both the development of standards as well as model programs for students with intellectual disabilities in Institutions of Higher Education. Finally, the ICI continues to maintain the only web page addressing postsecondary opportunities for students with intellectual disabilities. There are now more than 195 community colleges, colleges and universities offering programs for students with intellectual disabilities nationally. Many of these programs are listed on an ICI supported web ([www.thinkcollege.net](http://www.thinkcollege.net) ).

During this year, ICI staff supported the development and final approval of an undergraduate major in Early Education and Care in Inclusive Setting, EECIS. Forty five new students, the majority from culturally diverse backgrounds, will enter this new bachelor degree program in September with 30 in the program the prior year. Through a state sponsored training initiative all students, who are in the current ECE workforce, are being financially supported in their pursuit of a certificate and or credential in early education. The graduates will continue their work in early education centers typically located in community based organizations in the Greater Boston area or in the early education classrooms of the public school system.

In a collaborative effort with Boston Public Schools (BPS), ICI staff offer in-service and pre-service training utilizing a grant from the US Department of Education. Work with BPS in the development of 90 early Education classrooms providing services to children with and without disabilities was initiated on September 2006 and is ongoing. Through this project more than 55 early education teachers and education coaches have participated in a myriad of training programs addressing assessment, Curricula development, family supports, accessibility and learning supports utilizing Universal Design Principles.

The State has taken a much more aggressive posture in supporting the development of real work opportunities for person with disabilities. The ICI has worked with the Executive Office of Human Services in its effort to integrate employment and training services across several agencies adopting common language and definitions for their purchase of service activities in employment. More recently as part of an ICI supported

effort among consumer as well as state agencies, the Employment Now Coalition has worked with the Governor's office as well as the Secretary of Human Services to release a new report and program that will increase the employment of persons with disabilities in public sector positions at the state level. The gubernatorial Model Employer directive calls for an increase in the number of persons with disabilities who enter and remain in employment. This effort is a direct result of the activities of the ICI through the Medicaid Infrastructure Program that is a joint program of the ICI and the Center for Health Policy at the University of Massachusetts Medical School. The ICI through an ISA has for the past several years served as the statewide data collection for the Department of Developmental Services in documenting the employment outcomes for persons with developmental disabilities who enter and remain in employment through the efforts of the community rehabilitation providers contracting with this state agency. This ongoing data collection effort is maintained on a secure web site by the ICI.

For more than three decades the ICI has through the Children's Hospital operated an employment and training model program that focuses upon both work experience and individual placement. In the Work Experience Program (WEP) the past year 14 individuals with significant disabilities participated in a 6 month paid work experience in one of 15 areas in Children's Hospital. Those completing the program are often placed into individual jobs in other settings though in this year 4 were hired by the Hospital. In the Individuals Placement Program (IPP) a total of 41 consumers with significant disabilities were evaluated, placed and supported in part and full time jobs in industry where competitive wages were paid for work performed. This year we are expanding this effort to include a replication site at the University of Massachusetts Medical School for youth with Aspergers. This replication site is funded through the new Moment Funds of the Medical school and will examine ways in which youth with Aspergers can be supported in typical work settings.

*D. Technical Assistance:* Through the three year old project with the National Association of State Directors of Developmental Disability Services (NASDDDS), the ICI has established and maintained the State Employment Leadership Network (SELN). Initially thirteen state DD agencies joined and developed strategies to increase employment options for individuals with developmental disabilities who were interested in entering employment. The second year of this membership roundtable saw three additional states (NV, CA and LA) join and four others indicate an interest in the coming year (CO, RI, ME and MO). In the current year 16 states belong to the SELN. These states include CA, CT, DC, HI, LA, MD, MA, MI, MD, MO, NV, NM, OR, PA, TX, VA and WA. One of the major products of the SELN has been the publication of an Employment First document that has as its focus assisting state DD agencies in placing employment and supports for employment as the top agency priority. Currently seven states have adopted an Employment First strategy with one adopting an Employment Only position. Additionally, the SELN through its collaborating entity, NASDDDS, is working with Centers for Medicare and Medicaid Services (CMS) in redefining employment as a service under selected waivers for state agencies. The changes in policy

around CMS waiver reimbursement for those individuals who are employed has the potential for altering the emphasis on employment in all states nationally.

In addition to the above referenced trainings, the ICI has offered a range of training activities in employment, education and transition to a series of collaborating agencies. This is a major effort for ICI as can be seen from our data with over 1,316 events and 23,121 participants. These activities covered a broad array of events including classroom teaching, community training and technical assistance, system change work (e.g., boards of directors, legislators, elected officials in administration at the federal, state and local levels etc.), conference presentations, and many other activities aimed at increasing services and supports for individuals with developmental and other disabilities.

We are working with two states in the development of more effective employment outcomes tracking systems (WA and WI). Such a system will offer the state a way of tracking employment placements by providers and to display these data in multiple ways. The intent is to assist the state DD agencies in these states to refine their use of data both for evaluation purposes and policy and decision making. We have been piloting with Massachusetts a tracking system that will allow families and consumers to search community rehabilitation provider programs based on their employment placement efforts including earnings and level of employment engagement (hours worked) by individual providers. This model consumer search system will be part of the ongoing effort of the ICI to provide better information to assure a more informed decision making process for families and consumers in seeking employment supports in a community system

While the majority of the technical assistance activities are based in the United States, over the past year the ICI has been involved in the development of a comprehensive employment training and placement system in Saudi Arabia. The Saudi government has developed an interest in creating a national employment effort for Saudi Nationals and to link this effort to the current rehabilitation programs and employers in the country. The ICI has provided consultation on site as well as through training here and distance support to the Saudi government in setting up this new national initiative. ICI staff has also provided consultation to the Takamul Center in Dubai and the Shefala Center in Doha Quatar's in the past three years.

In the past year the ICI staff has been involved in presentations at international events in the United Arab Emeritus as well as the European Union. In both instances the ICI presented keynote addresses at these events. In the UAU more than 2500 participants from many of the Middle East countries. At the European Union international conference 36 countries were represented. In both events ICI staff made keynote presentations, small workshop presentations and half day workshops addressing employment and public policy.

Finally, in the past year the ICI has been asked to present to two US Congressional Committees addressing the issues of employment. The House Caucus on Down syndrome had a public hearing at which the ICI Director presented to the panel of five

members of the House of Representatives and offered both oral and written testimony. More recently the ICI Director was asked to present at the Senate HELP Committee hearing on the reauthorization of the Workforce Investment Act (WIA). Both oral and written testimony were provided and in both the Senate and House the ICI is continuing to work with key Members as well as their staff in developing legislative language and position papers on increasing employment options for persons with disabilities. Additionally, the ICI staff have provided significant consultation to the leadership in four federal agencies including the Departments of Labor, Education, Health and Human Services and the Social Security Administration again addressing issues in employment and systemic change at the national and state levels.

*E. Research:* The Rehabilitation Research and Training Center (RRTC) for Children and Youth with Disabilities and Special Health Care Needs has been implementing a randomized treatment and control study that is examining strategies for transition from school to work as well as from pediatric health care to adult health care for youth with disabilities and special health care needs. In the RRTC project we are also working with the local recreational resources (YMCA and YWCA) in developing inclusive recreational options for children with disabilities and special health care needs. This 5 year project considers issues within three major research strands focusing on children aged 0-3, 4-8, and 18-22 (the transition from school age group). The RRTC is also examining the issues of youth leadership working with a Youth Leadership Council (YLC), a Community Partnership Committee, and a Family Advisory Group. The YLC is developing curricula for youth transitioning from school and piloting this in local Educational School Districts. The RRTC is also piloting a screening tool for health professionals in neighborhood health centers that will assist them in the early identification of disabilities and developmental delay. This tool once the field testing is completed will be available on the web and disseminated broadly.

A second RRTC on Vocational Rehabilitation was awarded to the ICI two years ago. This center is working with the public Vocational Rehabilitation agencies as well as the Rehabilitation Services Administration (RSA) in the development of more effective employment practices in the Vocational Rehabilitation system to address the needs of job seekers with disabilities. This RRTC utilizes a series of national surveys as well as considerable secondary analysis in the area of employment outcomes utilizing the RSA 911 state tracking system at the national and state levels. The project has as its focus identifying better practices in dealing with issues of application for services, order of selection, and outcome measures in the public Vocational Rehabilitation system in the next five years.

Several of the studies addressing employment of person with disabilities are examining strategies that will facilitate increased employment rates for individuals with disabilities. Data from these studies will be linked to the ICI Ongoing Data Collection efforts and the development of the state data web site ([www.statedata.info](http://www.statedata.info)). This first of its kind web is able to provide states, consumer and others information on employment outcomes at national and state levels. This site also serves to integrate other data sets from the Social Security Administration, the US Department of Labor and the Census so that researchers,

policy makers, managers and advocacy organizations can secure information in a quick and comprehensive way that is presented in a fashion that is clear, understandable and fully accessible. This past year the ICI published a national Report on Employment Services and Outcomes: 2008 which is available on the web ([www.statedata.info](http://www.statedata.info)). A direct link is: [http://www.statedata.info/datanotes/datanote.php?article\\_id=250](http://www.statedata.info/datanotes/datanote.php?article_id=250)

*F. Dissemination:* As a core activity of the ICI, the dissemination efforts of the past year have been considerable. More than 134 products (Research to Practice Briefs, Tools for Inclusion, Case Studies, Special Reports, data notes and monographs) have been developed and disseminated through the ICI Web ([www.communityinclusion.org](http://www.communityinclusion.org)). In addition to the actual dissemination a series of short reports as well as e mail alerts have been regularly disseminated to 142,257 on the e mail lists of the ICI. Finally, the ICI has conducted, hosted and/or co-sponsored a number of state and national conferences and meeting in which all of the materials, supports and products have been developed by the ICI Marketing and Communication group (see Appendix D: Publication List).

In the past four years the ICI conducted three statewide workshops on employment, one for a range of staff providing employment services, the second an employment summit involving one half consumers and one half state agency leaders and the third an open conference on employment strategies for providers, agencies and employers. In the two statewide employment meetings a total of 1,216 attended these conferences (first one had 550 in attendance and the second 666 in attendance). The other event, the Employment Summit, included an invitation only list of consumers and mid and upper management level state agency staff from the Departments of Developmental Services, Mental Health, Education, Workforce Development, the Massachusetts Rehabilitation Commission and the Massachusetts Commission for the Blind. The goal of the summit was for consumers and state agencies to develop specific and concrete action plans that would facilitate an increased access by persons with disabilities to jobs at all levels in the Commonwealth. As a result of this latter meeting an Employment Now Coalition has been formed, supported in part through ICI resources. This coalition is a cross disability coalition that is advocating for an affirmative position at the Administration level on the employment of persons with disabilities. This past year the Governor announced a comprehensive Model Employer initiative for the state where state agencies are being encouraged to hire persons with disabilities and also to support career advancement and job maintenance for current employees with disabilities who are in state service.

**Grant and Contract Activities at the ICI:** This past year has seen considerable growth in the grant and contract activities of the ICI. The addition of two new national centers (and one more to be established on October 1, 2009) the ICI has seen a growth of about 15% in personnel and revenues in the past year. In the past year the staff of the ICI has submitted more than 32 applications to a range of federal agencies including NIH, NIMH, DOL, DOE, NIDRR, SSA, ADD, CNCS, CMS and HHS as well as state agencies

and has a growing small project (fee for services and fixed price contracts typically of short duration) contract activity.

While we are waiting to hear on about 12 of the projects, we have received more than \$6,214,741 in new monies this past year alone (see Appendix E: ICI Grants and Contracts Awarded FY09). Many of these projects are multi year projects with the total over the three to five year period for new project monies at the ICI \$27,576,554. The overall revenue available through the UB based grants and contracts as well as other ICI sources in FY09 was slightly over \$11M. It should be noted that the Children's portion of the ICI has also shown growth and the annual budget for the ICI at Children's Hospital is \$2,305,000 for the coming year. The combined UMB and CH revenues available in FY10 will be in excess of 14.8M with several competitions yet to be announced for a start of October 1, 2009. Over the past five years the ICI had estimated an annual growth of 5% to 10%. Based upon the analysis of the revenues as well as personnel, our growth for the past five years has been closer to 15% annually.

**In Summary:** The past year has been an active year for the ICI. We have continued to submit applications to the federal and state governments and are currently operating more than 62 grants and contacts addressing a range of needs. About two thirds of the ICI activities are addressing needs of youth and adults with the remainder dealing with early childhood and child issues as well as aging issues (See Appendix F Table 3: FY 2009 Training and TA Activities by Area of Emphasis). The major activities of the ICI remain centered around the core mandates of the Developmental Disabilities Act. We have spent considerable time in also developing our outreach and new business development efforts and anticipate that this continue to be an area for considerable growth in the coming year.

The following highlighting some of the major accomplishment in the past year and are representative but not exhaustive of the activities of the ICI on the campus, at the Children's Hospital, in the local areas, in the state, nationally and internationally. These highlights include the following:

-significant expansion of the ICI grant activities by about 15% in this past year (consistent growth of 8 to 10% annually over a five year period)

-training and support to more than 286 students through the use of self funded graduate assistant positions, tuition assistance, summer employment and special project supports. There were 36 long-term, 22 intermediate and 228 short-term trainees with over 20,700 hours of training provided. Of these 66 were post-doctorate, 56 pre-doctoral, 109 master candidates or post-masters, and 55 unknown degree status.

-provision of training to more than 23,121 individuals in a wide range of areas including employment practices and policies, transition and post secondary education, early education, health care, staff and disciplinary competencies in disabilities, public policy, program development and systemic change,

-conducting a range of quantitative and qualitative studies addressing a series of issues in early education, transition, health disparities, community capacity building and inclusive recreation,

-continuing to work with a variety of community based minority organizations in providing training and technical assistance, contracting with them in the development new programs and incorporating members into ICI advisory committee,

-implementing with GCE a new program for early educators and enrolling 42 (one half from diverse cultures) in this program,

-maintaining a technical assistance round table (State Employment Leadership Network) consisting of 16 member states that is addressing replication of effective practices across states and serves as a vehicle for multi-state efforts in employment of persons with disabilities,

-providing intensive technical assistance to more than 9,826 participants addressing administrative, policy, service delivery and documentation issues in increasing employment supports for person with disabilities,

-providing technical assistance to Saudi Arabia addressing new program development in employment strategies for persons with disabilities,

-conducting fifteen studies that utilize multiple modalities including both quantitative and qualitative designs,

-disseminating to about 142,000 individuals utilizing brief reports, e mail blasts, technical reports, tailored responses to requests and printed materials, and

-conducting statewide, national and international meetings and or training sessions addressing employment as well as national service reaching more than 3,697 attendees.

Prepared by:

William E. Kiernan, Ph.D.  
Research Professor and Director  
Institute for Community Inclusion  
University of Massachusetts Boston  
Tel: 617-287-4311  
E mail: william.kiernan@umb.edu

## **Appendices**

Appendix A: ICI Table of Organization

Appendix B: Vision Statement of the ICI

Appendix C: ICI Activities for FY07

Appendix D: ICI Publication List

Appendix E: ICI Grants and Contracts Awarded FY09

Appendix F: Table 3: FY2009: Training and TA Activities by Area of Emphasis



# **Appendix P**

## **ICI Congressional Testimony**





UNIVERSITY of  
MASSACHUSETTS  
BOSTON  
100 Morrissey Blvd.  
Boston, MA 02125-3393

Institute for Community Inclusion  
(617) 287-4300  
Fax: (617) 287-4352  
TTY: (617) 287-4350  
Email: [ici@umb.edu](mailto:ici@umb.edu)  
[www.communityinclusion.org](http://www.communityinclusion.org)

## Appendix P4

February 25, 2009

Good afternoon, I would like to thank the members of the Congressional Down Syndrome Caucus as well as the Board and members of the National Down Syndrome Society for this invitation to participate today. My name is Dr. William E. Kiernan. I am the director of the Institute for Community Inclusion, a University Center of Excellence in Disabilities that is located at the University of Massachusetts Boston and Children's Hospital Boston. I am honored to be here to talk with you about the state of employment for individuals with intellectual disabilities.

**Just Like You and Me:** For most of us the expectation in our early years as well as through our school years was that at some point we would become part of the typical labor force. The end result would be that we would have an income that would allow us to live independently, have social networks, a place to go on a daily basis and be a valued member of society. For persons with disabilities your dream is their dream: to be a contributing member of a community, have resources that they can control, be able to have friends and a sense of satisfaction with what they do on a day to day basis. So where are we with helping persons with disabilities reach the American dream? I would like to share with you what the world of work looks like for many persons with disabilities.

The crisis for many persons with disabilities is not unemployment but the consequence of unemployment: poverty, isolation and limitations on options and opportunities. For many persons with disabilities the expectation is not that in one's adult years you will have a job but that the system will care and protect you and that there will be few if any expectations placed upon you and correspondingly few opportunities delivered to you to be part of a typical adult role, being in the workforce having resources and friends. Over the past several decades one's job has not only provided a chance to be at least partially economically self-sufficient but also to have an opportunity to make friends. When there is no expectation that employment is and must be the goal, the end results of education and the movement into adult years is little more than a continuation of a dependent and limited role in society for person with disabilities.

**Data Tell the Story:** What do we know about the life circumstances of persons with disabilities? Data show that for persons with disabilities the labor force participation rate, that is the number of persons working as part of the total universe of persons of working age, is about one half (36%) the labor force participation rate (70%) of persons without disabilities (American

Community Survey, 2007). For persons with intellectual disabilities that rate drops from 36% to 26.8% or about one in four persons with mental disabilities are working out of the total universe of similar persons. Without employment and the income derived from employment, person with disabilities are poorer than persons without disabilities, more likely to live in poverty and be perpetually dependent upon other. In 2007 about 7.6% of the general population lived below the poverty level while for person with disabilities that percentage was up by a factor of two and one half times or 19.8% and for persons with mental disabilities that percentage again rose to 24.2% (American Community Survey, 2007). Choice, control and self-determination are just words when there are no resources attached to them. It is clear that the vast majority of persons with disabilities do not work and have no earnings through wage payment.

What about those that are working, what types of jobs do they have and how is it going? About 27% of the person with intellectual disabilities who are served through the adult Developmental Disabilities system are working some in typical work settings and others in groups. Wage payments are often limited to minimum wage and the average number of hours worked per week is 27 (ICI 2008). Typical types of jobs are in the building, grounds and cleaning (12%), production, transportation and materials moving (8.5%), service industries (8%) and then construction, office and clerical. Most earn an annual wage that is often below the poverty level with average weekly earnings at \$180 per week and average hours worked per week at 23 to 26 hours for those working in individual jobs where the employer pays the wage. For those working in group employment where a community rehabilitation program pays the wage the average hours worked remains about the same at 23 hours per week but the earnings are considerably lower at about \$103 per week.

For the majority of persons with disabilities who transition from school into the current adult service system, the most frequent option is sheltered employment or non-work activities. When a student exits school and does not have a job, they are often referred to one of the more than 9,000 community rehabilitation providers. These not for profit agencies contracting with the state agencies to serve persons with disabilities offer a range of service including employment, both competitive and sheltered, as well as non-work programs, including day habilitation and day and community services. Of the more than 1.2 million individuals served through this system about 27% are in employment settings in the community, either competitive jobs or group placements, while the remaining 73% are in sheltered employment or non work settings with generally little or no income. Wage payments in sheltered settings are typically below the minimum wage. While there is a growing interest in seeking competitive employment for those individuals served through the community rehabilitation provider system, there has yet to be a year in the past two decades in which the ICI has collected national data that more persons entered integrated or community employment than entered sheltered or non work settings.

**So what are some of the Key Factors that impact the Labor Force Participation Rates** by persons with disabilities and more specifically intellectual disabilities. The following outlines some of the major issues that persons with intellectual disabilities face as they enter and continue through their adult years. At the core is the lack of expectation among many that students with disabilities and particularly those having an intellectual disability about being able to work. This lack of expectation is not one that begins at graduation but is often reinforced throughout the

student's life from health care providers and other professionals, educators and at times family members. Persons with disabilities are one of the few communities of persons in this country where there is not a clear expectation that employment is the goal and in many instances it is clear that a strategy of care and protection surpasses the goal of employment. We must reverse our expectations and move to a view that employment is not an option but the focus in education as well as adult services.

**Transition:** In the young adult years there is the movement from school into adult life. As was noted earlier many youth with intellectual disabilities enter the community rehabilitation system going into shelter and non-work settings. For many who enter this service delivery system there is not a clear exit into a real job. If we were to re-conceptualize the final years of the entitlement process to education and considered a different utilization of the 'final four' years of entitlement, from age 18 to 22, we may be able to alter the current pathways to dependence that many students with intellectual disabilities experience. At the age of 18 if the student has not succeeded and it is determined that he or she should remain in school, they are typically enrolled in the same or a similar curriculum, one in which they have already experienced failure. What the student may be entitled to is four more years of a failing curriculum as well as a witnessing of the progression of their classmates through the educational system giving rise to the continuing question 'what about me'.

The literature and research is clear that those students having an employment experience while in school are more likely to be employed in their adult years. More recently there is a growing recognition of the value of having students with intellectual disabilities complete their final years of entitlement to education in a more age appropriate and adult oriented setting such as a postsecondary environment, a community college or institution of higher education. There are an increasing number of two and four year Institutions of Higher Education that are reaching out to and engaging students with intellectual disabilities as part of their transition from high school to adult life. Passage of the Higher Education Act last year will continue to encourage increased utilization of postsecondary setting for students with intellectual disabilities in the coming years.

Alternatives to the traditional education may include participation in postsecondary settings in classes on a non-matriculated basis, field experience in work setting, engagement in volunteer activities such as AmeriCorps programs that can serve as the basis for developing employment related skills and the use of the One Stop Career Centers to support career exploration. Remaining in the classroom is not an effective outcome for the student in their final four years of education.

**Competing Federal Policies:** The movement from an entitlement setting to an eligibility environment where the student upon graduation may or may not be eligible for services creates uncertainty for both the student and family members. Additionally, at the federal level there are some considerable inconsistencies that the student experiences ranging for documentation of an inability to engage in employment to be eligible for Social Security Benefits to the enrollment in programs that feel that real work is too risky or beyond the individual's ability.

For many young adults and adults with intellectual disabilities the engagement in employment is viewed as a risky behavior by family members in that the earnings may put the individual at risk for maintaining their Social Security benefits, health care benefits and other benefits (housing subsidies, food stamps and eligibility for certain health and human services). For some the prospect of entering employment is complicated by the myriad of complex rules and regulations regarding earned income and accumulation of assets. While Social Security has attempted to reinforce the entry into employment by persons with disabilities, typically the rules and regulations for these work incentives and the perceived risk to benefits makes entry into employment less desirable. In December 2007 (the most recent available data) there were 6,252,564 SSI recipients with 357,344 or 5.7% working. Of the work incentives available 1,515 Plans for Achieving Self Sufficiency (PASS) were in place, 5,161 used Impairment Related Work Expenses (IRWE) and 2,142 used Blind Work Expenses (BWE). These data, should they be equally distributed across all states, would imply that less than 30 individuals per state used Pass Plans and about 100 used IRWEs. For some the response to the risk of loss of benefits is dealt with by either not engaging in employment at all or in working only up to a specific limit, not having earnings above the substantial gainful activity (SGA) level.

While the impact of earnings on the social security benefits has a direct relationship to the individual, the rules and regulations regarding the reimbursement of services to state through the Centers for Medicare and Medicaid Services (CMS) are equally complex and also penalizing to those states that place a high priority on employment as the service of choice. CMS, a considerable reimbursement vehicle for state agencies, encourages employment of those who are eligible through its waiver system. Again and in the case of Social Security the complexities of the waiver system make it often times unappealing for states to consider including supported employment as a service option under their waiver. For states the complexities of getting supported employment into the state waiver and the use of CMS services to support employment are at best minimally utilized by state agencies. In both the case of SSA as well as CMS there appears to be a clear interest in seeing increased involvement of persons with disabilities in employment yet the current structures of these two agencies serve to inhibit both the individual and state agencies in being aggressive about establishing employment as the goal.

**Employment First:** Some state Developmental Disabilities agencies have adopted or are considering adopting an Employment First perspective. This would mean that in the planning for services and the allocation of resources the initial focus for persons who are served would be on employment. Such a focus is a clear message that the outcome of the services that the state agency is interested in purchasing from community rehabilitation providers should be employment. While this is a concept that is somewhat new to most states, some 7 to 10 states that belong to the State Employment Leadership Network, a joint project of the ICI and the National Association of State Directors of Developmental Disabilities Services (NASDDDS), are embracing or considering embracing this as a practice in their respective states.

In each case the state's Employment First approach to services means that integrated community employment is the primary or preferred service option. Washington, the state with the most mature set of policies, has adopted an 'employment only' strategy that identifies integrated employment as the only service that will be supported by the state developmental disabilities

agency. Support is contingent upon each person being on a path to employment and services are designed to enable people to reach their individual goals.

**Not a Job, Any Job but a Job that has a Future:** As in the case of the Employment First focus emerging among several states, about seven years ago the Rehabilitation Services system made the decision to not count sheltered employment as a case closure for the individuals served through the public vocational rehabilitation system. This policy sent a clear message that it was not only employment but it was employment in the typical workforce setting that was the desired outcome.

There is a growing concern that the nature of the employment that is achieved and the amount of the earnings will not be sufficient to have persons with disabilities move out of poverty and be self sufficient. There is also recognition that for persons with disabilities the first job is not the last job and that what should be the goal is not a job but a career path with opportunities for advancement in both earnings and responsibilities.

The measures for success should not be how many come off the roles or were ‘closed’ but rather a reduction in the use of public benefits as the individual increases his or her capacity to be employed and have earnings. It may be time for us to consider outcomes as rates of employment and reduced reliance on public resources and not just closure. It is likely that while many individuals with disabilities, including those with intellectual disabilities, can be part of the workforce, there may be a need to continue to provide assistance over time. It may be time to rethink documentation of success in employment. This will imply that we must consider issues or impacts of earnings on benefits as well as the ability to retain assets as persons with disabilities advance in their careers.

**Integration of Services at the State Level:** At the state level there are a number of agencies that are engaged in supporting employment of persons with disabilities. These agencies have differing populations that they serve and are often not well coordinated. The primary agency with its major focus on employment of persons with disabilities is the public vocational rehabilitation system. While working under a presumption of employability for all individuals with disabilities, a number of persons who are served by the state developmental disabilities and state mental health agencies are not served by Vocational Rehabilitation. Some of this could be a reflection of funding limitations in the public Vocational Rehabilitation system nationally. While there have been attempts at collaborative ventures, often these agencies work in isolation. At the education level there has been a long standing concern about the limitation in the transition process and that most student with disabilities who exit school, particularly those with intellectual disabilities, do not enter employment but remain in community rehabilitation programs with minimal or no earnings.

It is not just the human services and rehabilitation systems that are providing employment services but on the workforce development side there is an extensive network of One Stop Career Centers. Established under the Workforce Investment Act the intent of this legislation was to streamline the employment and training process for all job seekers. The legislation

brought together the Rehabilitation Act with the Employment and Training system in a marriage that has at best been bumpy. Again at the very local level, there have been some clear examples of where the workforce and the disability system have coordinated to increase the employment opportunities but to date the true potential of WIA has yet to emerge. The need for a more coordinated and focused system with an eye on employment of all job seekers including those with disabilities as well as those who are considered harder to serve is essential particularly given the current demographics of the country.

While the unemployment rate has risen considerably, it is clear to many that the shortage of workers will grow as the older workers age out of the current workforce. We cannot afford to have only one quarter of the potential workforce of individuals with intellectual disabilities remain on the sidelines and not engaged in work for the sake of the economy as well as the individual.

Prepared by:

William E. Kiernan, Ph.D.  
Director and Research Professor  
Institute for Community Inclusion  
University of Massachusetts Boston  
100 Morrissey Blvd  
Boston, MA 02116

Tel: 617-287-4311  
E mail [wiliam.kiernan@umb.edu](mailto:wiliam.kiernan@umb.edu)  
Web [www.communityinclusion.org](http://www.communityinclusion.org)

## Appendix P3

### **Response to Questions for the Record**

**From**

**Senators Murray and Enzi**

Senate HELP Subcommittee on Employment and Workplace Safety sub-Committee hearing:  
“Modernizing the Workforce Investment Act (WIA) of 1998 to Help Workers and Employers  
Meet the Changing Demands of a Global Market”

William E. Kiernan, Ph.D.  
Director and Research Professor

Regarding the reauthorization of the Workforce Investment Act (WIA) of 1998

On behalf of the

Institute for Community Inclusion (UCEDD)  
University of Massachusetts Boston

to the Senate Health Education Labor and Pensions (HELP)  
Subcommittee on Employment and Workplace Safety

September 18, 2009

**Response to Questions for the Record**  
**From Senators Murray and Enzi**

Senate HELP Subcommittee on Employment and Workplace Safety sub-Committee hearing:  
“Modernizing the Workforce Investment Act (WIA) of 1998 to Help Workers and Employers  
Meet the Changing Demands of a Global Market”

**Response to Questions Regarding the Reauthorization of the Workforce  
Investment Act (WIA) of 1998**

I am William E. Kiernan, Ph.D., Director of the Institute for Community Inclusion, a University Center for Excellence in Disabilities located jointly at the University of Massachusetts Boston and Children’s Hospital Boston. We are one of 67 such centers that make up the nationwide network of University Centers for Excellence in Developmental Disabilities (UCEDD) that are national leaders in research, interdisciplinary training, technical assistance, and service and are supported by the Association of University Centers on Disabilities. UCEDDs are the national leaders in a constellation of activities designed to improve employment options and outcomes for people with developmental and other disabilities. Our center has worked extensively in supporting the employment of persons with disabilities and has been involved with supporting the One Stop Career Centers and the public Vocational Rehabilitation agencies at the state level in expanding employment options for persons with disabilities. I am pleased and honored to have been asked to comment to the written questions for the record from Senators Murray and Enzi on the reauthorization of the Workforce Investment Act and correspondingly the Rehabilitation Act.

I have organized my written responses around the ten questions (four from Senator Murray and six from Senator Enzi) that were sent to me by Senator Murray on behalf of the sub-Committee on Employment and Workplace Safety of the Senate HELP Committee. Additionally, I am submitting supporting appendices relating to these questions that will integrate the common areas that were emphasized in my oral and written testimony of July 16, 2009 and my written responses to these ten questions submitted on September 18, 2009

## Questions for the Record

Senate HELP Subcommittee on Employment and Workplace Safety sub-Committee hearing:  
“Modernizing the Workforce Investment Act (WIA) of 1998 to Help Workers and Employers  
Meet the Changing Demands of a Global Market”

July 16, 2009

**From Senator Murray:**

1. What policy changes need to occur to make One-Stops fully accessible – both physically and programmatically -- for individuals with disabilities?

In responding to this initial question on accessibility, I would like to again remind the sub-Committee of our feeling that there is a substantive difference between the One-Stop system and the One-Stop Career Centers and that, in order to realize the full intent of Congress that there be a universally designed and seamless gateway for all job seekers, one needs to look at both the individual elements of the system (the 17 partners including the One-Stop Career Centers) as well as how the collective partners perform with regard to access, utilization and impact for all job seekers, including job seekers having a disability. More details on the perspectives of the One-Stop system and the One-Stop Career centers are included in my testimony submitted on July 16, 2009.

That said, the following response reflects a focus primarily on the One-Stop Career Centers and ways in which there can be a clearer sense of how accessible and effective they are in serving customers with disabilities. It is also my feeling, and those of my colleagues who have assisted in framing these responses, that many of the issues that are raised in this and the other questions can be addressed though: (1) clearer interpretation of the current law, (2) more effective documentation of the nature of the population served and the outcomes of the service provided and (3) more accountability exercised by DOL in the functioning of the LWIBs at a local level and the SWIBS at the state level.

The current legislation and regulations already are sufficient to address concerns about access to the One-Stop career Centers by customers with disabilities. Again as noted in the original testimony we feel that there has been considerable progress made on both the physical and program access in the One-Stops though the actual data in these areas is limited and tends to be more anecdotal in nature. Given that, much of my response will address the need for data collection at the One-Stop levels and the requirements for reporting to DOL and the making of these results available to other interested parties.

From a legislative and policy perspective, there is a need to get a better handle on how much of an issue accessibility really is (and creating an ability to measure progress in these areas moving forward), before promulgating new regulations and or offering new directives. What would help is better data regarding the use of the system by people with disabilities, and better use of the existing data. A few thoughts on this include:

- changing the data collection requirements of all customers including the collection of information on the receipt of SSA benefits (SSI, SSDI and the combined SSI/SSDI) by customers. These data will offer some measure of the presence of a disability for the customer and also offer data for administrative purposes to the One-Stops regarding the number of customers who may have a Ticket to Work option available. In those instances SSA revenues would be available should the customer enter and remain in employment at the required level according to the Ticket regulations. Such an effort may change some of the role of the One-Stop Career center, that is, moving from solely a high volume low touch service to a high or moderate touch and lower volume service. It may also impact the nature of the partners' roles in the One-Stop system creating new ways in which the One-Stop Career Centers may interact with other partners (those other 16 that are mandated as well as those that are non-mandated including state Mental Health and Developmental Disabilities agencies as well as community rehabilitation provider agencies) and realize greater service and better outcomes for customers with disabilities.
- implementing a new integrated data collection system (currently in process by DOL), WISPR, which essentially will serve as a One-Stop performance measurement system. It would seem opportune for there to be a directive from Congress that requires that WISPR include a mechanism for measurement of the system's performance in terms of serving people with disabilities, as a direct sub-set of how performance is measured for the overall population (including percentage of people served, mix of services provided, outcomes realized, etc.). The GAO has on several occasions called for better measures of performance, ones that reflect the demographics of both the labor market as well as the population of potential job seekers in the geographic area served by the One-Stop. The integration of this effort into the developing WISPR system and a clear start date (for full implementation or implementation on a pilot basis) would be a reasonable step in gathering data to answer the questions on accessibility, utilization and impact for persons with disabilities seeking services through the One-Stop system as well as the One-Stop centers.
- have Congress direct DOL to develop a scientifically valid sampling procedure for collecting data on the access, utilization and impact of the One-Stop system as well as the One-Stop Career Centers and to integrate these data collection efforts with those that exist for the public Vocational Rehabilitation system (RSA 911). Such an effort would give Congress and DOL a view of the impact of the One-Stop system on customers with disabilities seeking and obtaining employment through this system. Additionally, this information should be made available to customers as well as

become part of the public reporting system of DOL on One-Stop and or WIA performance.

In addition to the development of better and more effective data collection for purposes of offering services to customers in a more timely fashion, provision of materials for planning at the local level, documentation of service utilization and measurement of impact at the local, state and national levels, the development of reporting and monitoring by DOL and the use of these processes to enhance compliance, identify areas for increased capacity development efforts and areas for expansion of services and expertise based upon local needs would be most appropriate.

To that end the following suggestions are put forth to the sub-Committee:

- adopt a streamlined checklist to be completed on at least a bi-annual basis or some scheduled basis (this is not specifically required in Section 188). The completion of such a check list will serve to raise the issue of access as well as report on actual services (the outcome of increased access should be reflected in an increase in the utilization of One-Stop services and supports by persons with disabilities) and give a baseline of data on utilization as well as outcomes.
- Congress to direct DOL to prepare an annual report on the performance of the One-Stop system in terms of people with disabilities, using secondary analysis of existing data (WIA, Wagner-Peyser etc.) as well as some qualitative research/data. Other data sources such as RSA 911, ACS, SSA data, state DD and State MH data and other sources (see [http://www.statedata.info/about/data\\_sources.php](http://www.statedata.info/about/data_sources.php) for list of relevant data sources in employment and disabilities) could be accessed to support the current WIA and Wagner-Peyser data. This, of course, is assuming the no common data elements are identified as noted in a prior recommendation.
- given the wide variation reported in percentage of people with disabilities using the system from state to state (via the Wagner-Peyser data), Congress may want to consider requiring DOL to either penalize those states that are in the bottom quartile, or require those states to develop some type of corrective action plan addressing ways to increases access, utilization and outcomes for customers with disabilities. If this effort is to be effective, DOL will need to be able to offer training and technical assistance to such states in both the framing of a corrective action plan and its implementation.
- Congress could consider enhancing enforcement by the DOL Civil Rights Center including an annual report to DOL (to be included as part of the above noted report to Congress) regarding its efforts to ensure non-discrimination against people with disabilities, including a summary of complains received and responses made. Such a report may include the required Section 188 Methods of Administration that are to be issued by each state's governor with these elements made public along with the data reported on access and outcomes for customers with disabilities and an analysis of all stats done by the DOL Civil Rights Center on issues of compliance.

In facilitating increased access there must be a change in the way that DOL interprets the allocation of resources for services to customers including customers with disabilities. The continuation of the use of funds being ‘siloed’ and not able to be blended across groups presents a considerable challenge to managers of the One-Stop Career Centers and in many ways may serve to limit access to services by many customer population groups. In an effort to create more flexibility, DOL should, as was noted in my prior response to the sub-Committee, move away from the sequential perspectives of the services offered, that is having customers move from core to intensive to training. The capacity to rapidly assess needs of individual customers and the ability to directly access the level of services needed will serve to streamline the overall structure for customers seeking service. The adoptions of flexibility in the allocation of funds by specific groups as well as the ability to go directly to one level of service rather than to move through the sequence of services (core, intensive and training) will offer increased capacity of the One-Stops to be more responsive to customers with disabilities and for that matter all customers.

When discussing data and its utilization, it is important to separate out the data collection efforts that are directed as assuring that the most appropriate services are identified for a customer and those that are collected for documentation of effort as well as administrative and planning purposes. While some variables such as presence of a disability, sources of financial support and other service systems accessed will facilitate the accountability, planning and administration of the program, data on nature of the limitations, extent of the needs and barriers to employment may be more valuable in planning for and obtaining services and supports. These latter elements are useful in the establishment of a plan but will often not be relevant, effective or even legal to be shared with others including employers or useful, to any great extent, in planning and administration.

There should be guidance from DOL on clarifying the distinction between disability information available and useful to the customer service part of workforce development services (intake, case management, support services etc.) which workforce staff should be encouraged to be ‘proactive’ in seeking out for support reasons and the more privileged information that should be less accessible to employer marketing staff and certainly generally not accessible to employers themselves. By the universal access nature of WIA, data in no instance should be utilized to rule a customer out of the service streams but rather to get them more effectively and efficiently into the most appropriate service stream.

Given the increasing concerns about the payment of sub-minimum wage and the significant presence of persons with intellectual and significant disabilities in sheltered employment settings, it may be possible for DOL to further options for persons with disabilities in sheltered workshops to be served by the One-Stop Career Center as well as other WIA partners under the dislocated worker provisions. Such an approach should be considered if, in fact, the funding sources of WIA remain separated and not able to be blended. Should DOL enforce the Dislocated Worker provisions as noted below, more individuals with disabilities who are marginally employed in sheltered employment settings could be eligible for supports and services under the dislocated worker provisions. The Dislocated Worker definition already has a capacity to serve workers with disabilities but those sections (underlined below) are not often used and DOL may want to consider reinforcing the sections of the existing definition as a way of offering additional options for individuals with disabilities. .

Dislocated worker. – The term “dislocated worker” means an individual who—  
(A)(i) has been terminated or laid off, or who has received a notice of termination or layoff, from employment; (ii)(I) is eligible for or has exhausted entitlement to unemployment compensation; or (II) has been employed for a duration sufficient to demonstrate, to an appropriate entity at a One-Stop Center referred to in section 134(c), attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and (iii) is unlikely to return to or benefit from returning to a previous industry or occupation; (B)(i) has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise; (ii) is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or (iii) for purposes of eligibility to receive services other than training services described in section 134 (d)(4), intensive services described in section 134 (d)(3), or supportive services, is employed at a facility at which the employer has made an general announcement that such facility will close; (C) was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters; or (D) is a displaced homemaker. (10) Displaced homemaker.—The term “displaced homemaker” means an individual who has been providing unpaid services to family members in the home and who—(A) has been dependent on the income of another family member but is no longer supported by that income; and (B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment

2. We have heard that an important consideration is staff development – ensuring that job seekers and workers with disabilities are treated with respect, provided information to explore career opportunities, and access to appropriate services when they enter a One-Stop facility. How should WIA support such professional development through legislation?

There is a growing recognition of the need for a highly trained workforce that is knowledgeable about employment and training as well as job support strategies. There are some competencies that have been identified by workforce training and disability training entities that address skill areas in job development, marketing, job placement and other employment supports for customers seeking assistance in obtaining and maintaining employment. Trainings are typically offered in person, on site or through the use of a distance education platform and often are done on an ‘ad hoc’ basis. The requirements of skill level and competency mastery are seldom part of the requirement for those working in the employment and training system. For personnel employed in the public Vocational Rehabilitation system there is a requirement that all staff are master’s prepared and that there is a national certification that carries with it an obligation for in-service training over a five year period in order to maintain this national certification. Much of

the training offered relates more to counseling and individual service and less to job development and placement skill levels.

There is some precedence regarding the need for training of staff in the One-Stops as stated through the Section 188 regulations. Currently the regulations require that the Governor's Methods of Administration "include a system of policy communication and training to ensure that personnel are aware of and can effectively carry out these responsibilities." It may be worthwhile for Congress to stipulate that these requirements be more prescriptive, including specific competencies and knowledge areas related to people with disabilities.

At the local level some LWIBs require programs that want to be considered One-Stops and eligible for WIA supports must have a defined percentage of staff completing their training in the employment and training fields. This effort is entirely local and has not yet been adopted on a statewide or national level. Training at the in-service level could easily incorporate strategies to support customers with disabilities. Some training areas might include basic knowledge in non-discrimination policies and practices, reasonable accommodation, general disability etiquette, job training and supports for all job seekers and universal design strategies to support all job seekers.

It would be appropriate for DOL to consider designing and or adapting training materials that could be made available for LWIBs and One-Stops to increase the capability of the centers and the staff in the system to better understand issues of disability, supports for customers with disabilities and knowledge about accommodation and non-discrimination in the workplace. While it may not be the prerogative of the DOL to prescribe a specific training curricula, the recognition of the mastery of identified competencies in employment and training, the documenting of such mastery and the use of in-service training (face to face, on-line and self instructional) could go a long way in increasing the capacity of personnel in the One-Stop system and the One-Stop Centers to support customers with disabilities.

3. How should the legislation address what some argue are disincentives to serve individuals with disabilities under WIA?

Reflecting legislative and Congressional intent, there is no disincentive for One-Stops to serve people with disabilities, as it is a universally accessible system in terms of core services. The issue may be the misunderstanding by front line staff and local officials in terms of what is and is not subject to performance requirements. By strengthening the language in WIA regarding the universal access requirements to labor exchange services some of the perceived disincentives could be dealt with.

The basic issue with services funded by WIA Adult and Dislocated Worker funds (which is only a sub-set of services provided via the One-Stop system as discussed in my original testimony) is indeed the high performance requirements and sanctions that result. The data analysis completed by the ICI indicates that individuals with disabilities do lag the general population in terms of their performance under WIA, and over time we have seen a drop off in participation rates (please see prior testimony submitted on July 16, 2009 at the WIA hearing on this issue). GAO has recommended systematic adjustment of expected performance levels to account for different

populations and local economic conditions when negotiating performance. Given this GAO response, Congress may at least urge some demonstration projects that deal with ways to address the apparent disincentives in the current DOL performance measures that create a disincentive for One-Stop Centers to serve customers who may be more difficult to serve or may not reach the exit criteria of employment.

Additionally, what is probably more important is for DOL and states to stress that the performance standards are (1) meant as the responsibility of the staff and not to be transferred to the customer and (2) that the standards apply to the system and not to all individual programs in the system but rather to the aggregate of the programs in a state. In some instances the standards are viewed as the requirement or goal for each individual program and thus create a disincentive for programs serving customers with disabilities who may take longer to serve and not realize full time employment at the end of the effort. Considering the performance standards as an aggregate measure and not applied rigidly to each individual program may be one strategy that WIA and the state SWIBs can employ to support those programs that are interested in serving a greater portion of more hard to serve customers.

We would also suggest that the sub-Committee may want to consider some language that reinforces that specific criteria must be used to determine eligibility that are not arbitrary in nature, and that concerns over meeting performance criteria by an individual or group of customers cannot be used as a reason to deny eligibility. To that end we would offer the following suggestions. Under the language specifying criteria for intensive and training services we would suggest that the following may be added:

*Clear, consistent, objective criteria that are in full compliance with all aspects of the Workforce Investment Act (including Sec. 188. Nondiscrimination.) and approved and fully documented by the state and local workforce investment area are to be used in determining eligibility for intensive/training services. Subjective criteria are to be avoided, including assumptions regarding an applicant's ability to meet performance measurement requirements, which may not be used as criteria for denial of services.*

Additionally, we offer the following suggestions in language changes under **Chapter 6 – General Provisions**, to address performance issues and concerns:

#### SEC. 136. PERFORMANCE ACCOUNTABILITY SYSTEM

##### (e) Evaluation of State Programs.--

(1) In general.--Using funds made available under this subtitle, the State, in coordination with local boards in the State, shall conduct ongoing evaluation studies of workforce investment activities carried out in the State under this subtitle in order to promote, establish, implement, and utilize methods for continuously improving the activities in order to achieve high-level performance within, and high-level outcomes from, the statewide workforce investment system. To the maximum extent practicable, the State shall coordinate the evaluations with the evaluations provided for by the Secretary under section 172.

(2) Design.--The evaluation studies conducted under this subsection shall be designed in conjunction with the State board and local boards and shall include analysis of customer feedback and outcome and process measures in the statewide workforce investment system. The studies may include use of control groups.

(3) Results.--The State shall periodically prepare and submit to the State board, and local boards in the State, reports containing the results of evaluation studies conducted under this subsection, to promote the efficiency and effectiveness of the statewide workforce investment system in improving employability for jobseekers and competitiveness for employers.

Insert the following additional language:

*Among the information to be included in this report is information that specifically addresses the efficiency and effectiveness of the statewide workforce investment system in improving the employability of the groups specified in Sec. 136 (d)(2)(F), recipients of public assistance, out-of-school youth, veterans, individuals with disabilities, displaced homemakers, and older individuals.*

(i) Other Measures and Terminology.

Insert the following additional language:

*(4) Development of weighted performance measures for difficult to serve - To ensure that performance measurement accounts for the needs of individuals with more significant barriers to employment, the Secretary, after collaboration with representatives of appropriate Federal agencies, and representatives of States and political subdivisions, business and industry, employees, eligible providers of employment and training activities, educators, and participants, with expertise regarding workforce investment policies and workforce investment activities, shall issue regulations and guidance for the development of performance measure mechanisms for state and local areas that account for investments in individuals requiring more effort due to more significant barriers to employment including but not limited to education and literacy, lack of basic skills, disability, homelessness, and individuals who are ex-offenders. These modifications in performance criteria will be designed to evaluate performance based upon a number of factors to differentiate degrees of difficulty and effort required while encouraging and supporting the workforce development system to focus efforts on the harder to serve.*

4. What policy changes are necessary to ensure a stronger connection between the Vocational Rehabilitation program and other programs under WIA? How can those programs be better aligned or integrated to serve the needs of individuals with disabilities?

The overall interaction between public Vocational Rehabilitation and the One-Stop Career centers has been evolving over the past ten years. The relationship between the two entities in some instances is one of collaboration and cooperation and in other instances one of avoidance and non-interaction. In many instances, the relationship of VR to the One-Stop Career Centers, has been growing with qualitative data showing the in some settings the VR staff are central to the operations of the One-Stop and in others the VR staff have been effective at engaging One-Stop personnel in providing the core services to VR clients including but not limited to résumé building training, job interviewing skills, interviewing strategies and marketing skills to meet those needs in the local community, with VR staff resources then utilized for more focused and intensive disability specific services.

In establishing the relationship between VR and the One-Stops often the driver of the relationship is the framing of the MOU with that document defining the nature of the interaction. By defining the nature of the relationship based upon the personnel, expertise and fiscal interactions between the VR and One-Stops, the emphasis is on how these two elements of the One-Stop system can focus upon the needs of the customers who have disabilities. If DOL is more able to clarify the extent of the elements to be included in an MOU, assist in supporting creative options through the use of the MOU and offer greater guidance on the aspects that should be covered by the MOU ultimately the relationship between VR and the One-Stops can be further expanded. Too often the initial discussions on framing the MOU deal with how fiscal resources can be accessed to share the infrastructure support needs of the One-Stop. As was noted in my prior testimony, we would strongly support that core infrastructure funding for the One-Stops be provided through DOL and that the elements of the MOU focus on the personnel, expertise and shared funding that could be used to assist customers with disabilities served by the One-Stop system.

What would be very useful is to be able to document where the interactions have been most productive, what the elements to those relationship are, how each entity interacts around an individual customer and what strategies they have been able to use to assure the there is coordination and collaboration across the many employment and training resources. Ultimately what would be effective would be the ability of DOL to identify the core elements of a MOU that lead to better coordination and corresponding better outcomes for job seekers having a disability.

There are some areas where the VR and One-Stop programs could logically interact. The newly expanded focus of VR on transition and the ongoing interest of DOL in youth offers a common area of interest. The ability for VR and One-Stops to collaborate around the theme of transition from school to work could be a mandated element in the development of statewide MOUs. While it is not clear how many youth who are served through DOL programs have a disability, by the nature of the eligibility for such service many youth with disabilities would be eligible for DOL youth services. Modification of the youth services to consider not just summer but year round programs that are jointly supported by DOL, VR and local educational entities could significantly impact the transition process for many youth with disabilities. The capacity to develop a shared initiative or for DOL to develop a national initiative in collaboration with the Department of Education's Rehabilitation Services Administration could serve as a strong incentive for One-Stops and the local VR offices to collaborate. The recent emphasis on postsecondary opportunities for youth with intellectual disabilities and the extensive use of

community college settings by DOL is again an area for potential collaboration and could also be an area addressed through the state MOU process.

**Questions from Senator Enzi:**

1. What happens to individuals eligible for VR services but who are subject to an “order of selection policy” or waiting list? Typically, people on a State waiting list receive information and referral services from the VR agency, but what does or should the one-stops (including adult education, dislocated workers, and community colleges) also provide?

The number of VR agencies with waiting lists is relatively small with the number of individuals on the list also small. Given this, it would seem that there would be limited impact should there be a substantial focus on dealing with those individuals affected by the OOS and relegated to waiting lists in VR. That said, the One-Stops have been able to offer a range of core services to customers who have a disability some of which are known to VR and some may not be. The information and referral supports are available from both VR and the One-Stops for job seekers. As in the discussion of the role of the MOU, it is highly likely that through the use of the MOU the core services and related supports and information could be made available to customers with disabilities who do not meet the VR Order of Selection. Correspondingly VR can serve as a technical resource to the One-Stop in areas such as types of accommodations, utilization of assistive technologies, strategies for provision of supports in job placement and consultation on related topics. These same customers who may not meet the OOS would be able to benefit from the core services of the One-Stop as well as the information and referral from the public VR agency.

As was stated in our response to a prior question, the overall interaction between public VR and the One-Stop Career centers has been evolving. The relationship between the two entities in some instances is one of collaboration and cooperation and in other instances one of avoidance and non-interaction. Over the past ten years the relationship of VR to the One-Stop Career Centers has been growing with qualitative data showing that in some settings the VR staff are central to the operations of the One-Stop and in others the VR staff have been effective at engaging One-Stop personnel in providing the core services including but not limited to résumé building training, job interviewing skills, interviewing strategies and marketing skills to meet those needs in the local community, with VR staff resources then utilized for more focused and intensive disability specific services.

2. Frequently, there is a concern that people with disabilities seeking services through a one-stop are immediately referred to the Vocational Rehabilitation agency. How do we better equip our one-stops to address the needs of this population so that they can receive educational and job training skills needed to be competitive in the marketplace?

While there is no substantial data on whether there are immediate referrals of persons with disabilities to the VR system when they are seeking services at the One-Stops, there are anecdotal accounts of such happening. Such an automatic referral is not consistent with the universal access concepts of WIA and is often not in the best interest of the individual. Should

the One-Stop system and the One-Stop Career centers be able to directly access the most needed service (core, intensive or training) then with the adoption of an initial screening of all job seekers it would be relatively easy for the One-Stop to direct the customer to the most appropriate services. Much of this can be clarified through elements of the MOU. It should also be noted that the VR contribution to the One-Stop is one of personnel and expertise not necessarily to the customer but to the One-Stop staff. VR knowledge of disability and disability conditions, accommodation strategies and local disability specific resources can be an additional resource to the One-Stop staff. Again such arrangements should be included as part of the MOU that is developed between the One-Stop and VR as well as the other mandated and non-mandated partners of the One-Stop system. As was noted in prior responses to some of the earlier questions, as DOL requires greater reporting from the SWIBs and LWIBS (through the SWIBs) about the activities of the One-Stop system, questions about and data showing the pathway of customers with and without disabilities through the One-Stop system would certainly be useful to DOL in both measuring efficiency as well as documenting trends in service.

The analysis of the MOUs, if they are required to identify and detail strategies for serving customers with disabilities, will also offer DOL some indications of how it is anticipated that the system will serve customers with disabilities. Data on where individuals may be referred (this could be quantitative or qualitative data depending upon the requirements established by DOL for reporting activities of the One-Stop system at the state and local levels) would provide DOL with a better sense of how often, if at all, customers with disabilities are automatically referred to VR.

Additionally, we have adapted a decision making guide assembled by Mr. Joe Marrone of the ICI as a way for VR and One-Stop Centers to decide when a referral to VR is appropriate or not for an individual state. While we are not indicating that this is the strategy to be adopted, it is a reflection of the types of procedures that could be included as part of an MOU or even just a memo of agreement and practice clarification from one agency to another as to how to most effectively utilize the resources of the One-Stop system.

Finally in some cases, referral to VR is what people may need and thus a direct referral may be appropriate. In general, we would feel that an automatic referral may not be warranted without at least some utilization of a triaging process by the One-Stop identifying what those customers they feel may benefit from VR services and supports would in fact need. Given this, the sub-Committee might want to strengthen language in WIA, indicating that automatic referral to VR is not acceptable, and that as people are referred to VR or other partners, there is an expectation that they may still utilize other elements of the workforce development system. While not stipulating VR directly but rather including a procedure to be followed with all customers to the One-Stop Career Centers prior to a referral to any other mandated or non-mandated partners there needs to be clear evidence that both the referral is correct and that the partner has the capacity to meet the perceived needs of the customer.

Beyond the issue of VR relationships, key to addressing the education and training needs of individuals with disabilities, is ensuring that the training providers funded by WIA and accessed by the workforce development system, offer services in ways that are fully responsive to the needs of individuals with disabilities. To address this issue, it is suggested that under the WIA legislative language address selection of training providers, the following changes be made:

## Chapter 3--Workforce Investment Activities Providers

### SEC. 122. IDENTIFICATION OF ELIGIBLE PROVIDERS OF TRAINING SERVICES.

#### (c) Subsequent Eligibility Determination.--

(4) Considerations.--In developing such procedure, the Governor shall ensure that the procedure requires the local boards to take into consideration, in making the determinations of subsequent eligibility--

(A) the specific economic, geographic, and demographic factors in the local areas in which providers seeking eligibility are located; and

(B) the characteristics of the populations served by providers seeking eligibility, including the demonstrated difficulties in serving such populations, where applicable.

#### **Insert the following additional language:**

*(C) the ability of training providers to respond to the diverse needs of populations served, including but not limited to individuals with disabilities, older workers, and individuals from racial and ethnically diverse backgrounds.*

*(D) the ability of training providers to apply the principles of Universal Design for Learning to accommodate learner differences and meet the diversity of individual training needs.*

3. Youth transition is also an area of significant concern. How can the one-stop system help assist with the transition of youth with disabilities from high-school to post-secondary life?

The research on the development of careers and occupations for youth, including the DOL longitudinal study of youth shows that the period from 16 to the mid 20's is a time of exploration and learning of job skills including the so called soft skills to employment. The One-Stop system with its partners, including public VR, needs to offer opportunities for various types of employment, support for training and education with the emphasis on connection to the growth and better wage occupations. The One-Stop system needs to stay connected with youth and young adults longer than just entry into a job with more focus on entry into industries and occupational areas. The reinforcement of lifelong learning is also key to future success. This effort could be easily linked to the youth employment activities of DOL and also serve as a way of bringing together schools with high growth job needs in the local communities. The skills and competencies required for some of these high growth jobs could assist schools in shaping their curricula to meet the skill demands in some of the labor market sectors.

Additionally, the One-Stops may want, along with VR, to develop MOUs with local educational associations such that the resources of the One-Stop and VR can be more effectively integrated into the transition planning processes that schools must engage in for students with disabilities. There is clear evidence that for those students who are engaged in employment (off campus employment more than in school employment experiences) are more likely as adults to be in the

real work setting. Given this well documented phenomena, the role of the One-Stop and VR in the transition planning and the development of work experiences for students with disabilities can be considerable.

While the majority of students with disabilities exit school at around 18 years of age, some remain in school until their 22<sup>nd</sup> birthday. The restructuring of the final years of entitlement to education needs to be a priority for local schools, VR and the One-Stops. The potential for the development of shared demonstration projects that facilitate the movement of students with disabilities from school to postsecondary and employment settings would be an effective collaboration that could be initiated at the federal level through a joint program of the Departments of Labor and Education.

With VR having responsibility for facilitating the transition from school to work, the increased emphasis from the Corporation for National and Community Service (CNS) to have volunteer experiences be a gateway into employment (part of the Edward M. Kennedy Serve America Act) and the initiative in higher education for students with intellectual disabilities (a recent initiative included with the passage of the Higher Education Act), there are now additional resources that could be brought into the transition planning and implementation process. The One-Stops can serve as a realistic resource for job preparation and résumé building while the VR system can work with the schools to provide the necessary consultation and technical assistance for students to enter employment while in their high school years. These jobs should remain with the student upon graduation with the ongoing support services (if needed) provided by VR and or the Developmental Disabilities or Mental Health systems. The success of the transition process for students with disabilities will be the capacity of the various One-Stop partners and non-mandated partners to share resources and expertise with the focus on employment as the ultimate outcome either upon exit from high school or postsecondary school programs

One-Stops can help with transition primarily by doing a better job of partnering with schools. We would thus suggest that the sub-Committee may want to consider adding in language to the legislation that would encourage a more aggressive relationship with schools and a more active role in the transition process for youth with disabilities. Most of the activity relating to youth is undertaken outside the One-Stop system, and more with youth services (which often are primarily delivered separately from One-Stops). Some possible language that the sub-Committee could consider is presented below.

## **Chapter 4--Youth Activities**

### **SEC. 129. USE OF FUNDS FOR YOUTH ACTIVITIES.**

- (c) Local Elements and Requirements.--
- (3) Additional requirements.—

#### **Insert the following additional language:**

*(D) Linkage with IDEA authorized transition services – When serving youth with disabilities receiving services authorized under the Individual with Disabilities Education Act (IDEA), providers of youth services shall coordinate activities with the local educational authority, and work collaboratively to incorporate the WIA youth services into the Individual*

*Education Plan (IEP) and the transition services incorporated within the IEP, and act as a participating agency in the transition process.*

*(E) Criteria in determining eligibility.— Clear, consistent, objective criteria that are in full compliance with all aspects of the Workforce Investment Act (including Sec. 188. Nondiscrimination.) and approved and fully documented by the state and local workforce investment area are to be used in determining eligibility for youth services. Subjective criteria are to be avoided, including assumptions regarding an applicant's ability to meet performance measurement requirements, which may not be used as a criteria for denial of services.*

4. It has been argued that the one-stops and State Vocational Rehabilitation programs are built on different principles. These differences are highlighted in outcomes measures. Realizing that it can possibly cost more and take longer for some people with disabilities to reach their employment goals how should the WIA performance measures be adjusted to take this into account, if at all?

The challenge in development of common performance measures is that they do not by their nature take into consideration the local demographics nor the diverse nature of the local population being served by WIA. The suggestion that was made in my original testimony asks that DOL convene a group of experts that will come up with a series of common measures (regression formulae, individual data elements across partners, new data elements unique to WIA activity- number placed, earnings, benefits, impact on reduction in public expenditures etc.) for reporting outcomes and also how those measures could be integrated into existing data collection efforts across the WIA partners including those noted in the RSA 911 data collection activities. I have included in Appendix B the position that was presented in the full report on July 16, 2009.

What is probably equally important is for DOL and states to stress that the performance standards are measures of staff function and not of how customers perform and also that these standards are not used to eliminate the establishment and or support for programs that choose to address the needs of harder to serve customers and correspondingly viewed as not carrying their weight with regard to meeting the DOL performance standards. In this latter situation it is possible that the performance standards could be considered as looking at the aggregate for a state and that within individual programs in the state there can be considerable variability reflecting differences in both the demographics of the local economy and the population served.

Also as was noted in our response to question #3 from Senator Murray, the basic issue with services funded via WIA Adult and Dislocated Worker funds (which is only a sub-set of services provided via the One-Stop system as discussed in my original testimony) is indeed the high performance requirements and sanctions that result. The data analysis completed by the ICI indicates that individuals with disabilities do lag the general population in terms of their performance under WIA, and over time we have seen a drop off in participation rates. GAO has recommended systematic adjustment of performance levels to account for different populations and local economic conditions when negotiating performance. Given this GAO response, Congress may at least urge some demonstration projects that deal with ways to address the apparent disincentives in the current DOL performance measures that create a disincentive for

One-Stop Centers to serve customers who may be more difficult to serve or may not reach the exit criteria of employment.

5. What can be done within schools to enhance transition services so that students receive real job training instead of contracting with sheltered employment providers that eventually hire the students they support?

The concern about the transition process leading to placement into sheltered settings is a clear concern. Ongoing data collection conducted by the ICI has shown that there continues to be on an annual basis a greater number of individuals with disabilities entering sheltered employment than integrated employment over the past decade. In fact, there has not been a single year in the past two decades of data collection regarding those individuals served by state Developmental Disability agencies that more individuals have entered integrated employment than sheltered employment. It is clear and has been commented on in our response to prior questions, that there is a need for clarity that the desired outcome of the transition process be employment in typical work settings. This does not mean that students with disabilities are to move from high school to employment but that student goals in the long term whether exiting high school or an institution of higher education must be entry and advancement in an integrated employment setting.

The changes in legislative language addressing the issues noted in this question may be more appropriately addressed in the IDEA reauthorization. The clear message should be that the transition outcomes should address postsecondary options and subsequently employment or direct assistance in entering employment for students with disabilities who are exiting school and entering adult life, and that utilizing sheltered work or similar services during the transition process or as an outcome of the process is not an acceptable outcome.

Some of the strategies noted in our response to question #3 would also apply to our response to this question. The transition process is one that will require active student involvement, a clear focus on employment as the ultimate outcomes and the development of curricula and school based experiences that prepare the student to be ready to engage in employment and or postsecondary outcomes upon graduation (see our responses to question #3 for more detail on the transition planning and implementation process).

6. Consumers are interested in the possibility of exploring a self-directed form of vocational rehabilitation services, similar to self-directed service in the Medicaid Home and Community Based Waiver program. What are your thoughts and how would you establish such a program?

Historically the VR legislation and regulations provide a wide array of options for the design and structuring of VR services through the IPE process including the option for a consumer to develop and implement their own plan (IPE). The only agency requirements are that a VR counselor review and mutually agree with the IPE. The consumer has broad discretion on how, and through what programs their services will be provided. The real challenge is how effectively the existing options are practiced. Funding some research into the practices and their impact would create interest in the development of approaches embracing self directed services.

A significant issue in this area of self-directed services is the individual states comfort with providing financial options under self directed services. It is not generally under the control of an agency such as VR but rather with financial and administrative agencies and thus a single agency is often limited in what it can implement. Thus, at times the limitations in having a self directed service may be a reflection of the overall state financial management practices rather than the interest and capacity of the public VR system.

**Preparation of Responses:** The lead author, William E. Kiernan, would like to acknowledge the very considerable support, guidance and review of the above responses to each of the questions submitted to Senators Murray and Enzi by John Halliday, David Hoff and Joseph Marrone. The recommendations as well as observations made are reflective of the combined input from the senior author as well as these ICI senior staff members. Specific questions or areas for clarification should be sent to:

William E. Kiernan, Ph.D.  
Director and Research Professor  
Institute for Community Inclusion  
University of Massachusetts Boston  
100 Morrissey Blvd.  
Boston, MA 02115-3393

E Mail: [william.kiernan@umb.edu](mailto:wiliam.kiernan@umb.edu)  
Phone: 617-287-4311

Web: [www.communityinclusion.org](http://www.communityinclusion.org)

## Appendix A

**SUBJECT:** Guidance Regarding Referral of a Customer with a Disability for VR Services

**DATE:** 10/1/04

- A. **PURPOSE.** To provide guidance to local One-Stop Career Centers and to the VR agency on how to determine whether it is appropriate for One-Stop Career Center System to refer a customer with a disability to the local VR office for assistance.
- B. **REFERENCES.** The Workforce Investment Act of 1998; 29 CFR Part 37; Title II of the Americans with Disabilities Act, DOL Training and Employment Guidance Letter No. 9-02 and (name of state here) DOL Policy Directive No. 1-04 and Institute for Community Inclusion Policy Brief, Vol. 3, No. 2: *Provisions in the Final Regulations Governing the State VR Program Describing the Interplay with WIA and TWWIA* (February, 2001).
- C. **BACKGROUND.** The Workforce Investment Act (WIA) includes nondiscrimination and equal opportunity regulations for the provision of services to all customers. Included in those regulations is specific language regarding the service to individuals with disabilities specifically:
  - Individuals with disabilities have a right to use the services of the One-Stop system
  - One-Stop Career Centers must be readily accessible to individuals with disabilities
  - Individuals with disabilities are entitled to reasonable accommodations and modifications when using One-Stop services
  - Individuals with disabilities should not be automatically referred to agencies providing services for people with disabilities.
  - Referral to other programs such as vocational rehabilitation should be based upon individual need and agreement by customers

Collaboration between the VR agency and the WIA administering agency is intended to produce better information, more comprehensive services, easier access to services, and improved long-term employment outcomes. Thus, effective participation of the State VR program is critical to enhancing opportunities for individuals with disabilities in the State VR program itself as well as other components of the workforce investment system in each State and local area. [65 FR 10621, 10624 (February 28, 2000)]

All partner programs (not just the designated state unit implementing the State VR program) have a legal responsibility under Title I of WIA, the ADA, and Section 504 of the Rehabilitation Act to serve persons with disabilities. Some individuals with disabilities may receive the full scope of needed services through the One-Stop system without accessing the State VR program at all; while others may be referred to the designated State unit for a program of VR services or receive a combination of services from the State VR program and other One-Stop system partners. [66 FR 4425 (January 17, 2001)]. Nothing in Title I or Title IV of WIA or the implementing regulations is meant to be construed to require designated State units to pay the costs of providing individuals with disabilities access to the One-Stop system. In fact, that

responsibility falls to the One-Stop system in accordance with the ADA and Section 504. [66 FR 4425 (January 17, 2001)]. In addition, some individuals who are eligible for VR services may choose not to participate in the VR program and, therefore, also may be served exclusively by other partner programs of the One-Stop system. [66 FR 4425 (January 17, 2001)]

Therefore this policy guidance is issued under the premise that the One-Stop system will endeavor to serve customers with disabilities through the full panoply of services the One-Stop system offers and that the customer with a disability is (potentially) eligible for, whether or not, they may also be (potentially) eligible for other employment related disability specific services. It is expected that, while the final decisions regarding which agency services the customer would choose to access would reside in the customer, as agency policy the DOL would expect referrals to be made to the state VR agency primarily as a complement to One-Stop services and NOT as a replacement for such services. Also, since the VR agency is a partner in each One-Stop, it is strongly encouraged, that in addition to this policy directive, each Center develop a local referral protocol under the statewide parameters outlined below. Several Centers have developed Employment Planning teams involving VR, WIA staff, and other disability specific partners and this may be a viable model to continue to expand in various parts of the state to assist in rendering assistance to customers with disabilities more effectively, especially in regard to the collaborative activities envisioned specifically in the areas under Sections D.4, D.5, D.6, and D.8 below.

As noted in the Policy Directive No. 1-04, previously issued by the state Department of Labor, One-Stop staff may not make unnecessary inquiries into the existence of a disability but they may ask whether an individual has a disability, as long as there is a specific reason for making such an inquiry and these inquiries are made for all customers of the system. The One-Stop system may ask whether an individual has a disability for the following reasons: “*... to determine if the individual is eligible for special services or funding as a result of the disability ...*”. If using the previous guidance, Policy Directive No. 1-04, the customer is believed to be a person with a disability, then the following decision tree process should be used to determine the feasibility and appropriateness of a referral to the state VR agency. The information should be used consistently while, at the same time, recognizing that every situation that staff confront involves a multitude of factors that must be considered. But applying the decision making guidelines described below should help in assisting customers with disabilities more effectively and expeditiously.

#### **D. GUIDANCE:**

Below is the decision tree protocol for considering whether a workforce customer should be referred for VR services. Nothing in the guidelines below is meant to contravene the Policy Directive No. 1-04 referenced above, which remains fully in effect and is expected to be adhered to in all respects. This guidance serves as a complement and supplement to that directive, not as a replacement in any form.

***Questions to Consider in Deciding Whether a Workforce Customer Should Be Referred to the local office of the State VR Agency for Assistance?***

These questions below are developed in a decision tree format and should be applied in the order described.

**1] Do you know that a customer has a disability? Y/N**

- If Y, did [s]he self disclose? Y/N
- If Y, on a form? Or to you directly? Or to others who informed you?
- If N, what other factors lead you to believe this? How does this knowledge get incorporated into your decision given the requirement that it is up to the customer to voluntarily self disclose disability status and not have that label assigned to him/ her by external parties?

**(Note:** It would be useful and all One-Stops are encouraged to incorporate as part of their general customer orientation several pieces of disability service oriented information, both in written material and oral presentations at general orientation sessions. This should include information about why One-Stops encourage customers to self identify should they need disability specific assistance, what disability specific partners and resources might be available to help, and how customers might self identify and with which staff should they be encouraged to connect. Where possible it is highly desired that VR staff participate at some level in presenting a brief description of VR services to all customers attending orientation sessions)

**2] Does the customer have a disability that needs some special accommodations if [s]he is to successfully use workforce services Y/N**

- If Y, what leads you to believe this? (**SHOULD REFERENCE LOCAL RESOURCES AND INFO RE ACCOMMODATIONS HERE**)

**(Note:** If staff believe an accommodation is necessary and staff broach the topic, then such staff should explain what leads them to arrive at this judgment and how such an accommodation might benefit the customer to derive the full benefit of workforce development services.)

- If N, no other action regarding referral to VR is needed at this time, unless the customer specifically requests such service.

**3] Does the customer believe [s]he needs and desires this accommodation? Y/N**

- If Y, what leads you to believe this?
- If N, no other action regarding referral to VR is needed at this time, unless the customer specifically requests such service.

**(Note:** If the customer believes an accommodation is necessary then staff should ask the customer what sort of accommodation might be needed and how such an accommodation might benefit the customer to derive the full benefit of workforce development services.)

**4] Does the One-Stop Center have the ability to provide this accommodation service on its own without the assistance of VR? Y/N**

- If Y, what leads you to believe this?
- If N, what leads you to believe this?

**(Note:** Each One-Stop Center should have in place an MOA regarding the process in place for assessing and providing needed accommodations. The One-Stop staff should reference this policy at this juncture. However, it is also useful for the workforce staff to identify local resources or experts who may assist the Center staff in examining other creative problem solving options that have not previously been acknowledged.)

**5]** Does the customer have some more extensive individual support needs related to his/her disability that should be attended to in order for the person to successfully attain and retain employment? Y/N

- If Y, what information, in addition to the customer's own statements, leads you to believe this? Have you discussed this opinion with the customer directly?
- If N, why not and what leads you to believe this? Do you need some assistance from someone else to discuss this with the customer directly? It is expected that there be both formal (through Memoranda of Understanding) as well as informal working relations established with VR and other disability partners in the One-Stop so that this consultation can be accessed readily and effectively.

**(Note:** Workforce staff should be clear when identifying the perceived need for extensive individual support that this judgment is rendered with the expectation that such support should be expected to assist the customer in achieving a successful employment outcome and is not being used to "screen the person out" of services.)

**6]** Does the customer wish to be referred to disability specialty services that VR provides? Y/N

- If Y, what leads you to believe this? Staff should provide every opportunity to the customer to continue to use all appropriate workforce services, especially core and assisted self service, even while discussing with the customer the possible need of disability specialty services.
- If N, what leads you to believe this? If N, no other action regarding referral to VR should be undertaken, unless the workforce staff believe that this additional service is essential and without it, the customer can not get any further benefit from the other workforce services available. In that case, it is then incumbent upon the staff member to explain the rationale for this decision cogently in a manner that elicits a positive response and agreement to this referral from the customer, not merely acquiescence.

**(Note:** Workforce staff should be clear when identifying the perceived need for disability specialty services that VR provides that this judgment is rendered with the expectation that such service is expected to assist the customer in achieving a successful employment outcome and is not being used to "screen the person out" of workforce services.)

**7]** Do you think [s] the person should still consider VR even if [s]he is not interested? Y/N

- If Y, why do you believe this? Do you need some assistance from someone else to discuss this with the customer directly? As with #5 above, workforce staff should have a collaborative relationship established with disability partners in the One-Stop or the community at large so that this consultation can be accessed readily and effectively.

- If N, then it is expected that the One-Stop Center will then seek to provide the service that staff felt the person needed, which they thought VR should provide. If this service provision is ascertained to be impractical or impossible without VR assistance, then it is the responsibility of the workforce staff or supervisors to clearly explain their rationale and gain the customer's understanding (and ideally) agreement. This decision should only be rendered after full discussion with administrative staff at the One-Stop Center and with the local VR partner personnel.

**8]** Will you make the referral directly to VR if the customer agrees that [she] is interested in VR services? Y/N

- If Y, does your One-Stop Center have a regular process in place to do this? As noted above in # 5 above, each One-Stop Center is expected to have in place both formal (through Memoranda of Understanding) as well as informal working relations established with VR so that this referral can be accomplished effectively and seamlessly.
- If N, why not? Is this because the customer prefers to do it him[her]self? If so, then workforce personnel should offer advice to the customer on the most efficacious way to accomplish this self referral and proactively offer to assist if the customer changes his/ her mind. Furthermore, workforce personnel are expected to ensure that the customer understands the situation fully, including the ability to continuing receiving all appropriate workforce services (the preferred mode) or the process in place to reaccess workforce services without prejudice at a future time.

(**Note:** It is not acceptable to suggest the customer self refer to VR either because of workforce staff's other work requirements or because staff are not knowledgeable how to arrange such a transition. In either case, workforce staff are expected to do timely follow up to make sure the person is connected appropriately and that the customer is engaged in services that meet the needs assessed.)

**9]** If the customer with the disability will be getting assistance from VR, will the One-Stop Center workforce staff still continue to serve him/her with other (non VR funded) services? Y/N

- If Y, how will this be communicated to and coordinated with VR staff? Procedures for providing joint services should be fully explicated in the Memoranda of Understanding between local One-Stop Centers and the state VR local service offices.
- If N, why will the One-Stop Center not continue to assist the person? Is it because the One-Stop Center does not have any services the person needs? If so, how did you decide this? Core services or assisted self service should be feasible alternatives in almost every instance. It is expected that this assessment is done in partnership with the affected customer and explained clearly and in writing if the person requests it. If the customer still seeks One-Stop Center services, then there needs to be an administrative policy in place in writing regarding the process for

why further services would not be offered - a situation that should occur infrequently if ever.

Is it because VR is better equipped to deliver all the services needed? If so, how did you decide this? It is expected that that this assessment is done in partnership with the affected customer and explained clearly and in writing if the person requests it. If the customer still seeks One-Stop Center services, then there needs to be an administrative policy in place in writing regarding the process for why further services would not be offered - a situation that should occur infrequently if ever.

(**Note:** As noted in #8 above as well as in Section C of this document, the preferred mode for the system (and consistent with the spirit and the letter of the ADA and WIA legislation) is for the customer to be able to continue to receive all appropriate workforce services concurrent with participating in VR services wherever possible.)

**DRAFT PREPARED BY:**

**Joe Marrone**, Senior Program Manager, Public Policy

**National Center for Workforce and Disability,**

**Institute for Community Inclusion, UMASS BOSTON**

*West Coast Office:*

4517 NE 39th Ave.

Portland, OR 97211-8124

**TEL:** 503-331-0687 (home office) or 503-331-0486 (home)

**FAX:** (503) 961-7714

**Email:** [JM61947@AOL.COM](mailto:JM61947@AOL.COM)

**Web:** [www.onestops.info](http://www.onestops.info)

**Appendix B:**  
**Response to Performance Measures as Presented**  
**in**  
**July 16, 2009 Testimony**  
**of**  
**William E. Kiernan**

**\*Measurement of effectiveness and impact must not create a disincentive for One-Stops to serve customers with disabilities:** While this has been an area of continuous discussion over several years, there is little progress in the area of identifying clear performance measures for the One-Stop system. Some of this is reflective of the nature of the One-Stop in that it is a system and not an individual program, and thus for the One-Stop there must be collaborations across multiple agencies addressing the needs of the customers who are seeking employment. Many of these partner agencies have outcome measures and most have unique interpretations of what the actual measure means, as in the case of ‘what is employment’ and ‘how long should individuals be followed’. Care must be exercised so that any measurement of outcomes does not create a disincentive for the One-Stops to serve specific sub-populations.

As it currently stands, if the One-Stop does not meet its performance measures while using WIA funds, there are clear sanctions. The existing structure can and often has been reported to be a reason for the low rate of service for persons with disabilities and other hard to serve customer groups. There is a need to develop measures of effectiveness that reflect the customer diversity while embracing the mandate of the One-Stop to serve all customers. In some instances the customer mix will vary depending upon the demographics of the area served by the One-Stop. Any measurement system must be sufficiently flexible to accommodate the diversity of the populations served by the One-Stops as well as be able to provide consistent measures of outcomes such as employment placements, earnings and job retention among other variables. The identification of effective outcome measures for WIA is clearly an area of importance and should be a priority for both ETA and ODEP with the development of such measures including both mandated and non.-mandated partner input and consideration.

While not a performance measure, the adoption of common intake and application materials across the One-Stop and its partners would serve to streamline the application effort for the customer as well as reduce the costs to the agencies if common data and variables are used for multiple applications for service. The same would be true for outcome measures. With some greater consistency in the definition of the outcomes measures, cross agency reviews may be able to be accomplished with the outcomes providing more meaningful and useful monitoring as well as strategic planning. Finally, the development of measures and processes that do not create disincentives for the One-Stops to serve the harder to serve customers is essential if the mandate of WIA to be universal, seamless and accessible to all is to be realized.

*Performance Measurement and Issues:* The inability to properly measure the performance of the One-Stop system is an ongoing issue. At this point, the only mechanism for measurement of One-Stop performance is through individual partner and funding stream performance measures that allows only a partial (although still somewhat informative) look at the system. A subtext of this lack of a comprehensive performance measurement system, is the lack of a measurement system for One-Stop system performance in serving various groups and sub-populations including people with disabilities. As a result, it is impossible to truly ascertain the performance and progress of the One-Stop system as a whole in meeting the needs of people with disabilities.

*Wagner-Peyser Data:* The performance data that is available, while limited, indicates both successes and challenges regarding serving people with disabilities. The Wagner-Peyser data are probably the best indicator available of overall One-Stop performance. These funds are used for basic employment/labor exchange services, and track the largest number of individuals using the generic workforce development system. – and per WIA regulations, are to be delivered within the One-Stop system.

Analysis by the Institute for Community Inclusion (ICI), indicates that the percentage of individuals identifying they have a disability has shown a steady increase over time, from 2.3% in 2002 to 3.1% in 2005 figure. The more recently available data show a slight decline: in 2007, 2.8% of individuals using Wagner-Peyser funding were identified as having a disability. As noted in a recent publication by the Institute for Community Inclusion (ICI)

([http://www.communityinclusion.org/article.php?article\\_id=233&type=project&id=16](http://www.communityinclusion.org/article.php?article_id=233&type=project&id=16)), “In examining and interpreting these data, it is important to note that these data may not fully reflect the use of these services by people with disabilities, as it does not include individuals with non-apparent disabilities who have declined to identify that they have a disability.” There are a number of other issues with these data. It first off, only indicates percentage of use of the system by people with disabilities, with no outcome data (although outcome data is made available for Wagner-Peyser participants as a whole). Secondly, the data indicate massive variations in the percentage of people with disabilities using services from state-to-state: from less than 1% to over 15%. The underlying reasons for this variation are not clear, but it is concerning and bears further investigation.

*WIA Data:* The other piece of significant data that is available is the Workforce Investment Act fund data. These funds are generally used for training, as well as more intensive services in the workforce development system. In some cases, WIA funds are also used for core services. The WIA performance data do provide highly detailed information regarding performance and outcomes for people with disabilities. However, only a small percentage of individuals served in the workforce development system are served via WIA funds (approximately a million people annually vs. over 13 million via Wagner-Peyser funding). Therefore WIA performance is **not** equivalent to One-Stop performance, although it has been observed that many policymakers internal and external to the workforce development system, advocates, and academics often verbally and in writing incorrectly make this assumption. To reinforce this point, in 2007, only 58,000 individuals identified as having a disability were served via WIA funds, while 499,000 individuals were served via Wagner-Peyser funds

There are three WIA funding streams: Adult, Dislocated Worker, and Youth. Analysis of these data by the Institute for Community Inclusion revealed the following: from 2001 to 2007, the percentage of individuals with disabilities served via WIA Adults funds declined from 9% of the

total served to 4.2%. For WIA Dislocated Worker funds, the results have varied over this same period, from a low of 3.3% in 2005 to a high of 4.6% in 2006. In conjunction with declines in percentage of individuals served, the outcomes for individuals with disabilities trailed the overall average performance. (It is important to note that there are significant penalties in terms of funding losses for not meeting required performance outcomes using WIA funds.) For Youth funds however, the results are more encouraging. For WIA Youth with disabilities (ages 14 to 21), the percentage of individuals served actually increased from about 14% to 16% from 2001-2004 (although this has since declined to 14.5% in 2007). In terms of performance, Older Youth (ages 19-21) with disabilities slightly lagged the average performance, and for Younger Youth (ages 14-18), performance was either equivalent or exceeded the average performance. (Note: Youth with disabilities are highly eligible for WIA youth services.) These results appear to indicate that when performance for people with disabilities lags the general population, their ability to access services decreases, and when performance for people with disabilities is similar to or exceeds the general population, their ability to access services increases.

#### **4. WIA Reauthorization Recommendations**

Given this context, the following are specific recommendations regarding reauthorization of WIA:

##### **PERFORMANCE TRACKING AND MEASUREMENT**

- **Development of One-Stop Performance Measurement System:** A key piece of WIA reauthorization needs to be mandating development of performance measurement for the One-Stop system as a whole, which includes measurement of performance in serving people with disabilities, among other groups.
- **Clarity of Disability Definition and Tracking of SSI/SSDI Enrollment Status:** Part of the reform of performance measures needs to include much greater clarity regarding definitions and mechanisms for measurement, as it appears that the mechanisms for measuring disability are at best inconsistent making it difficult to have full confidence in the accuracy of the data. Mandating the collection of SSI/SSDI enrollment status of individuals being served would assist in this process, and allow for a much stronger sense of how the system is performing for individuals with more significant disabilities, and also allow for greater determination of the potential of the workforce development system in terms of participation in the Ticket to Work.
- **Creation of Benchmarks and Targets for Specific Populations:** In conjunction with reform of performance measures, it is also recommended that statutory language be included in the reauthorization, which mandates creation of annual benchmarks and targets for serving specific populations, including people with disabilities
- **Revamping WIA Performance Requirements:** Revamping of the performance requirements for WIA funds is clearly needed. Too often, concerns over the inability to meet performance standards, is used as an excuse for not serving people with disabilities. The WIA performance measures must be modified to account for a wider range of job seeker needs. Language must also be incorporated into reauthorization that clearly reinforces that discrimination against individuals based on performance measure concerns is not acceptable.

## **Appendix P2: ODEP National Listening Session**

### **A New Day: We Are Listening ODEP Boston Listening Session**

Testimony Presented by:

William E. Kiernan, Ph.D.  
Director and Research Professor  
Institute for Community Inclusion  
University of Massachusetts Boston  
100 Morrissey Blvd  
Boston, MA

Children's Hospital  
300 Longwood Ave.  
Boston, MA 02125

The One Stop Career system is an employment access system for all job seekers in the United States. As such it is made up of 17 mandated partners two of which are the One Stop Career Centers and the public Vocational Rehabilitation system. The major focus of the One Stop system is to serve as a gateway to employment for all job seekers, including those having a disability. As such we should view each of the individual mandated partners a part of a more comprehensive system. Additionally for persons with disabilities other major delivery systems including the state Developmental Disabilities agencies, the state Mental Health agencies and the local school districts are essential partners.

Though not mandated partners, as each state frames its comprehensive employment and training system these non-mandated partners must be included in the design of the system along with the mandated partners. Crucial to the development of such a system will be the establishment of clear roles and responsibilities of all partners. Through the utilization of a Memorandum of Understanding these partners can define roles, clarify responsibilities and outline activities and supports that they can provide to all job seekers including those having a disability.

## **A New Day: We Are Listening ODEP Boston Listening Session**

### **Areas of Interest for ODEP**

1. more effective ways to increase the employment of women, veterans and minorities with disabilities
2. identification of federal and state systems that are effectively collaborating to achieve successful employment outcomes for people with disabilities, and
3. three top focus issues for federal government to support and increase labor force participation for people with disabilities

#### **1. One Stop is a system with 17 mandated partners**

- a. Include DD, MH and schools as non-mandated but essential partners
- b. Develop a comprehensive MOU
- c. Address local employment opportunities
- d. Integrate youth into the system in an active fashion and not as a separate contracted group

#### *Recommendations for ODEP*

1. identify promising practices on collaboration between mandated and non-mandated partners

2. develop model language for MOUs
3. document administrative practices and setting that show effective collaboration

## **2. Focus on youth and transition**

- a. Need to assure that youth move from school to postsecondary settings and employment not sheltered or segregated settings
- b. Assist schools in more effectively utilizing the One Stop system in realizing movement into competitive, integrated employment
- c. Look to integrating youth services in Labor as part of a transition service option (that is having internships and apprenticeships part of the transition planning and implementation process and as a resource to youth and families).

### *Recommendations for ODEP*

1. support the removal of barriers to employment access by youth transitioning into postsecondary setting and employment by changing the policies about use of sub-minimum wage settings and working with SSA to create work incentives for youth with disabilities
2. develop common language across agencies at the federal level to engaging Employment First and the movement into employment in legislative and regulatory language for Labor, VR, Education, SSA and CMS

## **3. Expand the use of post secondary settings for youth in the final four years of education entitlement**

- a. Increase the use of community colleges as part of the training for youth who traditionally do not go to post secondary settings

- b. Link the intensive training of the One Stops to Community Colleges and target career options in the local communities for youth who are transitioning from school to adult life

*Recommendations for ODEP*

1. assist ETA in more effectively integrating students with disabilities into community college ETA funded training programs
  2. work with DOE in developing language that would support the transition goal of competitive integrated employment as the goal for all student who are moving from school to adult life
- 4. Support the adoption of a repaid engagement of TANF recipients into employment**

- a. Encourage the integration of the welfare reform efforts at a state level with the Local Workforce Investment Board planning efforts to assure rapid engagement of welfare recipients many of whom have disabilities, are women and are from diverse cultures
- b. Support the provision of supports and services that will facilitate skill development among TANF recipients and access to employment (child care etc.)

*Recommendations for ODEP*

1. support the development of policies and practices that assist welfare recipients in entering and maintaining employment
2. develop guidance for LWIBs to include in MOUs that will assist One Stops and others to support the access to and entry into employment by TANF recipients.

## **Appendix P**

Testimony of

William E. Kiernan, Ph.D.  
Director and Research Professor

Regarding the reauthorization of the Workforce Investment Act (WIA) of  
1998

On behalf of the

Institute for Community Inclusion (UCEDD)  
University of Massachusetts Boston

Before the Senate Health Education Labor and Pensions (HELP)  
Subcommittee on Employment and Workplace Safety

July 16, 2009

## Testimony Regarding the reauthorization of the Workforce Investment Act (WIA) of 1998

I am William E. Kiernan, Ph.D., Director of the Institute for Community Inclusion, a University Center for Excellence in Disabilities located jointly at the University of Massachusetts Boston and Children's Hospital Boston. We are one of 67 such centers that make up the nationwide network of University Centers for Excellence in Developmental Disabilities (UCEDD) that are national leaders in research, interdisciplinary training, technical assistance, and service and are supported by the Association of University Centers on Disabilities. UCEDDs are the national leaders in a constellation of activities designed to improve employment options and outcomes for people with developmental and other disabilities. Our center has worked extensively in supporting the employment of persons with disabilities and has been involved with supporting the One Stop Career Centers and the public Vocational Rehabilitation agencies at the state level in expanding employment options for persons with disabilities. I am pleased and honored to have been asked to comment on the reauthorization of the Workforce Investment Act and correspondingly the Rehabilitation Act.

I have organized my verbal as well as the initial portion of this written testimony around the two questions that were sent to me by the Committee. Additionally, I am submitting written testimony including some more specific suggestions as to areas where changes could be made to strengthen the Act as well as areas where modifications might be made to allow the Act to realize its full and intended Congressional intent, that is, providing universally designed, no-wrong door strategy for all job seekers in the United States.

I would like to begin my written presentation with a brief overview of employment status of persons with disabilities nationally and the potential relationship that persons with disabilities have or could with the workforce development efforts of this legislation.

**Current Status of Employment of Persons with Disabilities:** Over the past decade it has become more apparent that there will be a shortage of workers to meet employer demands. Even given the current economic downturn, with the declining birth rate as well as the aging of the current workforce, most industries are realizing that their growth will more likely be limited in the long term by the declining labor supply and not the economy in general. Despite this declining workforce, there are still populations where the labor force participation rate is quite low as in the case of persons with disabilities where seven out of ten persons with disabilities are not in the labor market. Coupling the apparent declining labor supply with the low labor force participation rate for persons with disabilities (nationally about 36% of working age adults having any disability condition and 27% for those having a mental disability as compared to 70% labor force participation for all working age adults as reported by the American Community Survey, 2006), there are some clear inconsistencies in both expectation and perception of this current and potential labor resource.

The US Bureau of Labor Statistics reported that the official unemployment rate for people with disabilities, meaning those who have lost their jobs and those whom are actively seeking employment, for the first quarter of 2009 was between 13 and 14%, 5 to 6 percentage points higher than the non-disabled population. Additionally, as was also reported in the American Community Survey, the BLS reported that for the same time period only 23% of all adults with disabilities participated in the labor force as compared with 71% of the non-disabled population. Correspondingly, for those individuals with disabilities who are employed their earnings are considerably less than the earnings for persons without disabilities (50 to 70% less earnings per week for persons with disabilities as compared to those without disabilities as reported by the American Community Survey, 2006). Finally, as reported by the Harris poll, of those individuals surveyed the vast majority who were not working would be interested in working if the opportunity were to become available (approximately seven out of ten asked).

A future challenge for employers is how to utilize the full labor force, supporting the older worker who may be acquiring disabilities as they age, engaging the retired worker, and recruiting from the emerging workforce of individuals with disabilities and recent immigrants to advance the economic engine of American businesses in the coming years.

Interesting enough the approaches to supporting the current older worker as well as the reengagement of the retired older worker are more similar than dissimilar to those utilized in accessing the untapped labor pool of workers with disabilities. Workplace modifications and accommodations that are universally applicable to the diverse workforce of today, older workers, workers with disabilities and immigrant workers, offer promise for employers to have a qualified workforce in the coming years.

The concept of the One-Stop, that is no wrong door to employment for all job seekers, is mandated in the Workforce Investment Act. The intent of the One-Stop was and remains a system that is seamless and able to support job seekers with a variety of interests, preferences and needs. Additionally, the One-Stops can and often play a role with employers as a source of qualified job applicants. The early roll out of the One-Stops due to initial funding strategies, limited the ability of the system to be truly comprehensive. The lack of clarity regarding the role of the collaborators, the emphasis on high volume service and the mandate to serve all job seekers has resulted in a system that has considerable potential yet to be realized.

The following section offers recommendations relating to WIA in the context of the questions posed by the committee following up with more detailed discussion of elements of WIA that work, those that may need to be revised, those that are not working and, finally, some suggestions of innovative practices and recommendations that would modernize WIA.

## **Response to the Committee Questions**

Recommendations to the Committee:

Universal aspects of the One-Stop must be maintained and reinforced from physical to program access.

Ongoing contributions of the Employment and Training Administration to Supporting the Employment of Persons with Disabilities must be a clear focus of ETA in all programs.

Ongoing contributions of the Office of Disability Employment Policy (ODEP) must focus on the identification and removal of barriers for customers with disabilities seeking services through the One Stops.

Measurement of effectiveness and impact must not create a disincentive for One-Stops to serve customers with disabilities.

Elimination of the concept of sequential services, that is, movement from core to intensive to training, and having direct access should be adopted.

Clear practices and resource sharing between the One-Stops and the public Vocational Rehabilitation system leading to increased employment outcomes for customers with disabilities must be the central focus of Memoranda of Agreement with WIA.

Linkage with other mandated and non-mandated partners must be encouraged leading to increased employment options for persons with disabilities.

Required infrastructure contributions for partners should be eliminated.

Integration of the employment exchange function with the One-Stops in all locations must be accomplished.

Comprehensive transition program development leading to employment outcomes for students with disabilities must be the focus of the WIA youth services and VR services.

One-Stops should be strongly encouraged to become Employment Networks.

Collaborations with other entities in assuring access to One-Stop Services and employment outcomes should be the goal of WIA with results of policies, programs and outcomes reported in the annual plan and the annual report of LWIBs and the SWIBs.

Capacity training and staff development addressing employment of the hard to employ, including persons with disabilities, must be a focus of ETA in the development of the One Stop system's ability to serve customers with disabilities.

A. What works and should be preserved and/or refined in the current workforce system and what should be eliminated

The following section outlines some of the areas that have been reported or been documented as working as well as those areas that, with some modifications, could address the universal aspects of the WIA legislation.

1. What should be preserved and/or refined?

**\*Universal aspects of the One-Stop must be maintained and reinforced from physical to program access.** Over the past several years many of the One-Stops have addressed the physical access of the centers through careful location of the centers in accessible buildings and locations, having office space that meets the ADA requirements and equipment and materials that facilitate access by all customers. Additionally, the enhanced role of the greeter, the front desk, at most One-Stops is now not only a position that supports new or former customers obtaining directions and information but also provides assistance especially in the accessing of information and materials in the resource areas.

There continues to be room for increased accessibility in the programs and activities of the One-Stop for persons with disabilities, non or limited English speaking customers and older customers who may not be technologically literate. The need to assure that the principles of Universal Design for Learning and the use of teaching strategies and materials for adult learners is essential if all customers are to be served through the One-Stops. Progress has been made in these areas as seen in examples in states such as Washington, Alaska, Massachusetts and Wisconsin. All One-Stops should make sure that they meet not only the physical accessible requirements but the access to programs and activities as noted in the ADA and in Section 188. Assistance from DOL, through training and technical assistance, to One-Stops would serve to increase the accessibility in the One-Stops for all customers, including those having a disability and others who would be considered harder to serve.

The One-Stops, as opposed to the earlier Employment Service, have a strong focus on customer service that should be continued. However, it has been observed that staff can be unsure of the legal parameters regarding disability inquiries. It is suggested that DOL develop clearer guidelines and assistance to One-Stop staff on what they can ask in the way of offering supports and assistance as well as disclosure. A clearer identification of how a customer can utilize all of the resources of the One-Stop and what assistance would be most beneficial can continue to increase the customer focus of all One-Stops.

**\*Ongoing contributions of the Employment and Training Administration to Supporting the Employment of Persons with Disabilities must be a clear focus of ETA in all programs.** ETA has played a central role in increasing the capacity of the One-Stops to serve customers with disabilities. Projects such as the Work Incentive Grants and the Disability Program Navigator (DPN) grants have been effective at increasing the capacity

of One-Stops to serve customers with disabilities. The role of the DPN should be maintained in ETA and expanded to all of the states. Clarification and consistency in the DPN role is needed, and the functions of the DPN addressing systemic change as well as facilitation of access to available services by customers with disabilities and other hard to serve customers in contrast to the provision of direct services to One-Stop customers. The continuation and expansion of the DPN is essential in supporting job seekers with disabilities.

Additionally, ETA should look to assisting One-Stops in developing more creative Memoranda of Agreement with mandated entities such as the public Vocational Rehabilitation agencies at the state and local levels as well as the non-mandated partners such as the state agencies serving individuals with intellectual disabilities, persons with mental illness and those who are on welfare. In the coming year an added focus on schools and youth in transition should clearly be an area of emphasis for ETA and the One-Stops along with their mandated and non-mandated partners.

\*Ongoing contributions of the Office of Disability Employment Policy (ODEP) must focus on the identification and removal of barriers for customers with disabilities seeking services through the One Stops: ODEP in its short tenure at the Department of Labor has played a considerable role in increasing the understanding of how persons with disabilities can be served in the community through the adoption of the principles and practices of customized employment and youth services. The demonstration of the effectiveness of customizing the employer and customer relationship in the workplace has been accomplished. The integration of these strategies into the One-Stops will mean a collaborative working relationship between ODEP and ETA in the coming years.

ODEP, with its focus on policy, can and should play a considerable role in both the development of effectiveness measures for One-Stops nationally as well as the identification of policies and practices that have been effective in linking the mandated and non-mandated partners together to address the universal design aspects of the One-Stops. Increasing the capacity of the system through identification of skills, competencies and certifications of personnel in the One-Stop would again integrate the policy mandates of ODEP with the activities and practices of ETA.

ODEP can and has played a role in examining federal policies and practices that have facilitated as well as inhibited the employment of persons with disabilities. This remains an important policy area in which ODEP can continue to influence other federal agencies and their practices such that there is a more cohesive view of both employment as the goal for persons with disabilities across all federal agencies as well as to identify ways in which conflicting policies and practices can be brought into line with the expectations of employment first as the goal for persons with disabilities.

\*Measurement of effectiveness and impact must not create a disincentive for One Stops to serve customers with disabilities: While this has been an area of continuous discussion

over several years, there is little progress in the area of identifying clear performance measures for the One-Stop system. Some of this is reflective of the nature of the One-Stop in that it is a system and not an individual program, and thus for the One-Stop there must be collaborations across multiple agencies addressing the needs of the customers who are seeking employment. Many of these partner agencies have outcome measures and most have unique interpretations of what the actual measure means, as in the case of ‘what is employment’ and ‘how long should individuals be followed’. Care must be exercised so that any measurement of outcomes does not create a disincentive for the One-Stops to serve specific sub-populations.

As it currently stands, if the One-Stop does not meet its performance measures while using WIA funds, there are clear sanctions. The existing structure can and often has been reported to be a reason for the low rate of service for persons with disabilities and other hard to serve customer groups. There is a need to develop measures of effectiveness that reflect the customer diversity while embracing the mandate of the One-Stop to serve all customers. In some instances the customer mix will vary depending upon the demographics of the area served by the One-Stop. Any measurement system must be sufficiently flexible to accommodate the diversity of the populations served by the One-Stops as well as be able to provide consistent measures of outcomes such as employment placements, earnings and job retention among other variables. The identification of effective outcome measures for WIA is clearly an area of importance and should be a priority for both ETA and ODEP with the development of such measures including both mandated and non.-mandated partner input and consideration.

While not a performance measure, the adoption of common intake and application materials across the One-Stop and its partners would serve to streamline the application effort for the customer as well as reduce the costs to the agencies if common data and variables are used for multiple applications for service. The same would be true for outcome measures. With some greater consistency in the definition of the outcomes measures, cross agency reviews may be able to be accomplished with the outcomes providing more meaningful and useful monitoring as well as strategic planning. Finally, the development of measures and processes that do not create disincentives for the One-Stops to serve the harder to serve customers is essential if the mandate of WIA to be universal, seamless and accessible to all is to be realized.

\*Elimination of the concept of sequential services from core to intensive to training and have direct access should be adopted: Typically services are available to the customer in a sequential fashion with core services being the first to be offered. The customer may move from core to intensive and then training as needs become more clearly identified. Moving through this sequence can serve to add time to the process that is unnecessary and inefficient. One-Stops staff should be able to access training for individuals who would clearly benefit from training and also those who would benefit from more intensive services rather than having to go through a sequence of services. The increased flexibility will allow the One-Stop to more effectively address the needs of persons with disabilities as well as other hard to serve customers and also more clearly focus resources

on the services that will have the greatest impact on reaching the goal of employment for the customer.

Additionally, with the adoption of a direct access system for services, One-Stops can also be more targeted in the development of their partnerships with the public Vocational Rehabilitation system and other mandated and non-mandated partners. In these instances collaboratively supporting training leading to employment at the time of application may be the most efficient use of shared resources for a customer. Flexibility in the use of One-Stop resources can give the One-Stop ability to link with other partners in funding and or supporting services for the customer.

\*Clear practices and resource sharing between the One Stops and the public Vocational Rehabilitation system leading to increased employment outcomes for customers with disabilities must be the focus of the Memoranda of Agreement with WIA. While included in WIA, the relationship of the public Vocational Rehabilitation system is varied across states and within states. In some states the linkage of the One-Stop and the VR system has been considerable as witnessed by the efforts in Southwest Washington, Alaska, Wisconsin, Michigan, Connecticut and Minnesota. In these states there is a clear working relationship between the two systems. In other states, while there may not be as clear a relationship at the state level, there are relationships at the local level with local office of the VR system where staff of VR are located within the One-Stop on a part time or full time basis. Among other states, where the VR agency is not a guest or a casual resource at the One-Stops, but has a meaningful relationship, there have been stronger working relationships between these two partners. It is clear that there are examples of partnerships that have demonstrated that these systems can coordinate resources and direct their focus to increase the employment of customers with disabilities.

\*Linkage with other mandated and non-mandated partners must be encouraged leading to increased employment options for persons with disabilities. All too often the focus of the partnership has been on what resources each of the partners can provide to the infrastructure of the One-Stop. These discussions have sidetracked discussions of the elements of any agreement to fiscal as opposed to program and resource sharing. It is felt that if the infrastructure expenses of the One-Stop are provided then the nature of the partnerships with both the mandated and non-mandated partners can be upon sharing of personnel, expertise and fiscal resources directed at assisting customers in accessing employment.

## 2. What should be eliminated?

\*Required core contributions for partners should be eliminated: As was noted previously, the focus of the partnership discussions has been upon what resources could be provided for infrastructure support of the One-Stop. This focus has lead to considerable debate among the mandated partners and related resistance on working collaboratively to

address a universal and seamless employment and training system for all job seekers. It is strongly recommended that adequate financial resources be made available to cover the basic operating expenses of the One-Stop and that the elements of the Memoranda of Agreement be directed at defining what each of the entities will bring in the areas of personnel, expertise, fiscal and program resources.

\*Integration of the employment exchange function with the One-Stops in all locations must be accomplished: As was noted in the GAO report (One-Stop System Infrastructure Continues to Evolve, but Labor Should Take Action to Require that All Employment Service Offices Are Part of the System: GAO September 2007), it is essential that the One-Stop and the Labor Service Offices be integrated both for effectiveness in addressing customer needs as well as efficiency in reducing costs. In those instances where the Labor Exchange is separate, the Wagner Peyster resources are typically no longer available to the One-Stop and thus the WIA resources are needed to support the administration and core services of the One-Stop, and are not available for intensive and training services.

B. What innovative policy recommendations could be suggested to modernize WIA?

\*Comprehensive transition program development leading to employment outcomes for students with disabilities must be the focus of the WIA youth services and VR services: With the passage of WIA, transition from school to employment and adult life will become a core area of responsibility for the public Vocational Rehabilitation system. The additional stimulus monies available to several state agencies (Education, Labor and the public Vocational Rehabilitation Agency) are focused, in part, upon the youth population and assuring that these youth enter and remain in the workforce. These highly focused resources are of short duration (about 24 months) but are of sufficient magnitude that they can significantly impact how transition from school to work and adult life is addressed in selected communities. Though the stimulus money is of limited duration, the issue of transition is not and the additional resources through the Workforce Investment Act, the Rehabilitation Act, the Edward M. Kennedy Serve America Act (expanding volunteer services and service leading to employment) and the soon to be published Higher Education Act regulations (creating opportunities for students with intellectual disabilities to complete their entitlement to education in a postsecondary setting) can become part of an expanded strategy for establishing a comprehensive transition service at the state level.

There is clear evidence to show that students with disabilities who have an employment experience in school are more likely to be employed in their adult years. Additionally, with the focus on youth in WIA and the addition of transition from school to employment and adult life, now part of the Rehabilitation Act, there is a significant opportunity to revise the way services and supports are provided to youth with disabilities as they exit school. The integration of service leading to employment (the Edward M. Kennedy National Service Act), the options for completing education entitlement services for some

youth with disabilities in a community college, college or university setting, the use of training resource through community colleges can all serve as a platform to revise the transition process so that student with disabilities upon exiting school are directed toward employment and not non-work options in their adult years. One of the relative strengths of WIA has been the percentage of young people with disabilities utilizing the WIA funded youth services and better integration of such services with transition activities would be of major benefit.

Partnership agreements including schools, the public Vocational Rehabilitation agency, One Stops, Community Colleges, Universities and community rehabilitation providers can lead to a more robust transition planning process and the development of programs and services that link postsecondary settings with community colleges and volunteer services that may lead to employment for youth with disabilities.

\*One-Stops are strongly encouraged to become Employment Networks: The passage of the Ticket to Work and Work Incentives Act in 1999, resulted in the creation of the Ticket to Work Act. The Ticket provides resources to Employment Networks (ENs) to assist persons with disabilities in accessing and maintaining employment. Over a five year period the Employment Network can share in the SSA revenues saved through individuals with disabilities entering and remaining in employment.

In the past One-Stops have shown limited interest in becoming an Employment Network for the Ticket Program. In the past year significant changes have been made in the program in terms of financial incentives, and simplifying the administrative processes, including an expedited process for One-Stops to become an EN, greatly reducing the complexity of this process. The ICI in a review of the potential of the Ticket to generate revenue for the One-Stops in the Commonwealth of Massachusetts found that for customers who were receiving SSI or SSDI benefits from May 2007 to May 2008, of the 193,868 customers of the Massachusetts One-Stop system, 7,347 (3.8%) were on SSI/SSDI. Iowa did a similar analysis and found that of the 200,602 One-Stop customers in 2006, about 3,400 (1.4%) were Ticket holders. While it's a smaller percentage than MA, the number is still significant. These two examples illustrate that there is real untapped potential for an increase in One-Stop involvement in Ticket, and in turn building the capacity of the workforce development system to meet the needs of individuals with disabilities. It is suggested that through regulatory and policy directives, efforts be made for an enhanced role of One-Stops in the Ticket program.

\*Collaborations with other entities in assuring access to One-Stop Services and employment outcomes should be the goal of the WIA with results of policies, programs and outcomes reported in the annual plan and the annual report of the LWIB and the SWIB: The One Stop could partner with community rehabilitation providers (CRPs) that have strong individual job placement programs. These CRPs would come to the One Stop Career centers and meet with individuals identified by the One Stop as potentially benefiting from more intensive employment and training services. The CRP would be

responsible for engaging individuals in direct job placement with the goal of entry into the workforce and then sustained employment.

Should the One Stop chose to contract such a service through the CRP system, a direct benefit to the One Stops would be the freeing up of staff to support more customers who can utilize the traditional career center types of services. If the One Stop were to choose to offer the services through their system then the additional resources necessary would be used to support the hiring and establishment of such a service through the One Stop. Regardless of the selection of the model, contract or expansion of services, the One Stop would engage the local public Vocational Rehabilitation system as a partner in this effort. The target population to be served while having limitations that could be considered a disability may meet the eligibility requirements as a person with a disability but not be eligible for vocational rehabilitation services since the VR system will most likely be in an Order of Selection. The expertise of the VR system however can assist in the identification of supports, technology and accommodations that may be beneficial for the job seeker.

Other partnerships with state agencies such as the Department of Developmental or Intellectual Disabilities or the Department of Mental Health would bring in the resources and the customer base served by these agencies. While non-mandated entities, they could link with the One-Stops and the CRPs (entities that they currently contract with) to increase the options for employment of persons who are served by these agencies. Through the State Employment Leadership Network (SELN), a joint effort of the ICI and the National Association of State Director of Developmental Disabilities Services (NASDDDS), eight states have adopted or are considering the adoption of an Employment First strategy. This strategy calls for the allocation of agency monies to address employment outcomes first prior to any other service. The focus on employment is consistent with the overall direction of the Center for Medicare and Medicaid Services (CMS), in that, through the Medicaid Infrastructure Grants CMS is supporting states to move more toward employment as the outcome for persons with disabilities who are served by these state agencies. Linking the One-Stops, VR and the state agencies serving persons with Intellectual Disabilities also brings in the resource of CMS since, on average, one half of the budgets for these State agencies are reimbursements received from CMS for services provided.

\*Capacity training and staff development addressing employment of the hard to employ including persons with disabilities must be a focus of ETA in the development of the One Stop system's ability to serve customers with disabilities: If the One-Stops are to be able to continue to expand their capacity to serve customers with disabilities, then additional staff competencies will need to be developed addressing disability awareness, screening and assessment, consumer direction, job development, job accommodations, on-site supports and marketing to employers. The development of these competencies can be integrated into the One-Stop staff development efforts and be available on line. The training of employment training specialists or job coaches has typically been on a more informal basis. More recently there has been an increase in the creation of a range of skills that need to be mastered for staff to be able to assume the position of an employment training specialist or a job coach. These training activities are leading to the development of a national training effort directed at increasing the skills of current staff who are working in the employment and training field as well as the creation of a career

track for individuals who would be interested in a career in this area. The competencies that have been identified as essential for staff who are supporting and training individuals with disabilities are similar to those that are used to increase staff skills of those supporting the harder to employ as well as the older worker. Such a training effort is consistent with the capacity development efforts in the broader discipline of workforce professionals and WIA.

DOL can play a leadership role in supporting a national staff capacity development effort that would increase staff skills and increase the effectiveness of One-Stop services and other employment and training services nationally. UCEDDs are exceptionally well qualified to provide training to current and future professionals working with individuals with disabilities.

Finally, we have included as an Attachment A; Detailed Comments and Recommendations for WIA a more detailed presentation of some of the recommendations for change in the WIA legislation. These are offered in support of the above comments and are hoped to be viewed as complimentary to this written statement.

Prepared by:

William E. Kiernan, Ph.D.  
Director and Research Professor  
Institute for Community Inclusion (UCED)  
University of Massachusetts Boston  
100 Morrissey Blvd  
Boston, MA 02115-3393

Tel: 617-287-4311  
E Mail: [wiliam.kiernan@umb.edu](mailto:wiliam.kiernan@umb.edu)  
Web: [www.communityinclusion.org](http://www.communityinclusion.org)

and

David Hoff  
Senior Technical Assistance Specialist  
Institute for Community Inclusion  
University of Massachusetts Boston  
100 Morrissey Blvd  
Boston, MA 02115-3393

## Attachment A: Detailed Comments and Recommendations for WIA

### **WIA Reauthorization Comments**

The following section presents: (1) an overview of WIA, (2) background and context, (3) issues that need to be addressed in the reauthorization, and (4) WIA reauthorization recommendations

#### **1. Introduction and Overview**

The passage of the Workforce Investment Act (WIA) in 1998 resulted in a revolutionary concept – the idea of universal access to employment assistance for all job seekers needing help. Language within WIA, and subsequent regulations (both the general WIA regulations, and the specific regulations for non-discrimination in section 188) sent a clear message – that universal accessibility in the “generic” workforce system includes serving people with disabilities. In many ways, this concept of universal access in WIA, and emphasis on serving people with disabilities, was evidence and another indicator of an ongoing evolution of full integration of people with disabilities into mainstream society, side-by-side with all other citizens.

Since the passage of WIA, and the simultaneous development of the One-Stop delivery system, extensive resources have been spent on developing the capacity of the One-Stop system and workforce development system as a whole, to meet the needs of individuals with disabilities. This has included extensive funding from two DOL Departments: the Employment and Training Administration (ETA), and Office of Disability Employment Policy (ODEP). Along with the Work Incentive Grants from ETA and Customized Employment Grants from ODEP, since 2003, through a cooperative effort between ETA and the Social Security Administration, Disability Program Navigators have been working in One-Stop Career Centers to guide people with disabilities in the use of workforce development services. There are currently over 425 Navigators spread across 42 states. The amount spent on capacity-building grants from ETA and ODEP well exceeds \$195 million total from 2000 to 2007, with ETA alone spending more than \$115 million through their Work Incentive Grants and Disability Navigator programs. In addition to these federal efforts, state and local funds have also been used for various capacity-building initiatives. The end result has been significant increases in the capacity of One-Stop and workforce development systems to serve people with disabilities.

At the same time, it appears these efforts have not necessarily been consistent, and local workforce development systems and One-Stop Career Centers vary greatly in their receptivity and ability to serve people with disabilities. Additionally, while some data are available which provide indicators regarding the performance of the workforce development system in serving people with disabilities, the lack of strong performance measurement systems for One-Stops has created challenges in determining the progress that has been made.

#### **2. The Workforce Development System: Background and Context**

In providing comments on WIA reauthorization, it is critical to have at least some context for the role of the One-Stop system, which is the primary means for delivery of workforce development services. It is important to bear in mind two basic concepts. First, One-Stop Career Centers are not service delivery agencies in the traditional sense. The intent of the WIA legislation, and at least somewhat in actual practice, is that One-Stops are a consortium and collaborative of multiple publicly funded employment and training programs, that come together to form the One-Stop. There currently exists 17 federally-funded employment and training program that are mandated as One-Stop partners in the WIA legislation, one of them being the public Vocational Rehabilitation system. Despite misperceptions that WIA funding and One-Stop funding are the same thing, as will be discussed in more detail later, only 3 of these 17 partners are funded via Workforce Investment Act Funds (Adult, Dislocated Worker, and Youth Services). The second important factor to consider is the high customer volume that many One-Stops work with. For example, the two One-Stop Career Centers in the Metro North area of Massachusetts (just outside of Boston), serve over 20,000 unique customers per year with approximately 60 staff. In essence, the One-Stop system is a high volume, low-level customer contact system, which relies to a great extent on self-direction. Only a small percentage of customers (typically less than 10%) receive any services beyond the basic “core” services that are available to any individual.

One-Stops have been at times criticized for their inability to respond to individuals needing a high level of 1:1 assistance. Such criticism may be at times valid (particularly in cases where services have been refused or accommodations have not been provided). However, such criticism is also at times misplaced, as One-Stops were never intended to provide the type of intensive, comprehensive services that can be typically found by a community rehabilitation provider, and similar entities, including the level of intensive job development available at CRPs. At the same time, to address the diversity of needs and respond to the mandate to be universally accessible to all, the stronger One-Stop Centers have recognized the need to:

- (1) have high quality information and referral systems to handle the high customer volume they experience,
- (2) quickly ascertain a customer’s needs,
- (3) determine what services within the One-Stop can be used to respond to those needs, and
- (4) identify and engage partners (both formal and informal) to respond to those needs that are beyond the core capacity of the One-Stop.

One of the “best practices” that has been recognized among One-Stops, is the ability to develop a strong network of community partners (often on an informal basis) that can be utilized to respond to customer needs. In the case of individuals with disabilities, this includes community rehabilitation providers, public disability groups, independent living centers, advocacy groups, etc., going well beyond the mandated partnership with public Vocational Rehabilitation. Some One-Stops have also partnered with their local Work Incentive Planning and Assistance programs (funded by SSA), and a few have become Employment Networks under the Ticket to Work, although participation to date by One-Stops in the Ticket program has been limited, despite significant outreach efforts by SSA.

### **3. Issues Needing to be Addressed:**

*Performance Measurement and Issues:* The inability to properly measure the performance of the One-Stop system is an ongoing issue. At this point, the only mechanism for measurement of One-Stop performance is through individual partner and funding stream performance measures that allows only a partial (although still somewhat informative) look at the system. A subtext of this lack of a comprehensive performance measurement system, is the lack of a measurement system for One-Stop system performance in serving various groups and sub-populations including people with disabilities. As a result, it is impossible to truly ascertain the performance and progress of the One-Stop system as a whole in meeting the needs of people with disabilities.

*Wagner-Peyser Data:* The performance data that is available, while limited, indicates both successes and challenges regarding serving people with disabilities. The Wagner-Peyser data are probably the best indicator available of overall One-Stop performance. These funds are used for basic employment/labor exchange services, and track the largest number of individuals using the generic workforce development system. – and per WIA regulations, are to be delivered within the One-Stop system.

Analysis by the Institute for Community Inclusion (ICI), indicates that the percentage of individuals identifying they have a disability has shown a steady increase over time, from 2.3% in 2002 to 3.1% in 2005 figure. The more recently available data show a slight decline: in 2007, 2.8% of individuals using Wagner-Peyser funding were identified as having a disability. As noted in a recent publication by the Institute for Community Inclusion (ICI)

([http://www.communityinclusion.org/article.php?article\\_id=233&type=project&id=16](http://www.communityinclusion.org/article.php?article_id=233&type=project&id=16)), “In examining and interpreting these data, it is important to note that these data may not fully reflect the use of these services by people with disabilities, as it does not include individuals with non-apparent disabilities who have declined to identify that they have a disability.” There are a number of other issues with these data. It first off, only indicates percentage of use of the system by people with disabilities, with no outcome data (although outcome data is made available for Wagner-Peyser participants as a whole). Secondly, the data indicate massive variations in the percentage of people with disabilities using services from state-to-state: from less than 1% to over 15%. The underlying reasons for this variation are not clear, but it is concerning and bears further investigation.

*WIA Data:* The other piece of significant data that is available is the Workforce Investment Act fund data. These funds are generally used for training, as well as more intensive services in the workforce development system. In some cases, WIA funds are also used for core services. The WIA performance data do provide highly detailed information regarding performance and outcomes for people with disabilities. However, only a small percentage of individuals served in the workforce development system are served via WIA funds (approximately a million people annually vs. over 13 million via Wagner-Peyser funding). Therefore WIA performance is not equivalent to One-Stop performance, although it has been observed that many policymakers internal and external

to the workforce development system, advocates, and academics often verbally and in writing incorrectly make this assumption. To reinforce this point, in 2007, only 58,000 individuals identified as having a disability were served via WIA funds, while 499,000 individuals were served via Wagner-Peyser funds

There are three WIA funding streams: Adult, Dislocated Worker, and Youth. Analysis of these data by the Institute for Community Inclusion revealed the following: from 2001 to 2007, the percentage of individuals with disabilities served via WIA Adults funds declined from 9% of the total served to 4.2%. For WIA Dislocated Worker funds, the results have varied over this same period, from a low of 3.3% in 2005 to a high of 4.6% in 2006. In conjunction with declines in percentage of individuals served, the outcomes for individuals with disabilities trailed the overall average performance. (It is important to note that there are significant penalties in terms of funding losses for not meeting required performance outcomes using WIA funds.) For Youth funds however, the results are more encouraging. For WIA Youth with disabilities (ages 14 to 21), the percentage of individuals served actually increased from about 14% to 16% from 2001-2004 (although this has since declined to 14.5% in 2007). In terms of performance, Older Youth (ages 19-21) with disabilities slightly lagged the average performance, and for Younger Youth (ages 14-18), performance was either equivalent or exceeded the average performance. (Note: Youth with disabilities are highly eligible for WIA youth services.) These results appear to indicate that when performance for people with disabilities lags the general population, their ability to access services decreases, and when performance for people with disabilities is similar to or exceeds the general population, their ability to access services increases.

#### **4. WIA Reauthorization Recommendations**

Given this context, the following are specific recommendations regarding reauthorization of WIA:

##### **PERFORMANCE TRACKING AND MEASUREMENT**

- **Development of One-Stop Performance Measurement System:** A key piece of WIA reauthorization needs to be mandating development of performance measurement for the One-Stop system as a whole, which includes measurement of performance in serving people with disabilities, among other groups.
- **Clarity of Disability Definition and Tracking of SSI/SSDI Enrollment Status:** Part of the reform of performance measures needs to include much greater clarity regarding definitions and mechanisms for measurement, as it appears that the mechanisms for measuring disability are at best inconsistent making it difficult to have full confidence in the accuracy of the data. Mandating the collection of SSI/SSDI enrollment status of individuals being served would assist in this process, and allow for a much stronger sense of how the system is performing for individuals with more significant disabilities, and also allow for greater determination of the potential of the workforce development system in terms of participation in the Ticket to Work.
- **Creation of Benchmarks and Targets for Specific Populations:** In conjunction with reform of performance measures, it is also recommended that statutory language

be included in the reauthorization, which mandates creation of annual benchmarks and targets for serving specific populations, including people with disabilities

- **Revamping WIA Performance Requirements:** Revamping of the performance requirements for WIA funds is clearly needed. Too often, concerns over the inability to meet performance standards, is used as an excuse for not serving people with disabilities. The WIA performance measures must be modified to account for a wider range of job seeker needs. Language must also be incorporated into reauthorization that clearly reinforces that discrimination against individuals based on performance measure concerns is not acceptable.

#### NON-DISCRIMINATION AND UNIVERSAL ACCESS

- **Strengthen Non-Discrimination Language and Monitoring of Performance for Specific Populations:** WIA currently contains significant language regarding the mandate to serve people with disabilities that is strongly reinforced within the Section 188 regulations. It is recommended that this language not only be maintained, but also strengthened to make this mandate clearer. In conjunction with this, language should be incorporated within WIA, that more clearly requires monitoring of the performance of meeting the needs of various populations and sub-groups (including those with disabilities) and that the demographics of the customers served by the workforce development system should be reflective of the diversity of the region being served. This can be reinforced with creation of targets and benchmarks contained within the recommendation above regarding performance measures.
- **Maintain Universal Access Requirements:** One of the key strengths of WIA, is the concept of universal access to core services, which allows any individual to access services, without having to meet eligibility criteria. This should be absolutely maintained in any reauthorization.

#### TRAINING SERVICES

- **Require Use of Universal Design and Learning Principles in Training:** Access to skill development training programs for people with disabilities has often been limited, particularly for individuals with more significant disabilities. At the same time, the ability of people with disabilities to access employment that provides real economic independence is highly dependent on increasing their skill levels. The use of universal design and learning strategies in creation and delivery of curriculum, have proven to be an effective strategy in increasing the ability of people with disabilities and other groups to access and fully benefit from classroom instruction and training. It is therefore recommended, that as an outgrowth of the universal access requirements of WIA, that language be included in the reauthorization that requires that training programs be delivered, utilizing universal design and learning principles.
- **Strengthen Use of Training Beyond Traditional Classroom Settings:** The current WIA regulations allow for a wide variety of uses of training funds including but not limited to: occupational skills training; on-the job training; adult education and literacy; customized training for an employer who commits to hiring. However, there is a sense that most training funds are still used for traditional in-person didactic classroom training, which is not an effective learning strategy for many individuals,

including some individuals with disabilities. Therefore, in order to ensure that funds that are being utilized to support the full range of today's learning technology, and meet the full range of learner needs, it is recommended that language in the reauthorization more clearly and specifically encourage use of training funds beyond in-person traditional classroom training.

- **Explicitly Require Training Programs to Meet Needs of People with Disabilities:** Anecdotal evidence indicates that many training programs available via the workforce development system have limited willingness and ability to accommodate for the needs of individuals with disabilities, despite legal requirements under the ADA, Rehab Act, and Section 188 of WIA to do so. It is recommended that language be included in WIA reauthorization, that explicitly states and reiterates that training programs make efforts to proactively consider and accommodate the needs of individuals with disabilities, and that reinforces the right of people with disabilities to participate in training programs, and receive reasonable accommodations and modifications as necessary. Language should also be included that encourages the use of public VR and other disability partners to assist in supporting individuals in accessing and fully benefiting from workforce development training programs, in order that individuals successfully complete such programs, while simultaneously ensuring the ability of the workforce development system to meet the training program performance requirements.

#### ONE-STOP PARTNERSHIPS AND ROLE OF DISABILITY PARTNERS

- **Strengthen One-Stop Partnership Requirements:** The concept of a multiple partners coming together in a streamlined "user friendly" system as envisioned under WIA makes sense. However, while WIA mandates a multitude of partners within the One-Stop system, the reality has been that such partnerships have too often been cursory at best. One of the more obvious examples have been cases of One-Stop Career Centers funded by WIA funds, operating separately from One-Stop Career Centers or state Employment Service offices funded by Wagner-Peyser funds, which appears to be inconsistent with the intent of WIA. Another example, where opportunities presented by WIA have not been fully taken advantage of, is when the partnership with public VR has been itinerant, consisting of a local VR counselor spending a day per week (or even less) at a One-Stop with limited interaction with other staff, which is not the integrated and collaborative partnership envisioned under WIA. At the same time, qualitative research clearly indicates that when there have been strong partnerships in place, including those with public VR, the result has been mutual benefit for all concerned. Therefore, the partnership mandates within WIA for the One-Stop system need to be strengthened, with much clearer parameters regarding the requirements of partnership, and penalties and sanctions for non-compliance.
- **Maintain Public VR as a Mandated Partner:** It is highly recommended that the public Vocational Rehabilitation (VR) system remain as a mandated partner within the One-Stop system. The leveraging of resources and mutual benefits that have been observed on an anecdotal basis and through qualitative research (see reference at the end of this paragraph on case studies of MN, KY and ME), have clearly indicated the benefits of this partnership when properly structured and with the commitment of all involved.

[http://www.communityinclusion.org/article.php?article\\_id=4&type=topic&id=9](http://www.communityinclusion.org/article.php?article_id=4&type=topic&id=9)  
[http://www.communityinclusion.org/article.php?article\\_id=3&type=topic&id=9](http://www.communityinclusion.org/article.php?article_id=3&type=topic&id=9)  
[http://www.communityinclusion.org/article.php?article\\_id=5&type=topic&id=99](http://www.communityinclusion.org/article.php?article_id=5&type=topic&id=99)

- **Remove Partner Infrastructure Contribution Requirement:** Extensive and excessive energy has been spent over the last decade on the WIA requirement that all partners must contribute to the core services and infrastructure of the One-Stop system, and this has often been a barrier and distraction to productive partnerships. To address this issue, as recommended by a multitude of commentators, it is suggested that a separate line item be created for core One-Stop infrastructure, and that this mandate for partnership contributions to infrastructure be removed and alternative mechanisms for partnership development be allowed.
- **Encourage Participation by Other Disability Partners Beyond VR:** Public VR is the only disability specific system that is a mandated One-Stop partner, and as a result is the only disability specific system that has a mandate to serve on the local workforce investment boards that oversee the workforce development system and One-Stop Career Centers. Given that VR only represents a percentage of individuals with disabilities, and many people with disabilities receive employment assistance outside of the VR systems, it is recommended that language be inserted into WIA which either mandates or encourages other disability systems be included as members of workforce boards and/or partner in other ways with the workforce development system. These would include public intellectual/developmental disability systems, public mental health system and state and local school districts. Similarly, language should be included that mandates or encourages partnership with the Veteran's Administration, which has a major constituency of veterans with disabilities, that could benefit from stronger linkages with workforce development.

#### SOCIAL SECURITY EMPLOYMENT SUPPORTS

- **Strengthen Role with Ticket to Work and Other Social Security Employment Support Programs:** It is recommended that language be included in WIA that strongly encourages or mandates that One-Stop Career Centers be Employment Networks under the SSA Ticket to Work program, which could be a catalyst for increasing services to people with disabilities. Similarly to this, should be language that encourages linkages with Work Incentive Planning and Assistance (WIPA) Programs, and other Social Security employment support programs. As noted above, mandating tracking of the SSI/SSDI status of workforce development system customers, would assist in such efforts.

#### DISABILITY PROGRAM NAVIGATORS

- **Make Disability Program Navigators Permanent:** The Disability Program Navigator (DPN) system has been a real asset to people with disabilities in accessing the One-Stop system. In order to strengthen the DPN system, it is recommended that the WIA reauthorization include a statutory requirement to maintain the DPN system, with expansion to all 50 states.

# **Appendix Q**

## **ICI Table of Organization**





# Institute for Community Inclusion Organizational Chart



Childrens Hospital Boston  
Developmental Medicine



UMass Boston  
Office of the Provost

ICI Director

Coordinating Committee

Advisory Committee

Administration Committee

Staff Level

Admin./Business  
Supports

MIS/Data Analysis

Research  
Core

Marketing &  
Communications

Events  
Planning

Operations Level

Research

Education &  
Transition

Technical  
Assistance

Policy  
Development

Training

Exemplary  
Services

Applied

Translational

Secondary

Postsecondary

Consultation

SELN

State & Local  
contracts

Program  
evaluation

National

State

Local

Pre-service

Inservice

Post Doc

Employment

Diagnostic eval.

Capacity  
development

National and Regional Centers

RTAC/VR  
Management

NSIP

LEND

RRTC/Opening  
Doors

NERCVE

TACE

RRTC/VR

DRRP/ADD  
Postsecondary

NextSTEP



## **Appendix R**

# **ICI Marketing and Communications Department Internal and External Initiatives, 2010**



## Internal and External Marketing and Communications Initiatives, 2010

### Internal Marketing Campaign

**A. The Marketing and Communications team (M&C) conducts an ongoing internal marketing campaign targeted to general staff.**

*Challenge: Possible underuse of the M&C team and its capacity, underuse of marketing, communications, and technology solutions in ICI projects, or a combination of both.*

There are several reasons for this:

- Staff (including new staff) may not know/be aware of the range of solutions available to them
- Staff may be aware but not know how to access these solutions through the M&C team
- Staff may be aware but anxious about applying a type of solution (technology and otherwise) in their projects
- Staff may not be interested in using a type of solution in their work and projects

*Goal: To fully integrate marketing, communications, and information technology into the ICI grants and projects.*

How will M&C accomplish this?

1. We revise our older existing **print documents** that discuss what types of services M&C can do for staff (Answering questions such as “What can Marketing and Communications Team do for me? Who are the Marketing and Communications Team? Why Should I talk to the Communications Team?”).
2. We produce some **short videos and multimedia presentations** that discuss what M&C can do for staff.
3. We better promote and create **easier access to our webinars**, including Dave and Jeff’s webinar for SELN entitled “What is a Communications Plan and Why Do I Need One?” and Alvaro’s upcoming webinar for TACE entitled “Overview of types of Distance Ed options/approaches as you plan your communication & training.”
4. We create an **online portfolio** that showcases the types of stuff we can do (Learning Management Systems, Content Management Systems, photography, accessible websites, scenarios, print products, accessibility reviews, videos, multimedia, publicity, etc.). This, accompanied by FAQs about how to obtain similar solutions. The portfolio will educate staff about the range of solutions available and how to select the right solution(s) for their projects.
5. We conduct regular **email updates** to staff, featuring our new products and services, such as our recent forays into social media (new YouTube channel, Facebook, Twitter).
6. We’ll focus an upcoming **internal newsletter** on the M&C team and what they do as well as pointing towards the new explanatory materials.
7. We create a **flowchart** illustrating the “grant life cycle and when you should consider talking to the marketing and communications team,” from initial RFP to project close-out.

## **B. M&C conducts an ongoing internal marketing campaign targeted to ICI project and team leaders.**

There is unanimous agreement among M&C staff that we should conduct two internal marketing campaigns. The first, outlined above, would be a general campaign targeted toward all staff. The second would be an ongoing internal campaign targeted toward those people in ICI whom we have labeled “project and team leaders.” Such staff include project leads, coordinating committee members and principal investigators. While this group can and will benefit from the general campaign, there is agreement that M&C can and should insinuate itself more with this group. Given the workloads and the fast-paced nature of the work these project leads conduct, it is recognized that there is not always time to make sure the M&C team is included in grant-writing activities and planning both pre- and post-grant award. That said, we also feel that this is a mistake and ends up costing us all in the long run. The hoped-for results of such a campaign is to include M&C earlier into the “conversation,” to better educate the project leads as to the technologies and communications devices available, and to generally have our advice adopted and implemented. This would go a long way toward building better products with more efficient timelines.

In order to achieve this, our plan is to be a bit more assertive and active in performing outreach to this group. We plan to conduct regular meetings with decision-makers where we discuss future goals and timelines, and then engage in active email and person-to-person follow-up.

We hope that increased outreach on our behalf will lead to a rise in information coming from these “decision-makers” to us.

## **C. M&C works with the new ICI Learning Community Task Force**

M&C will work with the new task force to better integrate marketing and communications efforts, and to identify learning, training, and project integration opportunities.

# **External Marketing Campaign**

The focus of the internal campaign is to promote better integration of marketing services throughout ICI and increase visibility for the Marketing and Communications team. The purpose of the external campaign is to create a more cohesive public brand/identity for the ICI and its projects, resulting in greater visibility of ICI and its message of inclusion.

## **A. Create a better website.**

We have all talked for awhile about the need to create a better ICI website by making it simpler, more interesting, and engaging. We are aiming to change the website's function, giving users the ability to influence and shape it. It should operate more as a community than a clearinghouse of information. The site will contain more stories, rich multimedia, videos, photos, and social networking while being updated on a more frequent basis to encourage users to visit often.

We will also strive to present our disparate project websites in a more cohesive way. One idea is to create one portal--the mother of all portals.

A caveat of all this is that this will take quite a lot of time, resources, and effort to accomplish this. The current site, while perhaps not the easiest site to navigate, does do a decent job of presenting the vast amount of information that ICI has amassed over the years. As Paul Simon once wrote, "One man's ceiling is another man's floor," and there are lots of opinions out there as to how to best accomplish this lofty goal. We will, however, create a plan and implement it.

While we are debating the merits of each approach, we will populate the existing website with fresh videos and other content, since the new site will probably take a fair amount of time to create.

## **B. Create a style guide/brand book.**

We will begin work on creating a universal style guide for ICI that addresses the following:

- Key messages
- Brand identifiers
- Visual identity (color, type, photography, etc.)
- Business templates
- Co-branding ICI projects with the ICI and our "parent brands," UMass Boston and Children's Hospital Boston

## **C. Shape the external message.**

To help maintain a consistent brand, we'll provide basic guidelines for describing the ICI to outside parties:

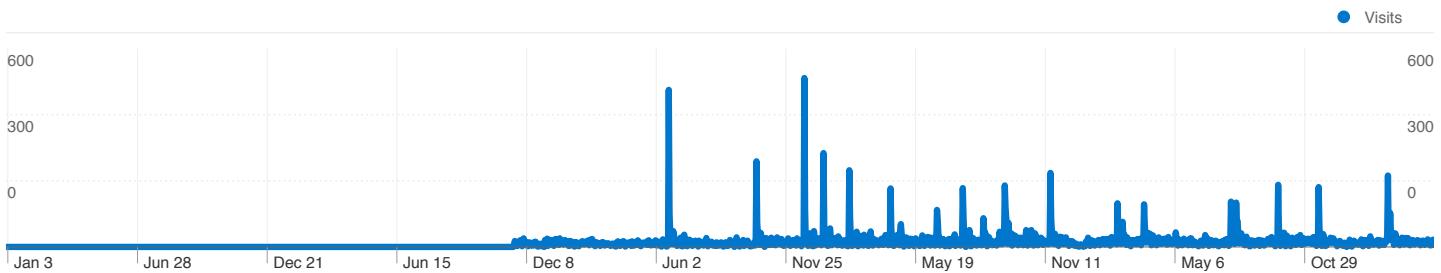
- Elevator speech
- Media outreach/interaction guidelines
- Overall outside image



# **Appendix S**

## **Utilization Reports**





### Site Usage

**23,474** Visits

**48.72%** Bounce Rate

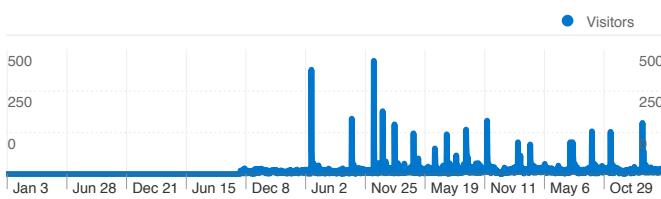
**116,836** Pageviews

**00:02:59** Avg. Time on Site

**4.98** Pages/Visit

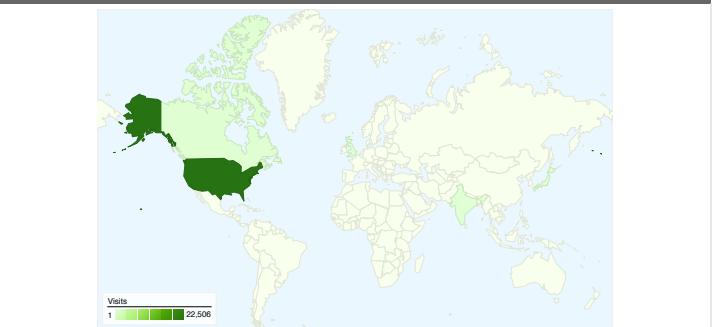
**68.01%** % New Visits

### Visitors Overview

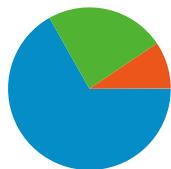


**15,967**

### Map Overlay



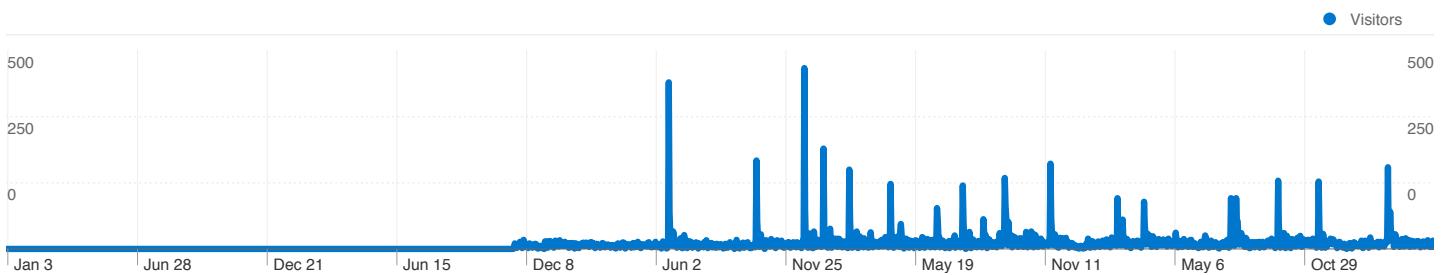
### Traffic Sources Overview



- █ **Direct Traffic**  
15,687.00 (66.83%)
- █ **Search Engines**  
5,578.00 (23.76%)
- █ **Referring Sites**  
2,201.00 (9.38%)
- █ **Other**  
8 (0.03%)

### Content Overview

Pages	Pageviews	% Pageviews
/charts/trends_1.php	12,152	10.40%
/charts/comparison_1.php	11,775	10.08%
/charts/individual_1.php	6,511	5.57%
/datanotes/	3,784	3.24%
/about/data_sources.php	3,095	2.65%



**15,967 people visited this site**

 **23,474 Visits**

 **15,967 Absolute Unique Visitors**

 **116,836 Pageviews**

 **4.98 Average Pageviews**

 **00:02:59 Time on Site**

 **48.72% Bounce Rate**

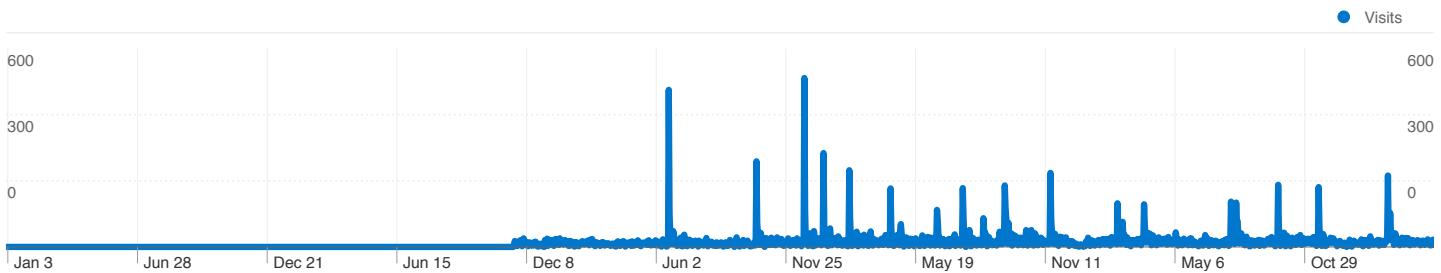
 **68.01% New Visits**

## Technical Profile

Browser	Visits	% visits	Connection Speed	Visits	% visits
Internet Explorer	16,891	71.96%	Unknown	7,023	29.92%
Firefox	4,992	21.27%	T1	6,908	29.43%
Safari	1,225	5.22%	Cable	5,236	22.31%
Chrome	193	0.82%	DSL	3,441	14.66%
Netscape	57	0.24%	Dialup	641	2.73%

# Traffic Sources Overview

Comparing to: Site

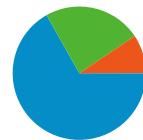


All traffic sources sent a total of 23,474 visits

**66.83%** Direct Traffic

**9.38%** Referring Sites

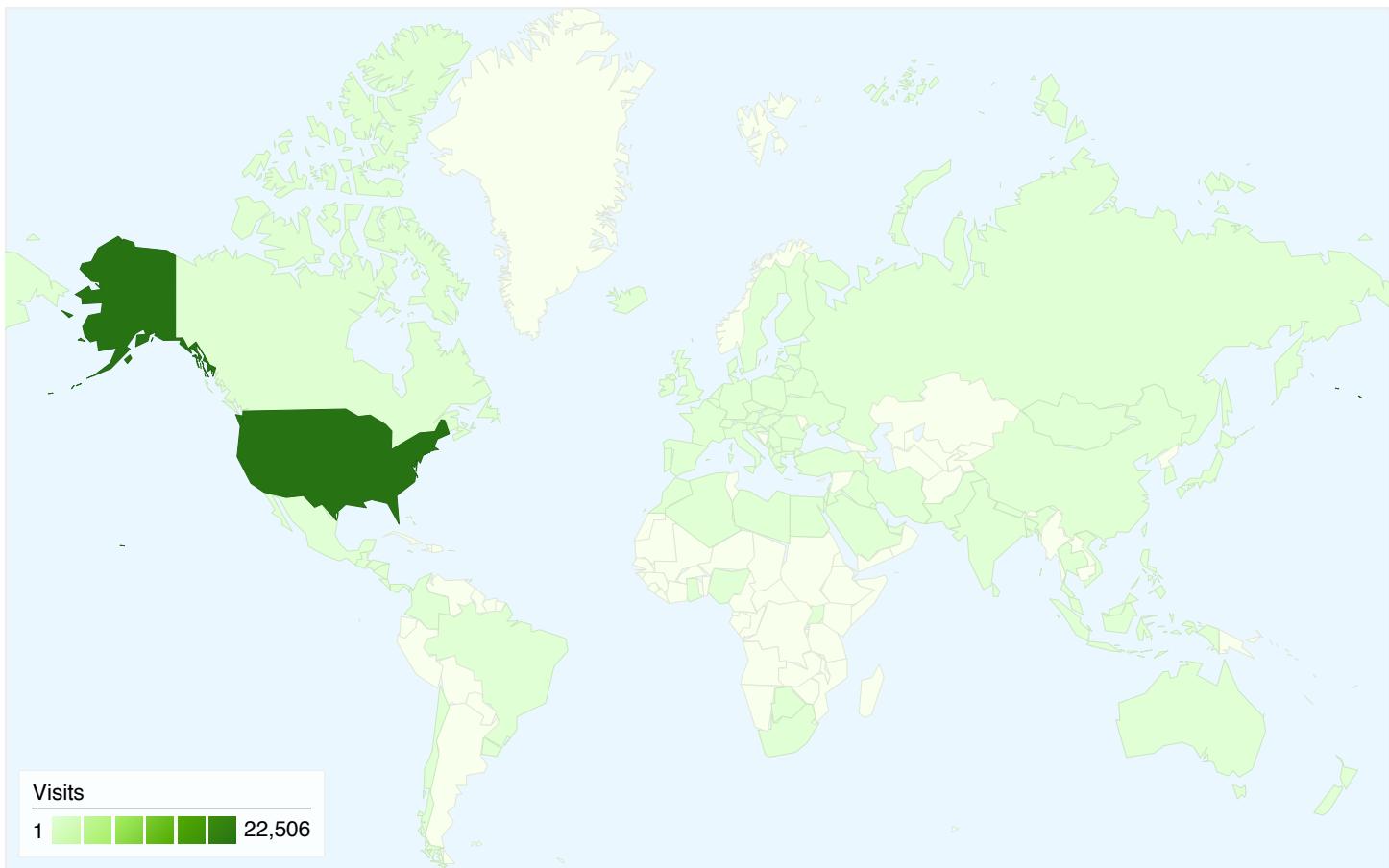
**23.76%** Search Engines



	<b>Direct Traffic</b>
	15,687.00 (66.83%)
	<b>Search Engines</b>
	5,578.00 (23.76%)
	<b>Referring Sites</b>
	2,201.00 (9.38%)
	<b>Other</b>
	8 (0.03%)

## Top Traffic Sources

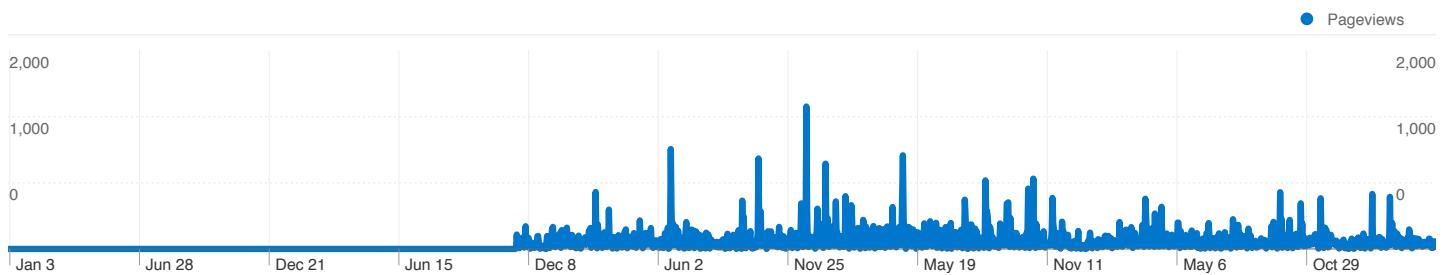
Sources	Visits	% visits	Keywords	Visits	% visits
(direct) ((none))	15,687	66.83%	state comparison	1,047	18.77%
google (organic)	4,191	17.85%	state comparisons	422	7.57%
yahoo (organic)	551	2.35%	compare states	137	2.46%
images.google.com (referral)	429	1.83%	1619b	117	2.10%
rs6.net (referral)	402	1.71%	wia employment	43	0.77%



**23,474 visits came from 101 countries/territories**

Site Usage							
Visits <b>23,474</b> % of Site Total: 100.00%	Pages/Visit <b>4.98</b> Site Avg: 4.98 (0.00%)	Avg. Time on Site <b>00:02:59</b> Site Avg: 00:02:59 (0.00%)	% New Visits <b>67.98%</b> Site Avg: 68.01% (-0.04%)	Bounce Rate <b>48.72%</b> Site Avg: 48.72% (0.00%)			
Country/Territory	Visits	Pages/Visit	Avg. Time on Site	% New Visits	Bounce Rate		
United States	<b>22,506</b>	5.06	00:03:02	67.19%	48.09%		
Canada	<b>144</b>	3.36	00:01:29	87.50%	65.97%		
Japan	<b>128</b>	2.38	00:01:16	70.31%	73.44%		
United Kingdom	<b>97</b>	3.52	00:02:08	86.60%	61.86%		
India	<b>51</b>	2.88	00:01:42	96.08%	50.98%		
Australia	<b>50</b>	1.64	00:00:16	86.00%	80.00%		
Philippines	<b>38</b>	1.39	00:00:20	94.74%	78.95%		
(not set)	<b>36</b>	3.56	00:01:55	80.56%	63.89%		
Germany	<b>34</b>	3.24	00:03:41	88.24%	41.18%		

Ireland	25	5.56	00:04:28	72.00%	32.00%
1 - 10 of 101					



Pages on this site were viewed a total of 116,836 times

 **116,836** Pageviews

 **73,087** Unique Views

 **48.72%** Bounce Rate

## Top Content

Pages	Pageviews	% Pageviews
/charts/trends_1.php	12,152	10.40%
/charts/comparison_1.php	11,775	10.08%
/charts/individual_1.php	6,511	5.57%
/datanotes/	3,784	3.24%
/about/data_sources.php	3,095	2.65%

# **Appendix T**

## **ICI Partner Survey Questions**



## Appendix T

### 2010 Survey of Partners of the Institute for Community Inclusion

#### ABOUT THIS SURVEY:

Your opinions and experiences matter to us! The University of Massachusetts Boston (UMB) has asked the Institute for Community Inclusion (ICI) to conduct a review of its contributions to the university and to the community at large. The self-assessment is part of a five-year comprehensive review of the UMass Boston system.

The purpose of this survey is to better understand the experiences of organizations and individuals who work with the ICI, their views on ICI projects and activities, and on how these fit into the UMass Boston system. By answering these questions, you will help the ICI to learn about its strengths and weaknesses and the Institute's ability to serve you better.

The survey is divided into two sections: **Section A** asks about your organization and ICI partnership experience. **Section B** asks about your views on ICI projects and activities, their quality and, if applicable, contribution to UMB more broadly. We estimated that answering the survey will take about 10 minutes.

#### SURVEY INSTRUCTIONS:

Filling out this survey is voluntary. Any questions you do not want to answer can be skipped. The information provided will be kept strictly confidential and will only be reported in aggregate form in the final report. Your contact information will never be linked to data you provide in any reports.

If you have questions about the survey, please contact the researcher Heike Boeltzig at ICI / UMB, by phone at 617-287-4315 or via e-mail at: [heike.boeltzig@umb.edu](mailto:heike.boeltzig@umb.edu).

If you have questions about your rights as a research participant, please contact the UMB Institutional Review Board (IRB) by phone at 617-287-5374 or via e-mail at: [human.subjects@umb.edu](mailto:human.subjects@umb.edu).

*At the end of each page, please hit the "Click to New Page" button to send us your responses. Please do not use the "back" button in your browser.*

## **SECTION A: Your Organization and ICI Partnership Experience**

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This section asks about your organization and the experience of working with the ICI. This information will help the ICI to learn about its strengths and weaknesses and what steps to take to improve collaboration / partnerships.

A1. Is your organization a(n) ... (**Check all that apply.**)

- Business
  - Disability advocacy organization
  - Educational agency
  - Employer organization
  - Employment service agency
  - Federal agency
  - Health care organization
  - Independent Living Program
  - Infant / preschool agency
  - Information / referral center
  - Local / county government
  - Membership organization – consumer
  - Membership organization – professional
  - Community based organization serving racial, ethnic or immigrant communities
  - National organization
  - Parent / family organization
  - Rehabilitation service agency
  - Research organization / think tank
  - Social service organization
  - State agency
  - Self-employed / consultant
  - Other type of agency – Please specify:
- 

A2. What is the scope of your organization? (**Check only one.**)

- Local – Please specify state:
- State – Please specify state:
- Regional – Please specify state:
- National / US
- International – Please specify state:

A3. How many years has your organization worked with the ICI? (**Check only one.**)

- Less than 1 year
- 1 – 5 years
- 6 – 10 years
- 11 + years
- Don't know

A4. Please describe the nature of your organization's relationship with the ICI (e.g., roles, responsibilities, expectations).

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A5. Below is a list of statements about your organization's partnership experience with the ICI. For each statement, please check the box that best represents your answer.

	Check for each row ...				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. Our partnership has concrete goals and objectives.					
b. Partners each have clear roles and responsibilities.					
c. Partners are included in the decision-making process.					
d. Partners communicate effectively with one another.					
e. Our partnership uses financial resources efficiently.					
f. Our partnership uses in-kind resources (e.g., skills, expertise, connections) efficiently.					

A6. Overall, how satisfied are you with the way your partnership with the ICI is achieving its goals and objectives? **(Check only one.)**

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied

A7. What recommendations do you have for the ICI to improve collaboration / partnerships with organizations such as yours?

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## **SECTION B: Your Views on ICI Projects and Activities, Their Quality, and Contribution to UMB**

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This section asks about organizations' engagement in research, training, technical assistance and systems change, and academic, pre- and in-service education. You will be able to select the activities that are relevant to your participation with the ICI. Remember that you can skip any question that you are not informed enough or feel uncomfortable to answer. Your answers to these questions will help us improve ICI projects and activities and better align them with the university.

B1. Has your organization engaged in research projects or activities with the ICI? Research includes program evaluation.

- Yes
- No – SKIP to B2.

B1a. Below is a list of statements about your overall views on the quality of ICI research projects and activities and related aspects. For each statement, please check the box that best represents your answer.

	Check for each row ...				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. Research is relevant to the needs of our community.					
b. Research is well-designed.					
c. Research is implemented effectively (i.e. achieve goals and objectives in a timely manner).					
d. ICI research staff are highly knowledgeable and skilled in their respective fields.					
e. Research products (e.g., reports, briefs, papers) are of high quality (in terms of content).					

B1b. ICI research projects and activities are well-integrated with research activities and academic programs of UMB departments and colleges.

**Please check the box that best represents your answer. Not all organizations will be able to comment on this statement because of their unique relationship with the ICI. If this is the case, please select "Not applicable" and proceed to the next question.**

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
  
- Don't know / Not applicable

B2. Has your organization engaged in training projects or activities with the ICI?

- Yes
- No – SKIP to B3.

B2a. Below is a list of statements about your overall views on the quality of ICI training projects and activities and related aspects. For each statement, please check the box that best represents your answer.

	Check for each row ...				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. Training is relevant to the needs of our community.					
b. Training is well-designed.					
c. Training / training materials are universally accessible (e.g., provided in multiple and alternative formats).					
d. Training / training materials are useful.					
e. ICI training staff are highly knowledgeable and skilled in their respective fields.					
f. Training is effective for our community (i.e. achieve goals and objectives)					

B2b. ICI training projects and activities are well-integrated with research activities and academic programs of UMB departments and colleges.

**Please check the box that best represents your answer. Not all organizations will be able to comment on this statement because of their unique relationship with the ICI. If this is the case, please select "Not applicable" and proceed to the next question.**

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
  
- Don't know / Not applicable

B3. Has your organization engaged in technical assistance (TA) or systems change projects or activities with the ICI?

- Yes
- No – SKIP to B4.

B3a. Below is a list of statements about your overall views on the quality of ICI technical assistance (TA) and systems change projects and activities and related aspects. For each statement, please check the box that best represents your answer.

	Check for each row ...				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. TA / systems change projects and activities are relevant to the needs of our community.					
b. TA / systems change projects and activities are well-designed.					
c. ICI TA / systems change staff are highly knowledgeable and skilled in their respective fields.					
d. TA / systems change projects and activities are effective for our community (i.e. achieve goals and objectives)					

B3b. ICI technical assistance or systems change projects and activities are well-integrated with research activities and academic programs of UMB departments and colleges.

**Please check the box that best represents your answer. Not all organizations will be able to comment on this statement because of their unique relationship with the ICI. If this is the case, please select "Not applicable" and proceed to the next question.**

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
  
- Don't know / Not applicable

B4. Has your organization engaged in academic, pre- or in-service projects or activities with the ICI?

- Yes
- No – SKIP to B5.

B4a. Below is a list of statements about your overall views on the quality of ICI academic, pre- and in-service education projects and activities, and related aspects. For each statement, please check the box that best represents your answer.

	Check for each row ...				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. Education projects and activities are relevant to the needs of our community.					
b. Education projects and activities are well-designed.					
c. Education projects and activities are universally accessible (e.g., provided in multiple and alternative formats).					
d. Education projects and activities, including materials, are useful.					
e. ICI education staff are highly knowledgeable and skilled in their respective fields.					
f. Education projects and activities are effective for our community (i.e. achieve goals and objectives)					

- B4b. ICI academic, pre- and in-service education projects and activities are well-integrated with research activities and academic programs of UMB departments and colleges.

**Please check the box that best represents your answer. Not all organizations will be able to comment on this statement because of their unique relationship with the ICI. If this is the case, please select "Not applicable" and proceed to the next question.**

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Don't know / Not applicable

- B5. What recommendations do you have for the ICI to improve the quality of projects and activities?

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- B6. Is there anything else you would like to share that is relevant to this survey?

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XX Insert check box here: Please check this box if you'd like to receive a copy of the summary of the survey findings.

**Thank you very much for the time you spent answering these questions!**

# **Appendix U**

## **ICI Partner Survey Results**



## Appendix U

### Summary of Findings from the Survey of ICI Partners

This section presents findings from an analysis of an online survey of 114 ICI partner organizations (70% of 163) that ICI researchers conducted in March / April 2010. The survey findings describe the landscape of ICI partnerships, their contributions, and how these partnerships fit into the larger UMB system.

#### 1. Description of ICI Partner Organizations

This section describes the 114 ICI partner organizations in terms of organization type, primary scope or geographic area, and the length of partnership.

**The largest number of partner organizations were state agencies (see Table 1).** The largest number / percentage of partner organizations were state agencies (34.2%), followed by Institutions of Higher Education (23.7%), and public or private educational agencies (11.4%). Thirteen organizations (11.4%) fell into more than one category. Nine of the partner organizations (7.9%) fell into the ‘Other’ category, which included University Centers for Excellence in Developmental Disabilities (UCEDDs), a non-consumer membership association, and a business leadership network.

**Table 1: Type of Organization (N=114)**

Organization Type	Total N	Percentage
State agency	39	34.2%
Institution of Higher Education	27	23.7%
Educational agency (public or private school)	13	11.4%
Other type of agency	9	7.9%
Disability advocacy organization	8	7.0%
Health care organization	6	5.3%
Community based organization serving racial, ethnic or immigrant communities	4	3.5%
Parent / family organization	3	2.6%
National organization	3	2.6%
Independent Living Program	3	2.6%
Business	3	2.6%
Research organization / think tank	2	1.8%
Membership organization – consumer	2	1.8%
Local / county government	2	1.8%
Infant / preschool agency	2	1.8%
Employment service agency	2	1.8%
Social service organization	1	0.9%
Rehabilitation service agency	1	0.9%
Membership organization – professional	1	0.9%
Information / referral center	1	0.9%
Federal agency	1	0.9%

Employer organization	1	0.9%
Self-employed / consultant	0	0.0%

*Note:* The number of organization adds up to more than 114 because organizations could report using more than one type of organization. In the case of six of the organizations, more than one individual per organization was sampled. This was because these individuals partnered with different ICI projects.

**The majority of partner organizations served geographic areas at the state level (see Table 2).** Slightly less than two-thirds (64.9%) of organizations partnering with the ICI served at the state level. Within the state level category, the most common state was Massachusetts (17 of 74), followed by Florida, Washington, New Mexico, and Missouri. The second most common geographic scope was national level (16.7%), followed by local level (13.2%). Among partnering organizations serving at the local level, the majority served localities in Massachusetts (8 of 15).

**Table 2: Primary Scope or Geographic Area of Partner Organization (N=114)**

Primary Scope / Geographic Region	Frequency	Percentage
State	74	64.9%
National / US	19	16.7%
Local	15	13.2%
Regional (multi-state)	5	4.4%
International	1	0.9%

**The majority of partner organizations reported collaborating with the ICI for one to five years (see Table 3).** Almost half of the responding partnering organizations (48.2%) have collaborated with the ICI for one to five years, followed by six to ten years (22.8%), and 11+ years (15.8%).

**Table 3: Organizations' Length of ICI Partnership (N=114)**

Time	Frequency	Percentage
Less than 1 year	7	6.1%
1-5 years	55	48.2%
6-10 years	26	22.8%
11+ years	18	15.8%
Don't know	8	7.0%

*Note:* The survey questionnaire asked respondents to describe their organization's relationship with the ICI in terms of partner roles, responsibilities and expectations (Survey Question A4). Respondents (109 of 114) mostly described/listed the types of activities conducted or services received as part of their project or collaboration with the ICI. These data could not be aggregated and thus were not included in the summary.

## **2. Organizations' Experiences of Partnering with the ICI**

This section consists of two parts: The first part presents findings on organizations' overall experiences in partnering with the ICI. The second part presents findings on organizations' experiences by type of project or activity they engaged in. This included: a) research, b) training, c) technical assistance (TA) or systems change, and d) academic, pre- or in-service projects and activities. Note that an organization could report engaging in more than one type of project or activity.

**The largest number of partner organizations strongly agreed with several positive statements regarding their experience in working with the ICI (see Table 4).** Survey respondents were asked to evaluate their partnership experience by expressing how much they agreed with several statements, using a scale from 1 ('Strongly agree') to 5 ('Strongly disagree'). The largest number / percentage of respondents strongly agreed that their partnership with the ICI has concrete goals and objectives (48.2%); that partners each have clear roles and responsibilities (51.8%); that partners are included in the decision-making process (46.8%); that partners communicate effectively with one another (53.6%); that the partnership efficiently uses fiscal resources (46.8%) and in-kind resources (64.5%).

**Table 4: Organizations' Evaluation of ICI Partnership**

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. Our partnership has concrete goals and objectives. (N=112)	54 (48.2%)	43 (38.4%)	11 (9.8%)	3 (2.7%)	1 (0.9%)
b. Partners each have clear roles and responsibilities. (N=112)	58 (51.8%)	39 (34.8%)	12 (10.7%)	3 (2.7%)	0 (0.0%)
c. Partners are included in the decision-making process. (N=111)	52 (46.8%)	39 (35.1%)	14 (12.6%)	6 (5.4%)	0 (0.0%)
d. Partners communicate effectively with one another. (N=112)	60 (53.6%)	41 (36.6%)	6 (5.4%)	3 (2.7%)	2 (1.8%)
e. Our partnership uses fiscal resources efficiently. (N=109)	51 (46.8%)	35 (32.1%)	18 (15.8%)	4 (3.7%)	1 (0.9%)
f. Our partnership uses in-kind	71	24	12	2	1

resources (e.g., skills, expertise, connections) efficiently. (N=110)	(64.5%)	(21.8%)	(10.9%)	(1.8%)	(0.9%)
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**The majority of partner organizations were very satisfied with their overall partnership with the ICI (see Table 5).** Among the 113 responding organizations, seventy-seven (68.1%) reported being ‘very satisfied’ with their ICI partnership experience, followed by ‘satisfied’ (22.1%), and ‘neutral’ (7.1%). Only three organizations (2.7%) reported any level of dissatisfaction with the partnership.

**Table 5: Reported Overall Satisfaction with ICI Partnership (N = 113)**

	Frequency	Percentage
Very satisfied	77	68.1%
Satisfied	25	22.1%
Neutral	8	7.1%
Dissatisfied	2	1.8%
Very dissatisfied	1	0.9%

**Most recommendations to improve collaboration with the ICI related to communication.** Among the 114 responding partner organizations, 52 provided recommendations for how to improve their partnership with the ICI. The most common recommendations related to improving partner communication (n=18). More specifically, partner organizations recommended that the ICI improves communication in regard to project planning and specifically defining the roles within the partnership (n=8), and increase the frequency (n=4), openness (n=3), and timeliness (n=2) of communication. Two respondents commented on challenges regarding contract negotiation and reimbursement, noting difficulty navigating the complicated UMB system.

Several organizations (n=20) noted that collaborating with the ICI had positively impacted their organization and the populations they serve, as well as the ICI. Among these respondents, six made the recommendation that the partnership continue. For example, one partnering organization noted: “Often our strategic priorities converge and I suggest that we take time planning how we work together strategically rather than only when grant opportunities appear.” Another partner organization commented that they hoped the partnership would be maintained to some degree, regardless of available funding. One partner organization suggested that the ICI partners with international foundations more often, commenting “ICI has a tremendous capacity to impact the world, not just Massachusetts.”

### **a) ICI Research Projects and Activities**

**The largest number of partner organizations involved in research projects or activities strongly agreed with several positive statements regarding their experience in working with ICI (see Table 6).** Sixty-two (56.4% of 110) of the responding organizations were engaged in research projects or activities with the ICI. Among these respondents, the largest number / percentage strongly agreed that the research was well designed (45.0%) and relevant to the needs of their community (66.2%); that ICI research staff were highly knowledgeable and skilled in their respective fields (62.3%); and that the research products were of high quality (54.1%). Equal numbers / percentages of respondents strongly agreed or agreed with the statement about the research being implemented effectively (27 or 45.8%). Fifteen of 16 organizations responded positively to the question about how well ICI research projects and activities are integrated with research activities and academic programs of UMB departments and colleges (see Table 7).

**Table 6: Partnership Experience with ICI Research Projects and Activities**

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. Research is relevant to the needs of our community. (N=65)	43 (66.2%)	18 (15.8%)	4 (6.2%)	0 (0.0%)	0 (0.0%)
b. Research is well designed. (N=60)	27 (45.0%)	23 (38.3%)	8 (13.3%)	2 (3.3%)	0 (0.0%)
c. Research is implemented effectively (i.e. achieve goals and objectives in a timely manner). (N=59)	27 (45.8%)	27 (45.8%)	3 (5.1%)	1 (1.7%)	1 (1.7%)
d. ICI research staff are highly knowledgeable and skilled in their respective fields. (N=53)	38 (62.3%)	19 (31.1%)	4 (6.6%)	0 (0.0%)	0 (0.0%)
e. Research products (e.g., reports, briefs, papers) are of high quality (in terms of content). (N=61)	33 (54.1%)	25 (41.0%)	3 (4.9%)	0 (0.0%)	0 (0.0%)

**Table 7: Integration of ICI Research Projects and Activities with UMB Departments (n=60)**

	Frequency	Percentage
Strongly agree	6	10.0%
Agree	9	15.0%
Neutral	1	1.7%
Disagree	0	0.0%
Strongly disagree	0	0.0%
Don't know / not applicable	44	73.3%

## b) ICI Training Projects and Activities

**The majority of partner organizations involved in training projects or activities strongly agreed with several positive statements regarding their experience in working with the ICI (see Table 8).** Eighty-six (76.1% of 113) of the responding organizations were engaged in training projects or activities with the ICI. Among these respondents, the majority strongly agreed that the training was well designed (58.1%) and relevant to the needs of their community (66.3%); that trainings and training materials were useful (60.0%) and universally accessible (57.1%); ICI training staff were highly knowledgeable and skilled in their respective fields (68.2%); and that training was effective for their community (58.1%). Fifteen of 20 organizations responded positively to the question about how well ICI training projects and activities are integrated with research activities and academic programs of UMB departments and colleges (see Table 9).

**Table 8: Partnership Experience with ICI Training Projects and Activities**

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. Training is relevant to the needs of our community. (N=86)	57 (66.3%)	28 (32.6%)	0 (0.0%)	1 (0.9%)	0 (0.0%)
b. Training is well designed. (N=86)	50 (58.1%)	31 (36.0%)	3 (3.5%)	1 (1.2%)	1 (1.2%)
c. Training / training materials are universally accessible (e.g., provided in multiple and alternative formats). (N=84)	48 (57.1%)	23 (27.4%)	11 (13.1%)	2 (2.4%)	0 (0.0%)
d. Training / training materials are useful. (N=85)	51 (60.0%)	28 (32.9%)	4 (4.7%)	2 (2.4%)	0 (0.0%)
e. ICI training staff are highly knowledgeable and skilled in their respective fields. (N=85)	58 (68.2%)	23 (27.1%)	2 (2.4%)	2 (2.4%)	0 (0.0%)
f. Training is effective for our community (i.e. achieve goals and objectives) (N=86)	50 (58.1%)	31 (36.0%)	3 (3.5%)	2 (2.3%)	0 (0.0%)

**Table 9: Integration of ICI Training Projects and Activities with UMB Departments (n=83)**

	Frequency	Percentage
Strongly agree	13	15.7%
Agree	3	3.6%
Neutral	2	2.4%
Disagree	2	2.4%
Strongly disagree	0	0.0%
Don't know / not applicable	63	75.9%

### **c) ICI Technical Assistance and Systems Change Projects and Activities**

**The majority of partner organizations involved in technical assistance (TA) or systems change projects or activities strongly agreed with several positive statements regarding their experience in working with the ICI (see Table 10).**

Seventy-three (65.1% of 112) of responding organizations were engaged in TA or systems change projects or activities with the ICI. Among these respondents, the majority strongly agreed that TA / systems change projects and activities were well designed (57.5%) and relevant to the needs of their community (74.0%); that ICI TA / systems change staff were highly knowledgeable and skilled in their respective fields (72.2%) and that TA / systems change projects and activities were effective for their community (54.8%). Twelve of 14 organizations responded positively to the question about how well ICI TA / systems change projects and activities are integrated with research activities and academic programs of UMB departments and colleges (see Table 11).

**Table 10: Partnership Experience with ICI TA or Systems Change Projects and Activities**

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. TA / systems change projects and activities are relevant to the needs of our community. (N=73)	54 (74.0%)	18 (24.7%)	1 (1.4%)	0 (0.0%)	0 (0.0%)
b. TA / systems change projects and activities are well designed. (N=73)	42 (57.5%)	25 (34.2%)	5 (6.8%)	0 (0.0%)	1 (0.9%)
c. ICI TA / systems change staff are highly knowledgeable and skilled in their respective fields. (N=72)	52 (72.2%)	17 (23.6%)	3 (4.2%)	0 (0.0%)	0 (0.0%)
d. TA / systems change projects and activities are effective for our community (i.e. achieve goals and objectives) (N=73)	40 (54.8%)	25 (34.2%)	8 (11.0%)	0 (0.0%)	0 (0.0%)

**Table 11: Integration of ICI TA or Systems Change Projects and Activities with UMB Departments (n=71)**

	Frequency	Percentage
Strongly agree	7	9.9%
Agree	5	7.0%
Neutral	1	1.4%
Disagree	1	1.4%
Strongly disagree	0	0.0%
Don't know / not applicable	57	80.3%

#### **d) ICI Technical Academic, Pre- and In-Service Education Projects and Activities**

The largest number of partner organizations involved in academic, pre- or in-service education projects or activities strongly agreed with several positive statements regarding their experience in working with the ICI (see Table 12). Twenty-one (18.8% of 112) of responding organizations were engaged in academic, pre- or in-service education projects or activities with the ICI. Among these respondents, the largest number / percentage strongly agreed that the education projects and activities were well designed (54.5%) and relevant to the needs of their community (68.2%); that education projects, activities and materials were useful (61.9%) and universally accessible (50.0%); that ICI education staff were highly knowledgeable and skilled in their respective fields; and that education projects and activities were effective for the community (52.4%). All of the 12 organizations that responded to the question about how well ICI academic projects and activities are integrated with research activities and academic programs of UMB departments and colleges responded positively.

**Table 12: Partnership Experience with ICI Education Projects and Activities**

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. Education projects and activities are relevant to the needs of our community. (N=22)	15 (68.2%)	6 (27.3%)	1 (4.5%)	0 (0.0%)	0 (0.0%)
b. Education projects and activities are well-designed. (N=22)	12 (54.5%)	8 (36.4%)	1 (4.5%)	0 (0.0%)	1 (4.5%)
c. Education projects and activities are universally accessible (e.g., provided in multiple and alternative formats). (N=20)	10 (50.0%)	6 (30.0%)	4 (20.0%)	0 (0.0%)	0 (0.0%)
d. Education projects and activities, including materials, are useful. (N=21)	13 (61.9%)	8 (38.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
e. ICI education staff are highly knowledgeable and skilled in their respective fields. (N=22)	16 (72.7%)	5 (22.7%)	1 (4.5%)	0 (0.0%)	0 (0.0%)
f. Education projects and activities are effective for our community (i.e. achieve goals and objectives). (N=21)	11 (52.4%)	7 (33.3%)	3 (14.3%)	0 (0.0%)	0 (0.0%)

**Table 13: Integration of ICI Education Projects and Activities with UMB Departments (n=21)**

	Frequency	Percentage
Strongly agree	8	38.1%
Agree	4	19.0%
Neutral	0	0.0%
Disagree	0	0.0%
Strongly disagree	0	0.0%
Don't know / not applicable	9	42.9%

### 3. Survey Findings across all Types of Projects and Activities

**Most recommendations to improve the quality of projects and activities came from partnering organizations involved in training projects and activities (see Table 14).** When asked for recommendations to improve the quality of projects and activities, organizations involved in training projects with the ICI provided the majority of recommendations (78.1%), followed by TA / systems change (65.6%), and research (53.1%).

**Table 14: Organizations' Recommendations by Type of Project or Activity (n=32)**

Type of activity	Frequency	Percentage
Training Projects	25	78.1%
TA / Systems Change	21	65.6%
Research	17	53.1%
Academic	8	25.0%

*Note:* Partnering organizations may have been involved in more than one type of project or activity, so the number of recommendations adds up to more than 32.

**Most recommendations to improve the quality of projects and activities from ICI partnerships related to increased communication and project planning.** Twenty-one partner organizations provided recommendations of ways to improve the quality of projects and activities from the collaboration. Among these responses, nine recommendations related to improving partner communication. This included increasing frequency of communication, regularly following-up after project meetings, and clearly defining program goals. One partner organization commented: “A clearly defined set of goals to clarify your mission would allow partners a sense of where we might seek addition points of collaboration.”

Three partner organizations recognized the resources and strengths of partnering with the ICI and recommended that partnerships expand. While one partner suggested ICI partner internationally more often, another suggested networking within ICI projects: “Increase integration of the many different projects and research activities occurring at the ICI so others may benefit from the learning and resources that evolve from specific projects to create more cohesion and 'cross-fertilization.'” Other recommendations included better

utilizing advisory panels, increasing marketing to make ICI resources more available, and increasing grants serving individuals with visual impairments and transition age youth.

### **Additional Comments Made by Survey Respondents**

ICI is one of the most innovative and leading edge development organizations in a number of important areas to the entire disability community - keep up the great work and we look forward to working with you for years to come!

I think that ICI staff demonstrated a high level of professionalism throughout our collaboration and the work that they do is of a high quality. I would definitely work with them again in the future if we were able to identify a project or opportunity of mutual benefit.

We appreciate the hands-on personal / professional style. It's very effective for tailoring TA to our needs. Excellent collaboration and a wonderful resource.

We are a community based organization and the partnership with ICI has really helped us in reaching out our community members and raised the level of awareness in assisting and identifying the family members with children of disabilities. In our culture it is not common for families with a disable child to come out open. The project we did in collaboration with ICI is meant a lot to our community.

Without the partnership with ICI, our personnel preparation across the New England states would not be possible.

# **Appendix V**

## **Summary of ICI Case Studies**



## Appendix V

### Case Studies of ICI Partnerships

To contextualize the survey findings, ICI researchers conducted case studies of 8 partner organizations about their experiences of working with the Institute. Researchers selected organizations that represented the wide range of ICI partners including schools, state agencies, community-based organizations, disability advocacy organizations, community rehabilitation providers, professional membership organizations, employer organizations, and research organizations. Researchers interviewed a key contact at each organization. Interview questions explored how each partnership with the ICI began, the nature of the partnership (partner roles, responsibilities and expectations) and how it has changed over time, the benefits and drawbacks of the partnership, and the future of the partnership. Summaries of the interviews were sent to the respective interviewee and the ICI contact of the project for review and approval. Overall, the case studies show that these organizations are satisfied with their ICI partnership experience. While each partnership is unique, common among many of the partner organizations was the desire to be a more equal participant and contributor. Following is a summary of the eight case studies of ICI partnerships.

#### **Partnering with the ICI: Association on Higher Education and Disability**

The Association on Higher Education And Disability (AHEAD) has partnered with the National Service Inclusion Project (NSIP) at the Institute for Community Inclusion (ICI) for the past year. AHEAD is a professional membership association whose members work at colleges and universities in capacities related to access and equity of opportunity for individuals with disabilities within postsecondary education.

The National Service Inclusion Project (NSIP) works to increase the participation of people with disabilities in national service and volunteer activities. NSIP builds partnerships among disability organizations and provides training to organizations including AmeriCorps, Senior Corps, and Learn and Serve. The project offers technical assistance and resources to support service members and volunteers with disabilities. It also develops the capacity of service and volunteer organizations to improve recruitment and retention, accommodations, accessibility, and management, and to comply with state and federal requirements on disability inclusion.

The partnership between NSIP and AHEAD came into being because of the growing need within the national service network to enroll qualified individuals with disabilities who have higher-education experience and/or degrees. NSIP contracted with AHEAD to facilitate collaboration between AHEAD's members and its affiliate members, and national service grantees. AHEAD's main role was to develop collaborative relationships and to promote awareness of national service programs through conferences, workshops, and publications.

In addition, AHEAD has partnered with NSIP to encourage people with disabilities in higher education to become involved with national service programs. AHEAD also helps national service professionals identify people with disabilities who are interested in serving their communities on a national or local level.

The executive director of AHEAD, Stephan Hamlin-Smith, highlighted the mutual benefits of this collaboration: “[NSIP staff] were looking for each of us [AHEAD and other partnering organizations] to work from where we are, advancing the ultimate goal of including more people with disabilities in national service programs.”

Within the last year, NSIP and AHEAD have worked together to promote the inclusion of people with disabilities in national service programs and to promote national service among individuals in higher education. AHEAD members and affiliate members have served on state-wide inclusion-planning teams, led by a disability coordinator from a state service commission. These teams develop policies and practices to meaningfully include individuals with disabilities in service, and to promote national service as a valued activity for people with disabilities. NSIP’s role has been to facilitate this process.

On the higher-education side, AHEAD has been making an effort to infuse a disability focus into its outreach and related activities. For example, AHEAD added a capacity-building institute to their annual conference this year. The institute is part of the conference’s “Transition to Career” track. The area of service and volunteerism is newly included within the conference and has been very well received.

When asked about the nature of the AHEAD–NSIP partnership, Hamlin-Smith views AHEAD as an equal partner. He commented, “I feel that our partnership has been valued [by NSIP staff], and I think that they [NSIP staff] absolutely see us as equals, because the work is very collaborative rather than directive. I have sensed that from before the partnership started and I still sense that now.”

One AHEAD goal is to help higher-education personnel provide equal opportunities for students with disabilities. Both NSIP and AHEAD strive to teach postsecondary professionals about national service and how to get people with disabilities involved. Another shared objective is to help national service grantees identify people with disabilities who are interested in serving on a national or local level. Hamlin-Smith noted that the national service component of AHEAD’s partnership with NSIP “has added another area of information and expertise and focus that we didn’t previously have.” Overall, he felt that “[the partnership] has opened a new avenue to provide valuable information on a topic that we would not honestly have thought of on our own.”

When asked about the progression of the NSIP–AHEAD relationship, Hamlin-Smith commented, “This partnership has been and is really mutually healthy.” He reflected that he would not change anything, because “I think we kind of got this one right from the beginning.” Hamlin-Smith described the NSIP project team as visionary, organized, and easy to work with: “They have a clear vision of where they’re going and they don’t have

an expectation that everything is going to happen tomorrow. It's very easy for us to collaborate, because they are willing to understand what we're going through and the battles that we fight. I think that willingness to understand is probably the most significant piece to making any partnership work."

Hamlin-Smith hopes the partnership between NSIP and AHEAD will continue to grow and deepen. National service is still a new focus area for AHEAD and its members, and within a year's time, Hamlin-Smith hopes the partnership will move from laying the groundwork to contributing more fully in recruiting individuals with disabilities for national service.

### **Partnering with the ICI: Haitian-American Public Health Initiatives**

Haitian American Public Health Initiatives (HAPHI) has partnered with the Institute for Community Inclusion (ICI) for nearly eight years. HAPHI is a minority-run nonprofit agency that provides culturally and linguistically accessible information, services, and support to Boston's Haitian-American community. HAPHI's goal is to improve the health and wellbeing of Haitian Americans in the greater Boston area.<sup>1</sup>

The partnership began in 2003 when ICI staff — in an effort to build cross-cultural competency for training and technical assistance initiatives — reached out to HAPHI as a partner. With time, the partnership grew to be reciprocal and mutually beneficial. The executive director of HAPHI, Jean Marc Jean-Baptiste, explained: "From the beginning, the relationship was more informal, we could call when we need advice, we call if there is a grant, for example, and ask [the ICI], 'Are you interested in working with us on this?'"

In addition to initiating projects with the ICI, HAPHI staff also attended ICI training activities. Jean-Baptiste commented, "As the relationship grew, it became more formal in terms of subcontracts. And then, it became a true partnership in terms of working together, and now we implement programs together."

Most recently, the ICI, HAPHI, and Camera Mosaique of the Haitian Media Network won a grant from The Robert Wood Johnson Foundation. The grant funds a project called Twa Zanmi — or "Three Friends." The Twa Zanmi project studies the immigration experiences of Boston's Haitian community and how those experiences may impact health, using locally focused media.<sup>2</sup> One specific project initiative was to develop a soap opera in Haitian Creole. It tells the story of three recent Haitian immigrants, their feelings of isolation and separation from friends and family, and their struggle to develop a new identity in a new community. The purpose of the soap opera was to educate Haitian Americans about mental health issues and where to get help. The soap opera aired on the radio and on the web, and is also available on CD/DVD.

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<sup>1</sup> <http://www.haphi.org/profile.html>

<sup>2</sup> [http://www.communityinclusion.org/project.php?project\\_id=53](http://www.communityinclusion.org/project.php?project_id=53)

Jean-Baptiste said that, in the Twa Zanmi project, partner roles and responsibilities are clearly defined. ICI provides technical assistance to Twa Zanmi through grant writing and project management. HAPHI is responsible for developing content for the telenovela and engaging the audience at the community level, and Camera Mosaique translates that content into the telenovela format. This division of labor has contributed to the project's success.

Jean-Baptiste explained: “[The] ICI serves as the partnership manager, and HAPHI—we serve as the immigrant organization, meaning that we are the ones who bring the community together for all of the workshops, and we also do the focus groups to find out what people know about mental health.”

Overall, Jean-Baptiste’s experience working closely with the ICI has been positive. For example, he said about one ICI research staffer: “She has been a very good partner, and she understands that working with community-based organizations can be a very difficult thing to do because we all have our own styles—especially immigrant organizations.” He went on to say that “she knows how to make sure that everybody feels comfortable in the relationship, and we definitely feel comfortable working with the ICI — because it’s not a top-down relationship, it’s an equal relationship.”

While the relationship has many positive aspects, there have been some challenges along the way. Jean-Baptiste talked about an issue in expectations regarding deadlines for a past project, and how ICI and HAPHI staff solved this problem together. He concluded: “There is going to be some conflict sometimes — and then it’s the way you solve the conflict — that’s what makes a partnership. I think we have been able to work out whatever issues we have.”

Jean-Baptiste also spoke of what he and his staff have learned from their ICI partners. He has been able to apply his knowledge of mental-health programs, as evidenced by a recently launched project aimed at serving victims of the 2010 earthquake in Haiti. He explained, “At HAPHI, we had a grant to specifically deal with victims of the earthquake in terms of mental health, and I think [we were able to do that]...because of the support we have received [from the] ICI as part of the...Twa Zanmi project.”

While it is clear that HAPHI has learned a great deal from the ICI, Jean-Baptiste believes that the ICI also has benefited from the collaboration. He said, “I assume they [ICI staff] have a better understanding of the Haitian culture, and they have a better understanding of the needs of immigrants, and they have a better understanding of the commitment of immigrants to serve their own community.”

As the partnership moves forward, the ICI and HAPHI will continue to work together as equal partners to provide resources and support to Haitian Americans in Boston, and eventually all of Massachusetts.

## **Partnering with the ICI: Federation for Children with Special Needs**

The Federation for Children with Special Needs (the Federation) provides information, support, and assistance to parents of children with disabilities, their professional partners, and their communities. The partnership between the Federation and the Institute for Community Inclusion (ICI) goes back more than three decades, starting when the ICI was an intellectual disability evaluation center at Children’s Hospital Boston. During this formative period, a need emerged for the ICI to work more effectively with families of children with disabilities, and connecting with the Federation was the logical next step.

At the same time, the Federation was becoming more involved in demonstration projects and in conducting parent outreach for research purposes. It decided to partner with the ICI rather than build its own research capacity. The Federation’s Executive Director, Rich Robison, commented that this partnership “was a philosophical commitment ensuring that the families were fully participatory, and a pragmatic one in that ICI needed us and we needed them.”

Robison himself has a longstanding personal and professional connection with the ICI. As a parent of children with Down syndrome, he served as the ICI representative for the National AUCD Consumer Group (AUCD stands for the Association of University Centers on Disabilities). He also has been an active member of the ICI Advisory Board for more than two decades.

Over the years, the Federation has partnered with the ICI on a variety of projects, some led by the ICI, others directed by the Federation. Looking back, Robison said that in the beginning, “it felt more like we were being asked to be there for compliance reasons and more of an add-on as opposed to a more reciprocal and integrated relationship...over time this has become more reciprocal.”

In one early demonstration project, parent leaders hired by the Federation worked alongside ICI staff in a Massachusetts school district to help youth with disabilities make the transition to college. Initially, these parent leaders experienced some tension in their working relationships with ICI staff. The parent leaders felt that their expertise was not valued on an equal basis and that they were kept outside the circle of the ICI project team. ICI and Federation staff worked through these challenges together by clarifying people’s roles, responsibilities, and expectations, thus becoming a team that could collaborate effectively.

Partnering is not easy, said Robison, highlighting the importance of “people learning from each other and growing from that experience.” When asked about what has helped to create a more reciprocal relationship, he said, “Part of it is just contact – building relationships between our staff and ICI staff – and I think that that has increased.”

In 2004, the Federation won a five-year grant from the US Department of Education to implement the Advancing Parent-Professional Leadership in Education (APPLE) Project. This project is intended to enable parent leaders to work more effectively with their local

school district to improve special-education and disabilities programs and services. The Federation subcontracted with the ICI to evaluate the effectiveness of the APPLE project throughout its duration.

Federation and ICI research staff worked together on important aspects of the project. Federation staff were involved in the design of the research, including data collection instruments. They also discussed participant recruitment and retention issues with ICI researchers and brainstormed strategies to address them. ICI researchers reviewed and discussed the study findings with Federation staff. Using a participatory approach on the APPLE project allowed Federation staff and ICI researchers to capitalize on each other's expertise, skills, and experiences while also learning from one another.

Reflecting on this collaborative effort, Robison mentioned "how pleased we were and thrilled to have the ICI researchers as our partners in these recent years – it was very enriching to us...I felt we could challenge each other and respect each other, and I think you get a better product this way." He said that the Federation had received a lot of national attention because of the APPLE Project, and that "a big piece of that was that we were working as partners [with ICI researchers]."

While the partnership between the Federation and the ICI has matured over the years, there is still room for growth. Robison sees a long-term goal of "moving the Federation towards having a role as an equal partner in the conceptualization, implementation, and evaluation of various different projects." He highlighted the "importance of building these partnerships – as frustrating as it is at times, and complex," and concluded that "if we are going to make a change and systems improvement, then it has to be by us all working together...[W]e have to be much clearer than we have been in the past, and much more specific in offering opportunities to clarify the roles and responsibilities and work towards the details of the implementation."

### **Partnering with the ICI: Louisiana Business Leadership Network**

The Louisiana Business Leadership Network (LBLN) has been a partner of the Institute for Community Inclusion (ICI) for nearly ten years. As a business-led nonprofit, the LBLN helps Louisiana employers to enable people with disabilities to participate and succeed in the workforce.

The partnership began after the director of the LBLN, Larry Dale, attended an ICI research presentation at the University of Northern Texas about disability inclusion at One-Stop Career Centers. Dale recognized that ICI could serve as a resource for the LBLN, because of the ICI's experience with workforce and disability systems. This provided the impetus for partnering with the ICI.

Since then, the LBLN often has used the ICI for guidance and support. For example, the LBLN has been working to bring together employment and disability-service agencies in Louisiana – including the Workforce Commission, Department of Social Services, and

Office of Mental Health – to streamline and improve services for individuals with disabilities. With the help of the ICI, LBLN staff arranged for these agencies to meet and to form collaborative relationships. The ICI’s role was to share information and best practices in interagency collaboration.

Dale reflected that this effort helped these agencies see the benefits of working together. He commented: “We had a really great comprehensive group [of agencies] that had never really talked to each other before or aligned their services, but now knew each other so they could dispense with the hoops you have to jump through...”

Dale appreciated the ICI’s input and guidance on many of his “out-of-the-box” initiatives over the years. He spoke of his experience in bringing mental-health and vocational-rehabilitation agencies together: “As I was doing these things, I was just traveling blind really...but [ICI staff] have brought a national perspective to it. They would let me know the things that states have done that have worked, and saved me some time rather than trying to reinvent the wheel.”

Dale also commended the ICI staff’s ability to share their expertise and to highlight others’ knowledge and experience. ICI staff have often provided an honest critique of his ideas and initiatives, which has allowed him to make informed decisions when taking on new projects. Dale described ICI staff as “full partners” and essential members of his management team. He described an ICI team member’s contributions: “She talks things through with me, and problem-solves with me, and she is very optimistic on the plans I have...she takes the time to understand where I’m going with them; she sits with me and finds out what I’m trying to get at – and if she can’t do it herself, she finds people that can work with us on it.”

In Dale’s most recent initiative, the LBLN (along with partnering organizations) won a federal grant for the Louisiana Employment Enhancement Project (LEEP). LEEP offers outreach, recruitment, enrollment, and support for youth with disabilities by placing them in employment, developing work-experience sites, and creating worksite mentorships<sup>3</sup>. As a project partner, the ICI provided grant-writing assistance, and also technical assistance during the course of the project.

Since its start in 2008, LEEP has successfully placed 91 young people in jobs, and 68% of them have been in the jobs for at least 90 days. This has been a great success for LEEP, since many of their participating youth have no substantial work experience and/or face significant barriers to employment. Dale expressed a great deal of pride in this project, and spoke passionately about the youth who benefited from LEEP.

In the next year, Dale looks forward to continuing this successful partnership with the ICI, expanding upon LEEP, and embarking upon other initiatives to improve the lives of people with disabilities.

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<sup>3</sup> <http://www.lbln.org/leepdescript.html>

## Partnering with the ICI: Washington State Division of Developmental Disabilities

In 2006, the Institute for Community Inclusion (ICI), in collaboration with the National Association for State Directors of Developmental Disabilities Services (NASDDDS), established the State Employment Leadership Network (SELN). The purpose of the SELN is to help its member states improve employment opportunities for people with intellectual and developmental disabilities (IDD). SELN partners share information and best practices through monthly phone calls and via the resources on the SELN website, which collects IDD data from all member states.<sup>4</sup> By providing a way for states to share data, the SELN allows state disability agencies to stay on top of innovations in the IDD field, and helps to move promising practices across state lines.

Washington was among the first states to join the SELN, which currently has 17 members. The executive director of the Washington State Division of Developmental Disabilities (DDD), Linda Rolfe, explained: “The [SELN] partnership came as a result of [our] interest in increasing employment [for people with IDD]. Employment is...probably the best way to achieve...health and safety, power and choice, status and recognition, integration, confidence, and [improved] relationships.” Rolfe spoke of how much she has learned from partnering with other states through the SELN, including her improved understanding of how vulnerable IDD employment programs are across the United States.

The partnership between the Washington State DDD and the ICI, however, isn’t just around SELN activities. The DDD has worked with the ICI to use the employment data that the DDD collects monthly more effectively and to ensure it is available to a wider audience. The ICI developed a custom website that allows the DDD to create reports at the provider, region, and state levels. The DDD uses these reports in its decision-making and strategic planning.

Rolfe highlighted the importance of sharing employment data: “There is still that vestige in the legislature, as though we’re punishing people [with IDD] by making them work. So just the process of saying, ‘This is what we accomplished, and this is what people are doing,’ is a really important way to be able to influence public policy about that. Our work with [the] ICI on posting our data probably wouldn’t be as successful without the SELN.”

The SELN helped disseminate this practice of data collection and usage among its member states. Washington encourages all states to gather as much data as possible. Most states do not collect data about individual income, hours worked, or worksites on a monthly basis. Washington has collected this data for over 30 years and it would be great if such data were available nationally.

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<sup>4</sup> <http://selnmembers.org/>

The ICI also provides technical assistance to the Washington State DDD on an initiative called “Jobs by 21.” This partnership project with Washington counties and local school districts works to promote employment of students with IDD prior to graduation. The ICI serves as the quality-assurance manager of “Jobs by 21.”

Reflecting on the assistance provided by the ICI, Rolfe said: “What the ICI has done really in the [Jobs by 21] partnership project – the quality-assurance process that they’ve done and the reports that they’ve issued – have really helped us to [communicate effectively] with our legislature and continue to focus on employment.”

Rolfe continuously demonstrates her commitment to improving employment outcomes for people with disabilities in Washington, and she recognizes the ICI and SELN as valuable resources in the nation-wide movement toward inclusive employment. Rolfe pointed out: “There is no real federal partner for state programs for people with developmental disabilities...[and] we don’t have a way of formally influencing national policy. So, the National Association of State Directors, and the partnership with ICI around the SELN and other things, has been – from my perspective – a real vehicle for affecting federal policy, particularly in employment, and that’s really important to us.”

The partnership between the ICI and the Washington State DDD as part of the SELN will continue to grow as people with IDD and their advocates push for greater employment outcomes on the local, state, and national levels.

### **Partnering with the ICI: New England Business Associates**

New England Business Associates (NEBA) in Springfield, MA has partnered with the Institute for Community Inclusion (ICI) for over twelve years. NEBA provides supported employment services to individuals with disabilities by developing relationships with them, exploring their gifts and talents, and helping them to find jobs in their communities. NEBA’s objective is to enable individuals to work independently with support from their employer and to be as self-sustaining as they can. The ICI provides NEBA with expertise to ensure they are providing the best services possible.

The ICI–NEBA partnership began when NEBA applied for an ICI technical assistance grant. NEBA saw this grant as an opportunity to get feedback from ICI staff about the services NEBA offered, as well as to ensure that NEBA staff were receiving proper training and that NEBA partners were being used effectively. At the start of the collaboration, the ICI served as the expert and NEBA as the provider. NEBA staff frequently attended ICI trainings and turned to the ICI for guidance on successfully navigating supported employment.

With time, the partnership grew to be more reciprocal and mutually beneficial. NEBA began planning and presenting at ICI training events and conferences as an equal partner with ICI staff. In addition, ICI now regularly uses NEBA as an example of best practices and innovation, incorporating examples from NEBA into training and technical assistance, and sometimes referring other service providers to NEBA, as a learning

opportunity. This past year, the Executive Director of NEBA, Jeannine Pavlak, served on the planning committee of a “keep employment first” conference put together by the ICI for Department of Developmental Services employees and provider agencies. At this conference, NEBA staff led breakout sessions. Topics included self-employment and assisting families in helping a relative with a disability to find a job.

In June 2010, ICI and NEBA staff are co-presenting a session at the national APSE (Association for Persons in Supported Employment) conference about collecting data to drive job-development efforts. Additionally, NEBA staff is serving as a subcontractor on a new systems-change effort being conducted by the ICI with the Connecticut Department of Developmental Services. Pavlak explained: “I suppose we’ve always been colleagues, but I think now we are more partners. Our initial relationship was, [the ICI] was really the expert, [NEBA] was the provider...and now I think that we certainly rely on them and I think they equally rely on us in some aspects as well.”

The NEBA-ICI partnership has been beneficial for both organizations. NEBA serves as an example of the training and technical assistance offered by the ICI, and as an affirmation of what is possible in the field of supporting individuals with disabilities in employment and the community. “I think what [the ICI] teaches—they are able to see that it works,” said Pavlak. “We’re doing what they’re out there supporting other organizations to do. So they can come here firsthand, [and] see [that] here’s the training we provided, here’s what they implemented, here are the results.” An ICI staff member told Pavlak that “coming to [NEBA] makes him feel grounded. He really sees what he subscribes to in working here.”

At the same time, NEBA is able to tap into the national expertise of ICI staff. Describing ICI staff as “such an excellent resource,” Pavlak highlighted access to a wide range of technical knowledge, including specific state labor statistics, as a great perk of collaborating with the ICI. In putting together a conference for local employers through a program called Ready, Set, Hire, NEBA turned to the ICI. The ICI provided NEBA with names and organizations on a national level with expertise in the conference material. NEBA staff also regularly contact the ICI for ideas on specific issues they are working on.

When asked about her hopes and expectations for NEBA’s partnership with the ICI, Pavlak reported that she hoped the relationship would stay the same, noting: “I respect our partnership. We have the same vision in terms of participation for people with disabilities and...working together to really share and strengthen that message.”

### **Partnering with the ICI: InfoUse**

InfoUse, based in Berkeley, California, is a small business with extensive experience in vocational rehabilitation and independent living evaluation and research projects. InfoUse focuses on improving outcomes for people with disabilities in areas including employment, technology, accessibility, independent living, and health. InfoUse applies

their research findings by offering publications, media, technical assistance and policy recommendations to a wide range of clients, programs, and disability organizations nationwide.<sup>5</sup>

In 2006, InfoUse collaborated with ICI staff conducting research into improving the workforce development system for people with disabilities. With funding from the US Department of Labor's Office of Disability Employment Policy, the ICI had established a National Center on Workforce and Disability/Adult (NCWD)<sup>6</sup> that provided research and policy analysis, training, and technical assistance to those in the workforce development field. For the NCWD, InfoUse conducted research on workforce personal assistance services (PAS) cooperatives; the InfoUse report was posted on the website of the Center for Personal Assistance Services.

Since then, InfoUse has become an active project partner and is currently a subcontractor on two ICI projects related to vocational rehabilitation (VR): the Rehabilitation Research and Training Center on Vocational Rehabilitation (VR-RRTC) and the Rehabilitation and Technical Assistance Center (RTAC). According to Susan Stoddard, the founder and director of InfoUse, partner roles and responsibilities have been clearly defined in both projects. The ICI is responsible for the overall project implementation and management; InfoUse provides expertise and input on many research and project development components. These range from a systematic review and synthesis of documented research on VR, to case studies on best VR agency practices in serving people with more significant disabilities, to surveys of VR, workforce-development agencies and other agencies. InfoUse researchers are the lead staff on several research activities, including employment maps of workforce-development agencies and quality assurance in VR agencies, including most recently a review of state VR agency monitoring reports.

Reflecting on the past three years, Stoddard said, “The partnership has been very beneficial, and I would assume it has been from the other side [too]...The RTAC work followed the VR-RTC and has actually expanded our relationship with the ICI quite a bit, so as we've continued the partnership over time, we've become more mutually involved.”

When asked about the benefits of the ICI partnership, Stoddard explained, “There is a big range of expertise, and when you do this type of work together it is very stimulating and synergistic...I think it contributes to creativity and good work to collaborate with a range of competent, interesting people. Stoddard mentioned that the InfoUse team has learned new ways to organize research studies through working with the ICI. “The whole is more than the sum of the parts,” Stoddard said.

In addition to these positive aspects, there were also some challenges that InfoUse and ICI staff had to address. One concerned the invoicing process and the length of time it took the University of Massachusetts Boston (UMB) to process payments. Once InfoUse had been absorbed into the UMB invoicing system, this issue was resolved. The three-hour time difference between Berkeley and Boston also created some minor

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<sup>5</sup> <http://www.infouse.com/>

<sup>6</sup> [http://www.onestops.info/website.php?page=about\\_us](http://www.onestops.info/website.php?page=about_us)

inconveniences in organizing meetings and getting quality face-to-face time. Again, this proved to be a relatively minor obstacle within a fruitful collaboration.

Overall, Stoddard is satisfied with InfoUse's partnership with the ICI, and is looking forward to continuing this important work with future projects.

### **Partnering with the ICI: The Boston Ready Project**

Boston Ready is a three-year research project of the Institute for Community Inclusion (ICI). Funded by the US Department of Education's Office of Elementary and Secondary Education, the project focuses on improving literacy of four-year-olds (Grades K–1) attending Boston Public Schools (BPS) by supporting high-quality teaching.<sup>7</sup> This is achieved by implementing professional-development supports and curricula targeting early-education teachers and paraprofessionals, and then evaluating the effectiveness of this intervention.

The intervention has three components. The first is providing professional development to teachers and paraprofessionals related to the curricula. This also involves engaging parents with the curricula, helping parents understand how to support their children at home, and helping teachers to work with parents more effectively. The second component is integrating a universal-design approach into the development of academic goals for four-year-olds. The third is providing optional free courses linked with the curricula for paraprofessionals, teachers, coaches, and principals.<sup>8</sup>

Boston Ready is a collaborative effort between the ICI (project lead), Boston Public Schools (K–1 classrooms), and Wellesley Centers for Women (WCW) at Wellesley College. Additional partners include the Federation for Children with Special Needs (the Federation), Horizons for Homeless Children, and Roxbury Community College. This case study describes the experiences that three Boston Ready partners—BPS, WCW, and the Federation—have had in working with the ICI on this project.

Partnering with several organizations on such a complex and ambitious project can be challenging and serves as a learning experience for all involved. Developing working relationships between organizations is not easy and requires time, effort, and commitment from all partners. The following partnership descriptions show that, despite these challenges, the Boston Ready project is making a difference and having a positive impact.

The Department of Early Education at **Boston Public Schools** served as the host for Boston Ready's professional-development and curricula-implementation efforts. BPS teachers and paraprofessionals participated in trainings and received support from the grant as they implemented the new curricula in K–1 BPS classrooms.

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<sup>7</sup> <http://media.umb.edu/bostonready>

<sup>8</sup> <http://www.bostonready.org/>

Prior to Boston Ready, BPS's preschool program was rapidly expanding, and the chance to provide professional development for staff—many of whom did not have graduate degrees—was a timely opportunity for BPS. Boston Ready staff, with extensive experience in early care and education, supported UMB in establishing the EECIS degree program (*Early Education and Care in Inclusive Settings*). The courses were part of the offering to BPS teachers and paraprofessionals in the Boston Ready project.

Over the last three years, the ICI and BPS have been trying to find common ground in terms of the desired impact of the Boston Ready project. The ICI was working to implement the proposed research design of the grant, which required a control site and an intervention site within BPS. BPS, on the other hand, wanted a unified early-childhood system across the board. This led to BPS implementing the proposed curricula prior to data collection, leading to a variety of research and data difficulties.

ICI and BPS have been working hard on addressing problems that emerged during project implementation. For example, the grant provided BPS not only with newly hired coaches but also with staff to supervise them. However, BPS felt that they already had sufficient infrastructure in place without this external supervision. The new staff supervisor stayed, despite BPS's suggestion that this position was not needed.

The BPS Director of Early-Childhood Education, Jason Sachs, wished BPS could have had more input on the project. However, Sachs noted that the relationship between ICI and BPS had improved as the project continued, and that BPS had been able to become more flexible, for example, in staff assignments. Sachs also said that personally, he had gained a better understanding of BPS roles, responsibilities, and expectations as a partner in the Boston Ready project.

Overall, Sachs felt that some aspects of the project (in-service literacy trainings and coaching supports) had been more successful than others (undergraduate and graduate courses). The in-service literacy trainings were highlighted as being well received by staff.

**Wellesley Centers for Women** was another Boston Ready partner. WCW conducted the evaluation of the Boston Ready project and played a key role in the design of the intervention. Dr. Joanne Roberts, a WCW research scientist and lead evaluator, described the collaboration between WCW and ICI as “a partnership from the very beginning.” Researchers at Wellesley regularly met with ICI staff to discuss data collection progress and to ensure that the federal protocol was followed closely. WCW and ICI also met with BPS frequently to discuss the progress of the intervention in the schools.

As did other partners on the Boston Ready project, Dr. Roberts noted the complexity of the relationships: “It’s kind of a strange partnership in that you’re partners, but you have jobs that need to stay separate.” So, while WCW and ICI were equally contributing partners, their individual responsibilities varied (ICI was the implementer, the Wellesley

researchers were the evaluators). Dr. Roberts explained, “I definitely felt equal, but our roles are vastly different.”

One of the challenges of the Boston Ready project was in adapting the research design protocol to meet the conditions of Boston Public Schools. Like many school districts, BPS was constantly changing, new staff were entering the system, and curricula were being adjusted. As a result, the intervention needed to be constantly modified, but still had to align with the research design protocol. Dr. Roberts explained, “Together we’ve learned a lot about research design. The Feds had a very stringent research design protocol for this particular grant, so I think if anything that’s been the greatest challenge for ICI. It’s an intervention with very strong research component that has very strict requirements.”

Dr. Roberts spoke positively about future partnerships with the ICI: “We would love to collaborate again; I’d love to write another grant together, and see what we can do to build on this as much as possible.”

**The Federation for Children with Special Needs** also partnered with the ICI on the Boston Ready project. ICI staff collaborated with Federation staff from the Massachusetts Parental Information and Resource Center (Mass PIRC) to provide a family-engagement component to Boston Ready. The proposed role of Mass PIRC in the project was in project planning, curriculum development, and hosting of workshops and courses to present new curricula to teachers, paraprofessionals, and families. In the end, Mass PIRC did not end up contributing to the planning as much as proposed, but they were able to impact the project in other ways. For example, Mass PIRC presented a small family engagement component to one of Boston Ready’s professional development days. Additionally, Mass PIRC designed, coordinated and conducted workshops for a small number of families of children participating in Boston Ready classrooms.

The director of Mass PIRC, Peggy O’Hare, felt that Mass PIRC could have been more involved if they had been given more opportunity to participate in the early planning stages, and to provide more input about the courses that were being developed as part of the grant. She explained, “Family engagement needs to be a more integrated part of the planning of the things; it’s not an add-on, and that’s what this has felt like.” O’Hare felt that holding meetings with all Boston Ready partners, rather than just Mass PIRC and ICI, would also have been helpful in better incorporating the family component into the project.

Despite these challenges, O’Hare reported an overall positive experience partnering with the ICI on the Boston Ready project. “I really valued being involved in Boston Ready,” she said, “and it was a terrific match in terms of their focus in Boston—Boston is one of our targeted districts.” The partnership also allowed Mass PIRC to assign a current staff member to work directly with the schools involved in Boston Ready to schedule and provide workshops and resources to families, which O’Hare highlighted as “really positive.”

The ICI can keep these partnering experiences in mind when starting and running future projects, especially ones that involve a variety of partnerships with multiple organizations and complex research design protocols. The issues that came up on Boston Ready, and the measures that all partners took to cope with them, will provide useful guidance on similar future endeavors.



# **Appendix W**

## **Community Employment Data**

### **Results**



## Appendix W

### ICI Training on Community Employment: Summary of Training Participant Evaluations

This section presents a summary of training evaluation data collected from over 2,500 individuals who participated in 207 ICI trainings between October 2006 and December 2009. The data are primarily from activities conducted under two major regional training projects: The New England Rehabilitation Continuing Education Program or NERCEP, and The Technical Assistance and Continuing Education or TACE Center. NERCEP provided training and technical assistance (TA) to community rehabilitation providers between 2005 and 2008; the TACE Center provides training and TA to state VR agencies in New England (2008 – 2010). Training participants included staff from public and private agencies that assist individuals with disabilities gain and maintain employment. ICI trainings focused mainly on building staff and organizational capacity to improve employment of individuals with disabilities in the community. This summary does not include evaluation data on all ICI trainings that focused on community employment, but does serve as a reflection of the overall feedback received from participants.

#### 1. How satisfied were you with the training?

	# of Responses	Percentage
Highly satisfied	1,466	57.3%
Satisfied	818	32.0%
Somewhat satisfied	178	7.0%
Not satisfied at all	94	3.7%
<b>Total</b>	<b>2,558</b>	<b>100.0%</b>

#### 2. Would you recommend this training to others?

	# of Responses	Percentage
Yes	2,339	93.6%
No	159	6.4%
<b>Total</b>	<b>2,498</b>	<b>100.0%</b>

**3. The degree to which training participants agreed or disagreed with the following statements:**

Statement	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
a) Content presented was relevant to my job. (N=3,012)	62.9%	27.5%	6.9%	1.5%	1.1%
b) Content presented positively affected my skills, knowledge, & abilities. (N=2,992)	57.6%	27.1%	10.2%	2.5%	2.6%
c) Content presented matched my expectations. (N=2,537)	60.4%	25.1%	8.2%	3.4%	2.8%
d) Materials used will be useful to me. (N=2,596)	65.9%	23.5%	6.5%	2.3%	1.8%
e) Materials used were easy to understand. (N=2,567)	70.3%	23.5%	4.6%	0.9%	0.7%
f) Presenter was organized. (N=2,587)	78.0%	16.3%	3.7%	1.4%	0.6%
g) Presenter was approachable. (N=2,566)	77.6%	15.6%	4.5%	1.1%	1.3%
h) Presenter was informative. (N=2,570)	77.9%	15.1%	4.1%	1.8%	1.1%
i) Presenter was interesting. (N=2,564)	72.2%	18.4%	5.7%	1.8%	2.0%
j) Training was of high quality. (N=821)*	76.5%	21.3%	2.2%	0.0%	0.0%
k) Training will be useful in improving our agency policies or practices. (N=821)*	63.7%	25.9%	9.5%	0.5%	0.4%

\*There are fewer responses for these items as they were added to the ICI training evaluation form in 2009.

## **ICI Technical Assistance on Community Employment: Summary of Technical Assistance Participant Evaluations**

This section presents a summary of technical assistance (TA) evaluation data collected from 10 agencies that received TA from the ICI between May 2006 and November 2008. This included: three agencies that received TA under The New England Rehabilitation Continuing Education Program (NERCEP, described previously), six that received TA under the Medicaid Infrastructure and Competitive Employment Opportunities (MI-CEO) project, and one independent contractor that received TA from the ICI. MI-CEO identifies, develops, and supports state services to improve employment opportunities and outcomes for Massachusetts citizens with disabilities, with a focus on consumers making their own choices. TA efforts mainly targeted community agencies that assist individuals with disabilities to gain and maintain employment in the community. TA efforts mainly focused on building and increasing agency capacity to support individuals with disabilities in employment, customized to the needs of each particular agency. This summary does not include evaluation data on all ICI TA efforts focused on community employment, but does serve as a reflection of the overall feedback received from TA participants.

### **1. How satisfied were you overall?**

	# of Responses	Percentage
Highly satisfied	9	90.0%
Satisfied	1	10.0%
Somewhat satisfied	0	0%
Not at all	0	0%
<b>Total</b>	<b>10</b>	<b>100.0%</b>

### **2. Would you recommend consultation from the ICI to others?**

	# of Responses	Percentage
Strongly Agree	10	100.0%
Agree	0	0%
Neutral	0	0%
Disagree	0	0%
Strongly Disagree	0	0%
<b>Total</b>	<b>10</b>	<b>100.0%</b>

**3. The degree to which TA recipients agreed or disagreed with the following statements:**

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a) Our agency was adequately involved in planning the focus of ICI's consultation. (N=10)	100.0%	.0%	.0%	.0%	.0%
b) ICI staff understood our agency (needs, nature of population served, etc.). (N=10)	100.0%	.0%	.0%	.0%	.0%
c) The goals that were developed addressed our needs. (N=9)	77.8%	22.2%	.0%	.0%	.0%
d) The strategies used to help us work toward our goals met our needs. (N=9)	100.0%	.0%	.0%	.0%	.0%
e) The TA provided enhanced our capacity to help individuals obtain and maintain integrated employment. (N=10)	60.0%	40.0%	.0%	.0%	.0%
f) The content presented positively affected organizational skills, knowledge & abilities. (N=9)	33.3%	66.7%	.0%	.0%	.0%
g) Materials and resources were useful and relevant. (N=10)	70.0%	30.0%	.0%	.0%	.0%
h) The enhancements or changes that resulted from TA are sustainable for our agency. (N=10)	40.0%	60.0%	.0%	.0%	.0%
i) ICI staff were punctual and attended scheduled meetings. (N=10)	90.0%	10.0%	.0%	.0%	.0%
j) ICI staff were prepared for the agenda/content to be addressed. (N=10)	90.0%	10.0%	.0%	.0%	.0%
k) ICI staff were knowledgeable in topical area. (N=10)	100.0%	.0%	.0%	.0%	.0%
l) ICI staff were respectful (including issues related to diversity). (N=10)	100.0%	.0%	.0%	.0%	.0%
m) ICI staff communicated effectively with all stakeholders. (N=10)	90.0%	10.0%	.0%	.0%	.0%
n) ICI staff responded to questions and concerns in a timely manner. (N=10)	100.0%	.0%	.0%	.0%	.0%

# **Appendix X**

# **National Service Data Results**



## Appendix X

### National Service Inclusion Project (NSIP): Summary of Training and Technical Assistance Provided in FY 2009

This section summarizes the training and technical assistance (TA) activities of ICI's National Service Inclusion Project (NSIP) and presents data on participants by national service branch where appropriate. NSIP intends to increase the participation of people with disabilities in national service and volunteer activities. This is achieved by building partnerships among disability organizations and providing training to organizations including AmeriCorps, Senior Corps, and Learn and Serve. The project offers TA and resources to support service members and volunteers with disabilities. It develops the capacity of service and volunteer organizations to improve recruitment and retention, accommodations, accessibility, and management, and to comply with state and federal requirements on disability inclusion. In FY 2009, NSIP provided a range of training and TA activities. This included:

#### A. National / multi-state / single-state training event organized by provider:

- Number of events in FY 2009: 5
- Participants by Service Branch:
  - AmeriCorps: 48
  - Learn and Serve: 11
  - Senior Corps: 11
  - Other: 201

**Total across all branches: 271**

#### B. Training sessions at other events:

- Number of events in FY 2009: 23
- Participants by Service Branch:
  - AmeriCorps: 263
  - Learn and Serve: 2
  - Senior Corps: 21
  - VISTA: 7
  - Cross Program: 3
  - Other: 1091

**Total across all branches: 1387**

#### C. eCourse utilized (for the resource center only):

- Number of instances in FY 2009: 2
- Participants by Service Branch:
  - AmeriCorps: 10
  - Other: 35

**Total across all branches: 45**

**D. Webinars:**

- Number of events in FY 2009: 7
- Participants by Service Branch:
  - AmeriCorps: 53
  - Learn and Serve: 26
  - Senior Corps: 19
  - VISTA: 6
  - Other: 90

**Total across all branches: 194**

**E. Curricula, materials, new eCourses, and other outputs completed in FY 2009:**

- Number of curricula: 7
- Number of materials: 3
- Number of new eCourses: 3
- Number of other outputs (e.g., visit to volunteer site, creation of a website): 6

**F. On-site technical assistance:**

- Number of instances in FY 2009: 24
- Participants by Service Branch:
  - AmeriCorps: 46
  - Learn and Serve: 2
  - Senior Corps: 1
  - Other: 400

**Total across all branches: 449**

**G. Remote technical assistance:**

- Number of instances in FY 2009: 15
- Participants in technical assistance *by telephone* by Service Branch:
  - AmeriCorps: 343
  - Learn and Serve: 214
  - Senior Corps: 55
  - VISTA: 28
  - Other: 43

**Total across all branches: 483**

- Participants in technical assistance *by email* by Service Branch:
  - AmeriCorps: 979
  - Learn and Serve: 132
  - Senior Corps: 92

- VISTA: 89
- Cross Program: 52
- Other: 410

**Total across all branches: 1754**

### **National Service Inclusion Project (NSIP): Summary of NSIP Training Participant Evaluations**

This section summarizes evaluation data collected from participants who attended NSIP trainings conducted between April 2006 and September 2009. The summary includes responses from participants who attended one-day NSIP trainings. It does not include evaluations from trainings held at conferences because those use different evaluation forms with items tailored specifically for the event. At each NSIP-led training event, participants were given an evaluation survey that asked them to rate a set of statements (listed in Table 1 below) on a scale ranging from 1 ('Poor') to 5 ('Excellent'), as required by the Corporation for National and Community Service (CNCS). Table 1 presents the total number of respondents for each question/statement, the number of respondents who responded either 4 or 5 (the "positive" end of the evaluation spectrum) and the percentage of participants who responded 4 or 5.

**Table 1: NSIP Training Participant Evaluation Data**

Statement	# of Respondents who rated NSIP trainings 4 or 5	% of Respondents who rated NSIP trainings 4 or 5
a. The subject matter was presented effectively. (N=1,153)	1,089	94.4%
b. The trainer was knowledgeable. (N=1,160)	1,147	98.9%
c. The trainer responded to questions. (N=1,156)	1,132	97.9%
d. There were enough opportunities for discussion. (N=1,152)	1,052	91.3%
e. The written materials are useful. (N=1,131)	1,066	94.3%
f. The session met its stated learning objectives. (N=1,141)	1,085	95.1%
g. As a result of this training I gained new knowledge applicable to my work. (N=1,145)	1,040	90.8%
h. I plan to apply what I learned at this session. (N=1,137)	1,045	91.9%



# **Appendix Y**

## **Recent Marketing and Communications Activities**





## **Institute for Community Inclusion**

### **Recent Marketing and Communication Activities**

#### **Social Networking**

During this period the Institute for Community Inclusion established a presence with social networking sites, including Facebook, YouTube, and Twitter. Other ICI projects, including Think College and the National Service Inclusion Project, have also established a presence on Facebook. This decision has proven to be highly beneficial to ICI's communications efforts as more people have embraced these web 2.0 tools as a means to obtain relevant and immediate information.

#### **Selected Publications and Articles**

ICI published the first annual "StateData: The National Report on Employment Services and Outcomes." The book provides statistics over a twenty year period from several national data sets that address the status of employment and economic self-sufficiency for individuals with intellectual and developmental disabilities.

Debra Hart of ICI, along with Meg Grigal of Transcen, Inc., published *Think College: Postsecondary Education Options for People with Intellectual Disabilities*. The book was written based on the shared and deeply held belief that these students should have access to postsecondary education—and the resulting employment and independent living opportunities—just as their non-disabled peers do.

#### **Community Work**

Twa Zanmi (Three Friends) Project kick off event. The Twa Zanmi Project brings together three partners to address stigma associated with mental illness in the Haitian community. It is a partnership of the Institute for Community Inclusion, Haitian American Public Health Initiative (HAPHI), and Camera Mosaique of the Haitian Media Network.

ICI sponsored the 5th National Organizational Change Forum in Kansas City, MO September 24th and 25th. The Forum was a working conference of 180 policy makers and other stakeholders interested in expanding access to community employment for individuals with significant disabilities.

The Institute for Community Inclusion in partnership with UMass Boston, the Boston Parks and Recreation Department, CVS Caremark, and Boundless Playgrounds opened the first accessible playground in Boston. In a city where 20 percent of enrolled children receive specialized services for some type of disability, this playground will allow children of all abilities to play together. Director of the ICI, William Kiernan, said, "Creating fully inclusive community playgrounds reflects Boston's ongoing commitment to create opportunities for all its residents. Playgrounds like Harambee minimize difference among children while creating a realization among adults that disabilities do not have to limit opportunities for all children to play and learn together."

## **Selected Videos**

*(see attached for entire list of videos produced)*

Filmed and produced a video for the Think College project that highlights the The Inclusive Concurrent Enrollment program, an initiative to promote inclusion of students with intellectual disabilities in postsecondary education.

Filmed and produced a training video for the Massachusetts Department of Public Health entitled "Making a Difference: Careers in Early Intervention."

## **Selected Websites**

### **Real People Real jobs website**

This site highlights the employment successes of people with Intellectual Disabilities/Developmental Disabilities (ID/DD) who are working in paid jobs in their communities. Through the use of innovative, front-line employment support practices, these individuals are earning money, forming networks, and contributing to their communities.

[www.realworkstories.org/](http://www.realworkstories.org/)

### **Think College website**

This site is for students, families, and professionals. The content is all related to postsecondary education for individuals with intellectual and other developmental disabilities. The information is for transition aged students as well as adults attending or planning for college. It provides resources and tools for students, families, and professionals.

[www.thinkcollege.net](http://www.thinkcollege.net)

### **Work Without Limits website**

This site provides valuable resources and information on employment for many audiences, including people with disabilities, family members, employment service providers, and employers. The site is devoted to helping improve employment opportunities for people with disabilities in Massachusetts!

[www.workwithoutlimits.org](http://www.workwithoutlimits.org)

### **TACE website**

The New England TACE Center (technical assistance & continuing education) is provides technical assistance and continuing education services to state vocational rehabilitation agencies and their partners. The site includes information on practices, a training calendar of events in the region useful tools and resources, helpful links to other sites, publications, and more.

## **Senate Testimony**

ICI Director William Kiernan testified before a Senate employment subcommittee on the reauthorization of the Workforce Investment Act (WIA).

## **Selected Conferences**

The National Service and Inclusion Project (NSIP) hosted the National Conference on Disability Inclusion in National Service titled "Acting Today to Shape the Future" on October 16 - 18, 2008. The conference offered opportunities for learning, reflection, and celebration. It hoped to inspire current and future leaders to direct the shape of disability inclusion in national service and enhance the ethic of service and volunteering in the disability community.

From November 10-11, 2008, practitioners and researchers in rehabilitation, education and public policy, community-based organizations, and families and youth participated in the Opening Doors State of the Science Conference in Bethesda, MD. This event addressed accessing services for children and youth with disabilities and special health care needs from traditionally underserved communities.

"It's Just Good Business: A Conference for Massachusetts Job Developers" was held on Tuesday, December 9th at the Royal Plaza Hotel in Marlborough, MA. The conference drew nearly 300 attendees who learned about best practices in job development for individuals with disabilities, effective partnerships with the business community and regional networking. The conference was offered at no cost to participants, by the Medicaid Infrastructure Comprehensive Opportunities (MI-CEO) grant, funded by the Center for Medicaid Services, in partnership with the Massachusetts Rehabilitation Commission and the Institute for Community Inclusion.

This year the National APSE Conference was held in Louisville, KY, and the staff of the Institute for Community Inclusion played a significant role as presenters for the conference. Among the ICI staff at the conference were Joe Marrone, who delivered the closing Keynote Speech, as well as Gil Cote, David Hoff, Sheila Fesko, Diane Loud, and Cecilia Gandolfo, all of whom delivered at least one conference workshop.

On October 28th, Governor Deval Patrick joined more than two hundred businesses, state officials, employment service providers, and people with disabilities and their families to launch Work Without Limits (WWL), the Massachusetts Disability Employment Initiative, at the "Putting our Abilities to Work!" Disability Employment Summit. The summit prompted discussion about:

- State and national public and private initiatives
- Massachusetts as a Model Employer
- Workplace challenges that persist
- Solutions to advance the careers of people with disabilities

## **College Program**

On May 12, 2009 the Institute for Community Inclusion's Boston

Ready program celebrated the start of a new Bachelor of the Arts program with a kickoff event at the University of Massachusetts Boston within the Graduate College of Education. Information about the new early childhood workforce program providing concentrations in Infant/Toddler and Early Intervention, Preschool Education and Care, Family Support and Engagement, Youth and Community Outreach, as well as Administration and Supervision was provided.

## **Awards and Recognition**

On July 11<sup>th</sup>, over 800 people crowded into the Plaza Ballroom at the Seaport Hotel in Boston for the celebration of the Massachusetts Down Syndrome Congress' 25<sup>th</sup> Anniversary. ICI's Dr. Allen Crocker was honored with a Lifetime Achievement Award for his infinite wisdom and compassion that has touched the lives of so many families of children with Down syndrome throughout the years.

The LEND program at the Institute for Community Inclusion, Children's Hospital Boston held its 2009 Convocation on May 15<sup>th</sup>. The LEND fellows presented their experiences about the year and director of ICI, William Kiernan, spoke.

## **Selected Presentations**

John Butterworth presented a session on "Expanding Employment Opportunities: How to Develop a New "Work" Ethic" with representatives of state members of ICI's State Employment Leadership Network at the national Reinventing Quality Conference in Baltimore on August 11. The State Employment Leadership is a membership roundtable of state agencies that support individuals with intellectual and developmental disabilities. As the Network enters its 3rd year sixteen states are participating as members.

John Butterworth presented on Partnerships Among State Systems to Improve Employment Outcomes at the national Home and Community Based Services Conference in Boston on September 30th.

The Institute for Community Inclusion, in partnership with the Center for Health Policy and Research at the University of Massachusetts Medical School, hosted three forums for individuals with disabilities, community service providers and businesses to gain their input into the development of a strategic plan that is being developed for the Commonwealth to improve employment outcomes for individuals with

disabilities. Diane Loud, Jennifer Sulewski and Cindy Thomas facilitated topical sessions in areas of transition from school to work, employer engagement and access to employment services and supports in Massachusetts. The final plan will be complete in February 2009.

Amy Gelb and Rick Kugler of the Institute for Community Inclusion presented in Cranston, RI as part of the ICI's NERCEP initiative. The audience consisted of 50 mental health professionals across RI who serve people with mental illness in the community under the state's Assertive Community Treatment programs. The topic was focused on the value of competitive employment for people with mental illness.

Heike Boeltzig, of the Institute for Community Inclusion, presented as part of a panel at the Association of University Centers on Disabilities (AUCD) Annual Conference: "Paving the Way: Pathways for Research, Education, Service, and Policy" on November 8-12, 2008, in Washington, DC.

*Presentation title: "Making Arts Work: Art as a Viable Career Choice"*

From November 5-8,2008, Heike Boeltzig and Jen Sulewski, of the Institute for Community Inclusion, presented at the 22<sup>nd</sup> Annual Conference of the American Evaluation Association (AEA) entitled, "Evaluation Policy and Evaluation Practice" in Denver, Colorado. They presented a paper titled, "Communicating Through the Arts: An Evaluative Journey of Self-Discovery and Career Development Among Young Adults with Disabilities."

*Susan F., Heike B. and Julisa Cully: "A Systematic Review of Vocational Rehabilitation System-Level Characteristics and Employment Outcomes"*

Paper presented at the 2009 National Association of Rehabilitation Research and Training Centers' (NARRTC) Annual Conference, Arlington, VA

*Heike: "All Wired Up? An Investigation of the Use of Information and Communication Technology in Public Vocational Rehabilitation Service Delivery"*

Paper presented at the 2009 fall conference of The Council of State Administrators of Vocational Rehabilitation (CSAVR), Phoenix, AZ

*Heike: "All Wired Up? An Investigation of the Use of Information and Communication Technology in Public Vocational Rehabilitation Service Delivery"*

Paper presented at 2009 67th National Conference of the Midwest Political Science Association (MPSA), Chicago, IL

Maria Paiewonsky and Stelios Gragoudas, both of the Institute for Community Inclusion, presented on November 7<sup>th</sup> at the MDSC 5<sup>th</sup> Annual Educator's Forum on Down Syndrome. The conference was

titled, "Including Student with Down Syndrome: Specific Strategies for Accessing the General Curriculum and Actively Participating in the School Community."

John Kramer presented a session titled "Fingers on the Same Hand: Siblings and Self-Advocates Working Together for Policies and Practices to Benefit Everyone" at the Sibling Leadership Network conference in Columbus, Ohio on November 6 and 7. He also facilitated a workgroup on policy and advocacy.

Alberto Migliore presented three sessions at the Annual TASH conference in Nashville, TN including. He presented on the state of the states in employment and disability at a town hall meeting, vocational rehabilitation outcome measurement, and at a pre-conference workshop on international issues.

On December 16th Jennifer Sulewski and Cindy Thomas of the Institute for Community Inclusion participated in the presentation of a Strategic Plan for Employment for Individuals with Disabilities in the Commonwealth of Massachusetts to the Centers for Medicare and Medicaid Services. Through the Medicaid Infrastructure and Comprehensive Employment Opportunities Grant the ICI has been working in partnership with the Center for Health Policy and Research at the University of Massachusetts Medical School over the past year to engage stakeholders in a comprehensive strategic planning process. During the next three years this plan will provide the foundation for changes in policy and practice that will lead to improved employment outcomes for individuals with disabilities in the Commonwealth.

## **Events**

Paula Sotnik of the Institute for Community Inclusion was invited to an event at the White House. There, she heard President Bush speak to crowd of 1,800 people that included members of Congress, three cabinet secretaries, members of the President's Council on Service and Civic Participation and the Corporation for National and Community Service board, state service commission directors, corporate social responsibility executives, and leaders and volunteers from Senior Corps, AmeriCorps, Learn and Serve America, Citizen Corps, the Peace Corps, and Volunteers for Prosperity.

William Kiernan, Director of the Institute for Community Inclusion (ICI), was invited and did attend a summit of key thought leaders from

various sectors formed by Neil Romano, the Assistant Secretary of the Office of Disability Employment Policy for the U.S. Department of Labor. At this meeting, Kiernan and other participants discussed integrated employment for individuals with intellectual disabilities.

Congressmen Pete Sessions and Patrick Kennedy, and Congresswomen Cathy McMorris Rodgers and Eleanor Holmes Norton, invited Dr William Kiernan, director of the Institute for Community Inclusion, to present to the Congressional Down Syndrome Caucus at the Affiliates in Action Forum on Persons with Down Syndrome in Washington D.C. on February 26. The Forum provided a comprehensive overview of issues challenging individuals with Down Syndrome and their families.

## **Selected Media Coverage**

Quinn Barbour, of the Institute for Community Inclusion, was quoted in the New Hampshire *Union Leader* in an article about Daniel Habib and his film, *Including Samuel*. The article ran in the Sunday paper on August 31<sup>st</sup>, 2008. It is available online at [www.unionleader.com](http://www.unionleader.com).

On Sunday September 7<sup>th</sup>, the Institute for Community Inclusion's Susan Foley was interviewed on an Ethiopian radio station, 1330AM. During the interview, she promoted a service, available through Family TIES of Massachusetts, that allows parents of children with special healthcare needs to connect and share experiences and concerns.

Mark W. Sherman wrote an article about the Institute for Community Inclusion for LRP Publications. It was published on September 22<sup>nd</sup> and interviewed the ICI's Debra Hart about a recently awarded education grant and the work on transition that will stem from the funding.

In *Education Daily*, Mark W. Sherman wrote an article about the Institute for Community Inclusion. It focused on a grant received by the ICI to focus on creating transition programs for students with intellectual disabilities. The article was published on September 29<sup>th</sup>, 2008 in Volume 41, Number 179.

The Institute for Community Inclusion was referenced in an article about transition programs for students with disabilities. The article appeared in *Education Daily* and was titled, "Down Syndrome Group Promotes Transition Programs." It discussed a grant recently awarded to ICI as well as national research conducted by ICI on the topic of transition.

The Institute for Community Inclusion was cited for their “astonishingly useful” article *Supporting Individuals with Autism Spectrum Disorders: Quality Employment Practices* in the change.org Autism blog. The post discusses the article and its usefulness for people with Autism Spectrum Disorders (ASD) and their families.

Debra Hart of the Institute for Community Inclusion (ICI) was cited as a “guru of postsecondary education for students with intellectual disabilities” in an article for US News & World Report. The article, *College Is Possible for Students with Intellectual Disabilities*, features the ICI’s Think College website as well as quotes from Hart concerning her work in postsecondary education availability for people with intellectual disabilities.

Patricia E Bauer focused a section of her article “Down syndrome advocates lobby on Capitol Hill” on Dr. William E. Kiernan, director of the Institute for Community Inclusion, after he presented at the Affiliates in Action Forum on Persons with Down Syndrome. Kiernan asked legislators to simplify federal policies that too often keep people with disabilities from working. Bauer writes the blog, *News & Commentary on Disability Issues*.

*The Boston Globe* reported that the Institute for Community Inclusion recently received a \$50,000 grant from the Executive Office of Labor and Workforce Development. The write up was in the Business News Updates on February 12.

The Institute for Community Inclusion’s Debra Hart was quoted in *News & Commentary on Disability Issues*, a blog by Patricia E Bauer. The post discussed Hart’s ThinkCollege.net website and new opportunities for students with intellectual disabilities transitioning to college.

Senator Tom Seymour of Minot, North Dakota posted the Institute for Community Inclusion’s receipt of a federal grant to identify college programs and services to support students with intellectual disabilities.

New Routes to Community Health featured videos of the Institute for Community Inclusion’s Twa Zanmi (Three Friends) project. The videos included the first episode of the project’s telenovela as well as footage from the Twa Zanmi kick off event that featured Susan Foley of the Institute for Community Inclusion. Twa Zanmi studies the immigration experiences of Boston’s Haitian community and the impact those experiences have on health.

nePSy.com, the official website of New England Psychologists, wrote a leading story about the Institute for Community Inclusion's ThinkCollege program that allows students with cognitive disabilities to participate in college courses. The article named the project as a "model for the rest of the country."

*The Huffington Post* wrote about the Institute for Community Inclusion's National Service Inclusion Project (NSIP) in an article on March 16. This piece described how many nation-wide volunteer programs have been made accessible through NSIP's guidance.

The Institute for Community Inclusion's National Service Inclusion Project (NSIP) was the focus of a January 13 post by Amy Potthast on *The New Service*. The piece, "Inclusive Service Projects for MLK Day," described multiple NSIP volunteer programs that are available throughout the US to encourage people with disabilities to volunteer in community service projects.

Susan Foley and Bonnie O'Day as well as Heike Boeltzig and John Butterworth, all of the Institute for Community Inclusion, had two articles published in *IMPACT Journal* in an issue focused on women with intellectual disabilities. This issue of *IMPACT* was distributed to *The Open Society Mental Health Initiative* in Hungary, *Women with Disabilities* in Australia, *Forum on Women and Disability* in Sweden, *National Council for Research on Women*, *Center for the Study of Women Weekly Update*, *National Secondary Transition Technical Assistance Center*, *Center for Personal Assistance Services* at the University of California at San Francisco, *Texas Council for Developmental Disabilities E News*, *Disability Rights California*, *World Wide Network on Disability and Human Rights*, *National Clearinghouse of Rehabilitation Training Materials*, *InGear: Integrating Gender Equality and Reform*, *Center for Students with Disabilities* at the University of Connecticut, *Exceptional Family Resource Center E News* at San Diego, *Proyecto Vision* a national organization for Latinos with disabilities, and *UCPeople*.

*Job Training & Placement Report* issued a front-page story in their April 2009 edition written by the Institute for Community Inclusion's Allison Cohen Hall. The article focused on Carrie, a woman with a disability working in the kitchen at a local private school, and the natural supports her colleagues provide. The piece was also featured on the front page of *JTPR*'s website.