

Project E3: Educate, Empower, and Employ

Vocational Rehabilitation Technical Assistance Center: Targeted Communities (VR-TAC-TC)



The Project

Developed with support and input from *Louisiana Rehabilitation Services (LRS)*, *Project E3* is a **strategic partnership** of:

- ► Lead PI: Southern University, Baton Rouge
- Six other Institutions of Higher Education:
 - University of Wisconsin-Madison
 - University of Wisconsin-Stout
 - George Washington University, Washington, D.C.
 - University of Illinois at Urbana-Champaign
 - University of Kentucky, Lexington
 - Virginia Commonwealth University
- Council of State Administrators of Vocational Rehabilitation
- Employment Resources, Inc.
- A national network of expert consultants



Acknowledgement and Disclaimer

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The ideas, opinions, and conclusions expressed, however, are those of the presenters and do not represent recommendations, endorsements, or policies of the U.S. Department of

Education.

Reflect on your experience...

Take a minute to think about the individuals you work with...how can a lack of income and/or resources impact quality of life?

The Rehabilitation Act of 1973, as amended

The purpose of the act is to:

"empower individuals with disabilities to maximize employment, economic self-sufficiency, independence, and inclusion and integration into society.."

Poverty Background

2018 Poverty Guidelines (100%)

Size of Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii		
1	\$12,140/year (\$1,012/month)	\$15,180	\$13,960		
2	\$16,460	\$20,580	\$18,930		
3	\$20,780	\$25,980	\$23,900		
4	\$25,100	\$31,380	\$28,870		

Source: U.S. Department of Health and Human Services (January 2018). Federal Register, Vol. 83, No. 12, January 18, 2018, pp. 2642-2644.

Disability & Poverty Demographics

% of people 21-64 y/o living below the federal poverty line	United States
Without disabilities	12.5%
With disabilities	28.2%

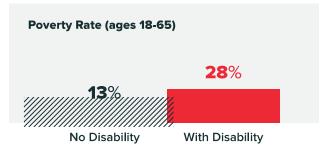
TWICE AS LIKELY TO LIVE IN POVERTY AS THOSE WITHOUT A DISABILITY

People with disabilities face many barriers to economic success — low expectations, discrimination and a complex public support system that often limit employment opportunities and upward mobility. **Millions of American adults with disabilities are caught in this endless poverty cycle.**

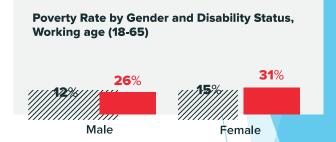
At National Disability Institute (NDI), we believe no one with a disability should live in poverty. That's why we started the DISABLE POVERTY campaign. In the next 10 years, we are committed to:

INCREASE the use of mainstream





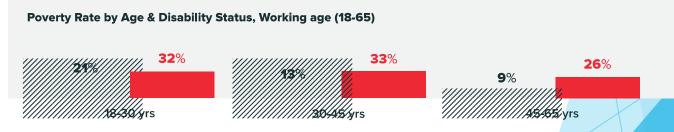






AGE

The disparity in the poverty rate between people with and without disabilities grows with age.





EDUCATION

As the educational level increases among people with disabilities, the poverty rate declines.

Poverty Rate by Educational Attainment and Disability Status. Working age (18-65)

What does the research tell us?

- Financial stress is associated with poor health (American Psychological Association, 2015)
- Mental health and debt are associated
 (Meltzer et al., 2012; Fitch et al., 2007)
- Hardship experiences themselves lead to poor health and disability (secondary conditions, emergent disability)

(Yoo et al., 2009)

• Relationship between poverty, disability, and health is often cyclical (Allard, Danzinger, & Wathen, 2012; Iceland, 2013; Nye-Lengerman & Nord, 2016)



Generational & Situational Poverty

Situational Poverty: occurs as a lack of resources due to a particular event (i.e. disability, chronic illness, divorce, death, etc.)

Generational Poverty: a lack of multiple resources for at least two generations; however, the patterns begin to surface much sooner if the family lives with others experiencing generational poverty

Emergent Disability



► Nearly two thirds (65%) of people who live in poverty long term - have one or more *disabilities*.

Behavioral Economics Research

The Science of Scarcity (May-June 2017)

- Sendhil Mullainathan (Harvard Economist) and Eldar Shafir (Professor of Psychology and Public Affairs at Princeton)
- Presented years of findings from the fields of psychology and economics, as well as new empirical research of their own.
- Based on their analysis of the data, they sought to show that scarcity steals mental capacity wherever it occurs—from the hungry, to the lonely, to the time-strapped, to the poor.

Behavioral Economics Research Cont.

Findings:

- Poverty depletes parents' cognitive resources therefore leaving little space for making everyday decisions about parenting.
- Low-income parents are also at far greater risk for depression and anxiety...poverty's "mental tax".
- When parents are distracted or depressed, family life is likely characterized by conflict and emotional withdrawal rather than nurturing and supportive relationships with children.
- Impulsive behavior, poor performance in school, poor financial decision-making may be products of a feeling of scarcity.
- Just thinking about scarcity taxes the mind and increases stress.
- Policies and programs need to consider scarcity-induced behavior in their design. Look at the "cockpit" rather than the "pilot".

Resource Scarcity & Stress Impacts Decision Making

- Scarcity is distracting (attention, time, money)-managing resources requires increased attention and self control leading to "depletion".
- Depletion is associated with poor decision making-a focus on the current short term problem as opposed to foresee and avoid long term issues.

Neuroscience Research

Findings:

- Family income is significantly correlated with children's brain size
- Income disparities of **a few thousand dollars** were associated with major differences in brain structure, specifically language and decision-making skills.
- Test scores measuring cognitive skills such as reading and memory ability also declined as parental income declined.
- Increases in income were associated with the greatest increases in brain surface area among the poorest children.

Neuroscience Research Cont.

Nature Neuroscience (March 2015)

- Neuroscientists Kimberly Noble (Columbia University) and Elizabeth (Sowell) Children's Hospital Los Angeles
- Imaged the brains of 1,099 children, adolescents, and young adults in several U.S. Cities
- Controlled for genetic ancestry in order to isolate the effects of poverty





The Driving Issue

- ► Ensuring employment opportunities for people with disabilities is important not just for individuals but also for <u>employers</u>, <u>government</u>, and <u>society</u>.
- ➤ Vocational Rehabilitation (VR) alone has not been able to address the persistent, pervasive, and multi-layered needs of the economically disadvantaged communities of high-leverage groups with national applicability.

The Purpose of Project E3



Provide technical assistance (TA) to State VR agencies and their partners, addressing barriers to VR participation and competitive, integrated employment of historically-underserved groups of individuals with disabilities.

Intensive TA will be provided onsite through long-term service delivery relationships with local VR agency personnel and community-based partners in economically disadvantaged communities identified by the VR agencies.

Targeted Communities

- ► The median household income is under 200% of the Federal poverty level;
- ► The unemployment rate is at, or above the national average;
- ▶ As a group, individuals with disabilities have historically sought, have been eligible for, or have received Vocational Rehabilitation (VR) services or achieved competitive integrated employment at 65% or less of the State VR agency's employment outcome level.



High-Leverage Groups



- Residents of rural & remote communities
- Adjudicated adults and youth
- Youth with disabilities in foster care
- Individuals with disabilities receiving Federal Financial assistance (TANF)
- Culturally diverse populations
- High school dropouts and low level literacy consumers
- Persons with multiple disabilities
- SSI and SSDI recipients, including subminimum wage employees

The following Targeted Communities (TC) have been identified as the areas of highest need in North Carolina.

- The following Targeted Communities (TC) have been identified as the areas of highest need in North Carolina.
- Region 1 (commencing in 2017-18): eastern corridor, includes the counties of Edgecombe, Halifax, Nash, and Northampton, and is served by the regional Rocky Mount VR office and the DSB Greenville district office.
- Region 2 (commencing later in 2018): focused on the western mountain area and encompasses Allegheny, Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey counties. The Boone regional VR office and the DSB Asheville and Winston-Salem DSB district office.

High Leverage Groups of National Applicability(HLGNA) for both Regions 1 & 2 Residents of economically disadvantaged rural and remote communities who:

- ▶ 1) Are students or youth between 14-24 years of age (HLGNA 1) and adults 25-64 y/o (HLGNA 2)
- 2) Have one or more mental impairments (cognitive, psychosocial, and/or other mental health) or sensory/communicative impairments:
 - (08) Autism
 - (12) Cerebral Palsy
 - (13) Congenital Condition or Birth Injury
 - (21) Epilepsy
 - (25) Mental Retardation (i.e., intellectual disability) (04) Anxiety Disorders
 - (07) ADHD
 - ▶ (15) Depressive and Other Mood Disorders
 - (24) Mental Illness (not listed elsewhere)
 - (29) Personality Disorders
 - (33) Schizophrenia and Other Psychotic Disorders
 - (34) Specific Learning Disabilities
 - ▶ (01) Blindness or (02) Other Visual Impairments
- > 3) Have historically applied and engaged with VR at lower rates, and attained lower competitive, integrated employment outcomes than their peers.
- ▶ 4) May receive Supplemental Security Income (SSI) and/or TANF benefits.

Table 4.4 Outcomes Measures Goals for Region 2 (Eastern Counties), HLGNA 1 (Youth 14-24)

Fiscal Year	Estimated eligible HLGNA 1 population based on Census data	2014-15 HLGNA applicants	Outreach to HLGNA 1	Application/ Eligibility	IPE	Successful Closure	Employment Retained at Q2, Pre-ETS, Measureable Skills Gains, Credential Attainment, Quality Indicators
Year 2: 2018-2019	3,759	35 (baseline)	752 (20%)	39 (10% increase)	21	7	Identify w/NC Team during CBPR
Year 3: 2019-2020	3,759	35 (baseline)	752 (20%)	42 (20% increase from baseline)	23	7+	Identify w/NC Team during CBPR
Year 3:	Identify with North Carolina team based on Year 1 and 2 outcomes and progress						

Table 4.5 Outcomes Measures Goals for Region 2 (Eastern Counties), HLGNA 2 (Adults 25-64)

Fiscal Year	Estimated eligible HLGNA 2 population based on Census data	2014-15 HLGNA applicants	Outreach to HLGNA 2	Application/ Eligibility	IPE	Successful Closure	Employment Retained at Q2, Measureable Skills Gains, Credential Attainment, Quality Indicators
Year 1: 2018-2019	14,229	60 (baseline)	2,846 (20%)	66 (10% increase)	34	12	Identify w/NC Team during CBPR
Year 2: 2019-2020	14,229	60 (baseline)	2,846	73 (20% increase from baseline)	37	13	Identify w/NC Team during CBPR

Project E3 Outcomes

For individuals with disabilities in low-income communities:



Increase the number and percentage who complete their VR program and enter into competitive integrated employment.

Increase the amount of community support services provided;

Develop collaborative, coordinated service strategies among State VR programs and community support service agencies to provide more comprehensive services to consumers.



Benefits to State VR Agencies

Increase VR agency capacity to:

- Identify, engage, and expand services for VR-eligible economically disadvantaged individuals from high-leverage groups with national applicability who could benefit from VR services;
- Establish or expand partnerships with local social service and community development agencies, correctional facilities, community rehabilitation programs (CRPs), school systems, employers, community leaders, and other relevant stakeholders;
- Implement comprehensive support services to increase VR participation rates of economically disadvantaged individuals by addressing systemic barriers such as poverty, homelessness, food insecurity, safety concerns, interpersonal and family issues, language barriers, lack of transportation and childcare.



Community-Based Participatory Research

- Community-based participatory research (CBPR) has emerged as an approach designed to promote community well-being through the establishment and maintenance of partnerships.
- Rather than assuming what is best for a community, CBPR utilizes community partnerships to establish full and equal participation by community members, organizational representatives, and members from the technical assistance center.
- Collaboration with community members increases the likelihood that the project will be conducted in a culturally sensitive and educationally appropriate manner, while also encouraging sustainability through community interest.





Organizational Representatives-VR & DSB

- Have profound understanding of community life
- Have perspectives about service and programmatic uptake, what works and does not work during service delivery to meet needs, and valuable experiences trying to meet community needs



Community Members

- Collaboration with community members increases the likelihood that the project will be conducted in a culturally sensitive manner while encouraging sustainability through trust and community interest.
 - ➤ Regardless of training or experience, motivated community members can participate in addressing complex problems in complex situations which ensures that members of the HLGNA who are the most underserved, impoverished and vulnerable are given the opportunity to participate.





Networking and Building Trust

- The foundations of CBPR require the development of a network with individuals having similar areas of interest or concern
- Becoming familiar with the resources within one's geographic area is likely to yield beneficial outcomes
- ► Networking also facilitates **trust**.



14 Partnership Principles



Partnership Principles

- Mutual respect and genuineness
- Establishing and utilizing formal and informal partnership networks and structures
- Committing to transparent processes and clear and open communication
- Roles, norms, and processes evolving from the input and agreement of all partners
- Agreeing on values, goals, and objectives of the project and practice

Partnership Principles Cont.

- Building upon each partner's strengths and assets
- Offering continual feedback among members
- Balancing power and sharing resources
- Sharing credit for the accomplishments of the partnership
- Facing challenges together
- Developing and using relationships and networks outside of the partnership

Partnership Principles Cont. 2

- Incorporating existing environmental structures to address partnership focuses
- Taking responsibility for the partnership and its actions
- Disseminating conclusions and findings to state agencies, community members, and policy makers

The 8 Steps of CBPR

- 1) Identify targeted communities
- 2) Assess community strengths, assets and challenges
- 3) Define priorities
- 4) Develop project and data collection methodologies (e.g., training, outcomes)
- 5) Collect and analyze outcome information
- 6) Interpret findings
- 7) Disseminate findings
- 8) Apply findings to address action

Benefits of CBPR

- Facilitates implementation in a manner that is culturally congruent
- Creates outcomes and interventions that fit best within the cultural context of the community and likely to be sustainable
- Can create understanding and appreciation of strengths, values, and knowledge of all partners
- Community-based projects have flexibility to determine what is and is not working, can refocus and reshape the stratgies

Limitations

- When imbalances of power occur, be cognizant of "group think" (desire to maintain good relationships becomes more important than reaching good decisions).
- There may be a need to choose between existing community partnership and forging new community partnerships.
- Some community members can be more vocal than others.



Let's think about Employment Services & Outcomes



What are the likely outcomes of employment services for our TC consumers?

Are there any people or organizations that think our TC consumers can or cannot work?

Are there any facilitators or barriers to our TC consumers finding or starting a job?

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Let's think about the consumer



Are there any facilitators or barriers to individuals applying or being determined eligible for services?

Are there any facilitators or barriers to creating an IPE with our TC consumers?

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GREAT WORK! Just a few more left



Are there any facilitators or barriers to successful case closures for our TC consumers?

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Are there any facilitators or barriers for our TC consumers to retain employment?

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Are there any facilitators or barriers for our TC consumers to participating in Pre-ETS services?

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Are there any facilitators or barriers for our TC consumers in successfully achieving measurable skills gains?

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Are there any facilitators or barriers to earning above minimum wage and/or having access to employersponsored benefits such as insurance or paid leave?

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Thank you for your participation in the Targeted Communities Project!















