

**CHOICE AND CONTROL
OF EMPLOYMENT FOR PEOPLE WITH DISABILITIES**

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INTRODUCTION

Get a job. Get a career. Get a life. Adults at every rung of the socio-economic ladder in our society invest a working lifetime in their choices of jobs that lead to careers. Past generations imagined a series of job types across decades of employment -- typically all with the same employer. The current and emerging economy, with the constant restructuring of market forces and businesses, requires a more flexible employee, who must expect to change both jobs and employers with some frequency. Labor statistics now show that the typical American worker will change careers 3-5 times over a lifetime. As employment has become less secure, employees are learning that it is necessary to take control of their careers and to negotiate, to personalize and to carve out working conditions which meet the needs and preferences of both the employer and the individual.

This changing pattern of employment means that people in the work force must make choices about jobs and about how those jobs become careers. At the heart of getting a job and changing jobs are questions about choice. What employment choices can be made? How are possibilities pursued and understood? Who decides? How are such decisions made? Can employer requirements and expectations be negotiated?

People with disabilities and their supporters are asking these same questions about employment. They are asking these questions not only in the context of a new economic environment but, more importantly, in the context of a social service system that has typically limited choices in employment or imposed a structure of employment services on people with disabilities. That structure has, by and large, controlled the types of jobs and the types of work environments available for people with severe disabilities. The last fifteen years has brought a much broader range of employment possibilities for people with disabilities. The restricted opportunities of sheltered workshops or activity programs have given way to the broader possibilities of real choice in individualized jobs in the community.

However, it is also clear that people with disabilities have not, by and large, had free choice of employment and employment services, nor have they had control of the processes or the resources invested in their employment. While on the surface choice may seem to be a relatively simple matter, in reality it is complex and confusing. Are people with disabilities

encouraged to make choices in jobs? Is information about possibilities and opportunities available and understood? What resources are available to support someone's employment and will the available providers be willing to work for people with disabilities? Who controls the resources? Is choice in employment a free choice of many options, including those identified by the customer, or is it a forced choice among limited options? Who decides what is acceptable and meaningful and what is not? Who holds the trump cards and has the final word?

The answers to these questions challenge the traditional basis of employment services for persons with disabilities. In order to answer them in a manner most likely to favor the individual, it is necessary to embrace the value of person control and choice as one of the most defining aspects of employment. Choice in employment is as complex as it is important.

- True choice in employment depends on having preferences, information, options and control. It also requires willing supporters or providers to accept the challenge of meeting someone's choices.
- Having an employment preference depends on having considered at least several possibilities in order to develop a preference for one kind of work over another.
- Experiencing possibilities for various kinds of work depends on either knowing one's preference, having opportunity to experience different options or having the information necessary to consider a likely preference. It is also possible for others to look closely at a person's life for indicators of possible work preferences.
- The opportunity to experience possibilities depends upon a context in which exploration is valued and encouraged.
- Informed choice results from a complex interaction of information, advice, options and supports. Although these factors can be easily perverted to favor the system or other stakeholders other than the person of concern, they also can be utilized to assure that choices made by the customer reflect the individual's true preference.

- After the experiences, the options, the advice and the information have been considered by the person and a choice is made, the final litmus test for success depends on the willingness and capacity of those who are called on to provide services, representation and support for employment. Choice is a hollow promise if the necessary supports for employment are not available.

For people with more severe disabilities, the possibility of choice in jobs and support services expanded with the emergence of supported employment. Because supported employment means jobs in the community, the range and variety of jobs available for people with severe disabilities expanded. However, people with disabilities and advocates clearly point out that the options made available, and control of the resources for the services, have continued to rest in the hands of professionals and our bureaucracies and defined by arbitrary assumptions about the labor market.

Questions about choice, control of resources and self-determination are now being asked by people with disabilities about where they live and with whom they live, about family support and access to neighborhood schools. Questions are now raised about informed choice in the decision making process, and who controls the process. Questions are now posed about the available financial resources for community services and who controls and makes the decisions about how those resources are spent.

Choice and control in many aspects and decisions of employment are also now clearly a part of the Vocational Rehabilitation Act and the Americans with Disabilities Act. Yet real choices in daily life and in employment has been more rhetoric than reality. However, the U.S. Congress was sufficiently concerned about the issue to direct the Rehabilitation Services Administration to fund pilot projects to demonstrate real choice in employment parallel to the existing Vocational Rehabilitation system, as a part of the 1992 re-authorization of the Rehabilitation Act. Seven projects were funded for a five-year effort to examine the feasibility of offering choice and personal budgets to persons with disabilities traditionally served by Vocational Rehabilitation, including persons with significant disabilities. Three of the projects were within state rehabilitation agencies and the remaining four were managed by private, non-profit organizations.

Conventional wisdom about employment services has assumed it was best to fund programs for services that are then offered to consumers in the role service recipients. Selection of the options to offer, the process for making decisions and the control of resources have rested with the system, not the person to be employed. The only choice available was to accept the program or to not accept it. Real choice means that the options, the process of decision-making and the control of the resources move from the system's control to person's control.

This shift in control has profound implications on employment services for people with disabilities. Those implications affect the heart of the relationship between support personnel and people with disabilities on a day-to-day basis, the configuration of services in the community and the broader system of funding and regulating government programs.

FEATURES OR INDICATORS OF INDIVIDUALIZED CHOICE IN EMPLOYMENT SERVICES

Any discussion of choice in employment must recognize that this is a concept which needs to be perceived from two different, but critically important, perspectives: factors relating to the individual's journey towards employment and factors relating to the system's implementation of a choice effort. There are number of indicators which relate to the individual perspective of choice.

1. Acceptance of the individual as the starting point and driving force in all services and supports

Traditionally, employment for persons with disabilities has been more about the arbitrary services available from a provider or the perceived needs of the labor market than the needs, conditions, preferences and contributions of the applicant. A commitment to choice requires that funders and providers alike embrace the commitment to choice. The individual should be the focal point of the planning, job matching, job development and task restructuring activities that are used in the process of employment. Indeed, more than a focal point, the applicant must be the guiding force for all the decisions and strategies which affects the job. Indications of this commitment to choice involve:

- a) informing all applicants of the shift,
- b) starting all planning and interactions with a “blank slate” agenda that is free from system and program assumptions,
- c) implementing an information-gathering process which develops an optimistic and descriptive picture of the person,
- d) developing a personalized employment plan which describes the applicant’s conditions, preferences and potential contributions as well as a prospecting list of potential employers for job development,
- e) representing the person in job development in a manner which connects the planning process to employers’ needs through the use of job restructuring techniques, and
- f) providing naturally-referenced job analysis and job site support strategies which allow the applicant to successfully meet the demands of the work place.

2. Control of Money

A sub-set of choice, as well as an indicator that it is available, occurs when the individual controls the money which has been set aside for employment services. While it is possible to offer significant choice to customers without placing them in control of their resources, whenever someone does have that control, they almost certainly have choice. Placing the control of resources in the hands of the ultimate consumer creates a number of challenges to individuals with disabilities. Often, this represents the first time persons with disabilities actually become monied customers, buying employment supports, rather than “consumers” in name only as service recipients. This status places the applicant in the same position as all of us in society who experience difficulty in dealing with the interaction between a seller and a buyer. We know this to be among the most frustrating and confusing of life’s challenges.

3. Consumer Empowerment

Empowerment is one of the trickier words in human service jargon. On its face, many providers, advocates and bureaucrats embrace empowerment as an ideal outcome and

indicator of quality services. However, when persons with disabilities are truly empowered, professionals seem to begin to lose sight of the higher aspects of this value and begin to cautiously urge system friendly values such as fiscal responsibility, safety, quality service provision and the need to assure a source of support for those who will need it. Indeed, empowerment and these system values are not incompatible. In fact, consumers are best empowered when all of these factors are considered. The real issue in empowerment, choice, self-determination -- whatever the name we give to prerogative and control -- is determining who owns the solution to the problem.

Traditionally, human issues have been solved through the ownership and direction of the system designed to respond to those issues. People with disabilities are somewhat like residents of public housing in a local community. The people have the need for housing, but the system owns the structures, the land, and the prerogative. Empowerment is like the homeowners in a community. Sure, the bank may own the mortgage, but the homeowners own the structure, the land, and almost all the decisions concerning what goes on about the house.

Empowerment requires systems and professionals to embrace a fundamental power shift rather than simply adopting an attractive new value. Empowered consumers can say “no”, “when”, “how”, “where”, and “yes” when they choose. For this reason, a new relationship between providers and consumers must be defined, new roles must be identified and new rules must be accepted. And since power is not easily shared or relinquished, providers must carefully consider the depth of responsibility that comes with embracing empowerment for persons with disabilities. It is critical that empowerment not become yet another hollow promise diluted by providers in their effort to maintain control and prerogative.

4. Role of Advice

The ownership of the process, the essence of choice, empowerment, and self-determination, relies on people with disabilities making informed decisions about their goals and service needs. Good advice is an individualized blend of **information**, **opinion** and workable **options** offered to a customer in a manner which can be understood and utilized.

Information and advice have been fundamental aspects of the provider/consumer relationship. The provider has been responsible for virtually all aspects of employment for persons with disabilities including the provision of advice. Provider's services have included gathering facts and offering opinions on the customer's efforts to become employed as well as defining the questions, issues and barriers which need to be addressed. The provision of provider-centered advice and information has been an area of concern voiced by many persons with disabilities. It is becoming clear that we must find unique ways to offer advice that shift the focus away from provider ownership of advice and information to a broader, more natural and customer-centered basis. This can be accomplished only through the acceptance of outside sources of advice.

It is important to distinguish between two aspects of informed choice -- information and opinion. *Information* relates to the body of knowledge or facts associated with an issue or a decision. It would seem that by this definition, information would be free of opinion or personal bias. However, since most providers work for systems with rules and traditional responses to certain situations, it is often difficult to know whether an interaction concerning informed choice is factual or biased in some way.

Opinion refers to the feelings that someone has concerning a subject or problem. Since the opinion aspect of advice is almost inherently biased, good advice should contain alternate avenues for customer consideration, as well as the opinion of those offering the opinion. Indeed, good advice is an individualized blend of **information, opinion** and workable **options** offered to a customer in a manner which can be understood and utilized.

System Innovations in Employment Services

Innovations in the process of planning and delivering individual employment services and systemic level innovations are flow operating that bold promise for putting choice and control in the hands of people with disabilities.

At the heart of choice in employment for people with disabilities is change in the individual level planning and processes where personal decisions are made. Only when

preferences are developed and choices are made at the personal level with meaningful employment and careers result in long term control and satisfaction by people with disabilities. Personal employment decisions for people with disabilities must occur, however, in the context of the service system that has the resources for developing and supporting employment for individuals with disabilities. While changes are needed, and are emerging in the individual processes of employment planning and supports, change is also needed in the system that funds and regulates employment services. Systemic change that fosters greater choice are also beginning to emerge in some parts of the country.

State Developmental Disability Agency Efforts

In a small number of states, people with disabilities and becoming free to choose the provider of their employment services. For example, in some communities in Oregon, persons with developmental disabilities who are new to the service system and in need of supported employment, are provided with a list of community providers of supported employment services. With assistance from the case management system, these individuals and their supporters are encouraged to interview a number of these providers of supported employment in order to decide which they choose for assistance to secure and maintain a job in the community. Once the person has chosen the program, then the funding system provides the resources for that person's employment supports directly to the chosen provider of service.

This approach provides a choice in one way -- a choice of which agency provides supported employment services. However, in this circumstance, an individual must choose from a limited set of providers of service that already exist. In communities where there is but one provider of supported employment services, such a choice has no meaning. In addition, merely providing a choice among vendors does not guarantee that employment planning is conducted in an individual that honors the person's preferences and choices.

In other communities in Oregon and in Washington, not only are people new to the system encouraged to choose the provider of their services, all of those with developmental disabilities in employment services are allowed and encouraged to choose their provider of service and to leave one provider and be served by another if they wish, This means that funding is assigned to individuals and that the money moves from one provider to another provider based

on the individual's decision about which program they prefer. In order for this to work, funds must be assigned to individuals, rather than having monies block funded to service providers. Only with resources tied to individuals and with flexibility in seeking non-traditional sources of service, can there be choice of providers. This requires more of a free market approach to services. This commitment to choice at the systemic level, however, must be complimented with the individual level choices discussed earlier in this paper.

Pilot projects in Oregon and Washington are experimenting with another design of individual choice in employment services. For example, for the past several years the Oregon Developmental Disabilities system has funded "Family Management Grants" for a number of youth leaving high school. In this project, individuals and their families are assigned a given amount of funds (e.g. \$5,000). These funds must be spent for employment support. However, these funds may be spent freely on any configuration of employment supports. Individuals might select an existing supported employment service provider. However, they are free to purchase job development or employment supports from anyone choose. They may choose a neighbor, a friend, a temporary employment agency or a generic business. The only constraint is that the funds may not be spent on someone who lives in the same house as the individual. The individual process for decision-making is supported by a well-designed, person-centered planning process, which involves the person and the family, as appropriate. This design invests in the individual level (person centered planning), gives direct control of the resources to the person, and allows and encourages the use of non-traditional providers of service. There is no expectation that a person has to choose an existing provider of supported employment services. This design provides a greater degree of freedom in choosing providers of supports than a design that requires that the choice to be made from only among existing providers of service.

The Choice Demonstration Projects

The examples above represent a small selection of the efforts to increase choice through state developmental disability agency funds. Since 1993 the Rehabilitation Services Administration has funded seven demonstration projects as a test of the feasibility of increasing choice and as a comparison to the current rehabilitation system. At the system level, the state VR agencies in Vermont, Washington and Arkansas were selected for the demonstration. As a

result of the first four years of the pilot effort, the state agencies in both Vermont and Washington have modified many of their policies, procedures and staff training approaches to reflect the acceptance and importance of consumer choice for customers served through local rehab offices.

The demonstration projects in these two states explored a new role for the traditional rehabilitation counselor. Since counselors have moved away from direct job development and employment assistance over the years, the counselor role has evolved to that of a broker and gatekeeper. However, changes in the 1992 re-authorization of the Rehab Act have lessened the gatekeeping powers once held by the counselor. As a result of statutory and regulatory changes regarding presumption, feasibility, and expedited eligibility, a counselor's role has largely become that of an account manager and broker. The choice demonstration projects in Vermont and Washington have maintained the best of the information and advice components of the counselor relationship, but they shifted the control and choice to the customer. In this way the rehabilitation counselor is ideally positioned to assist consumers with management of the resources needed for employment, information concerning the possibilities and limitations of the system, referrals to potential service providers, assistance in dealing with conflicts with providers and other innovative supports which are necessary to assure success under the overall value of consumer choice.

The United Cerebral Palsy Associations (UCPA) Choice Access project differs from the Vermont and Washington VR agency efforts in that it is managed by a community service organization. The scope of the UCPA project is targeted more at the issues of assuring successful choices by individuals with disabilities than by a system. However, during the second year of the project, Michigan Rehabilitation Services (MRS), the state rehab agency, adopted the procedures used in the UCPA approach for use in a state-wide pilot. The UCPA design provides for individualized budgets controlled by the consumer, independent employment advisors who are hired by the customer, flexibility in the choice of providers and an outcome-based payment strategy which offers boilerplate contracts and other financial forms for use by the participants.

Issues in Implementing Choice at the System Level

Provider issues

The Choice Demonstration Authority included in the Rehab Act of 1992 proceeds from an assumption that if persons with disabilities could control the money available for the purchase of services and equipment, that the process of becoming employed would be more efficient, more satisfying and possibly less expensive. At this point, it is probably safe to say that consumers find the control of money more satisfying. It is also possible that such an approach may be less expensive, especially when the high administrative costs of traditional services are considered. However, there are major provider hurdles to be cleared if the approach is to be considered efficient, especially for persons with more significant disabilities.

The problem is providers. Persons with severe disabilities are often not able to achieve employment simply through the purchase of business products, equipment, assistive devices or other similar transactions. They typically need a variety of services to assist them with planning, representation, analysis, job site support and numerous job related activities such as transportation, personal assistance. The difference between purchasing a product and negotiating for a service is significant. It's somewhat like the difference between buying a vacuum cleaner and paying to have ones house cleaned.

Provider reluctance

Providers of services for persons with disabilities have traditionally maintained a service relationship with funding sources at the local, state or federal level. Under this approach, providers basically please the funders but provide the service to persons with disabilities. This disconnected relationship has been the focal point of advocacy by persons with disabilities and their advocates to remove providers from their position in the middle. In this way, the funding relationship would exist between the service recipient and the provider since the funding source would flow funds directly to the person with a disability.

Given a choice between pleasing a general funding source or a specific person -- typically with severe disabilities and strong preferences -- providers naturally tend to gravitate toward the more traditional and comfortable relationships. This has significant implications in a demonstration which places control of the money in the hands of service recipients. Traditional

providers have demonstrated that they are not excited about the prospect of becoming a part of a market economy within the human service field.

The recognition of this issue presents a challenge to state VR agencies, DD agencies or independent entities which may wish to implement a voucher demonstration within their state. It cannot be assumed that if persons with disabilities have money to spend that providers will come.

The following strategies are suggested to increase the willingness of providers to participate in a voucher demonstration:

1. Link the receiving of traditional contract dollars to the willingness of providers to accept a reasonable number of persons with vouchers.
2. Clarify to providers that personal budgets likely represent the direction of future funding and that the state funding source embraces the concept.
3. Provide ample opportunities for providers to receive training on the demonstration's processes and offer them opportunities for input into the design.
4. Encourage individuals and smaller providers to step up and fill the service needs of persons with vouchers -- in other words, create competition.
5. Make sure the suggested rates are reasonable and that payment processes and reimbursement times are as efficient as possible.
6. Provide consumer training to persons with disabilities in the demonstration so that they can become informed customers.
7. Welcome generic providers such as employment agencies, community job resources and others into the local provider pool.

Training Needs

In the shift towards a more market-like approach to meeting human service needs, the capacity of providers is a critical concern. In an area which providers have traditionally struggled to provide quality outcomes -- employment for persons with severe disabilities -- shifting the control of money, alone, will not be sufficient for success. It is somewhat like having a mortgage approved for the construction of one's dream home and not being able to find a contractor willing or able to build it. The solution to this issue rests in the availability of

training and technical assistance for providers.

A state agency or other entity which wishes to implement a personal budget project for employment must build in the provision of training and ongoing technical assistance to traditional agencies, to new, independent persons who may decide to become providers and to generic providers who have not had experience offering support to persons with disabilities.

Recruitment and Development

Perhaps the best way to insure that persons with disabilities have access to willing providers is to increase the number of providers available for selection. This requires a different approach to recruitment and development of providers than is called for under a traditional funding relationship. Traditionally, funding sources have carefully, even reluctantly, sought out new providers. This occurred due to the expectation on the part of the providers that continued funding would be made available for support of a group of targeted individuals. Under a voucher system, state agencies can encourage provider development without incurring the responsibility for continued funding. Providers will survive or fail based on their ability to attract and please customers who need employment supports.

It is of critical importance that state agencies realize that providers will not embrace a person-controlled budget strategy easily. Traditional providers will likely need strong and regular encouragement to participate and generic and independent providers will need to feel welcome and included in meetings and trainings.

Distinctions among providers

While there are no officially recognized categories of providers, the following headings offer a useful distinction in the types of providers encountered in a voucher project.

1. Traditional agency -- This type of provider is an organization or company which has a current funding relationship with the state VR agency, DD agency, Medicaid agency or other similar funding source for persons with disabilities.
2. Independent agency -- This is an organization or company which has emerged to

- respond specifically to the market created by the voucher project. Independent agencies often performed similar services such as medical rehab or developed from an individual provider growing into an agency or company.
3. Individual provider -- This is an individual, often a former employee of a traditional agency, who offers employment services directly to individuals with disabilities as a sole proprietor.
 4. Vendor -- This is a company, agency or individual who sell products or indirect employment related services to project participants.
 5. Generic provider -- This is a company, individual or agency which traditionally provides employment services in the community, but not to persons with disabilities.

An effective demonstration or system on vouchering needs all these types of providers in order to meet the needs of a diverse group of persons with severe disabilities.

Gatekeeper Issues

Public Rehabilitation Agencies are currently struggling with how to provide vocational rehabilitation services in a manner that promotes and requires participant self-determination and control of both the decision making process and the use service dollars. At the root of the struggle are the frequently held assumptions or a facsimile of the following: That responsible stewardship of public funds demands funds are controlled by the public agency. If participants are going to receive quality services then those services need to be directed and controlled by individual(s) with professional expertise. The recipients of services require scrutiny prior to being trusted by professionals. This is manifested by how few states allow self reporting to be the sole source required for eligibility determination. These assumptions create a dichotomy for many public rehabilitation agencies. When current policies and procedures reflect the above underlying assumptions then implementing a service that facilitates participant self-determination, and control becomes at best difficult and frequently impossible. Choice, self-determination and participant control require a different set of assumptions, policies and procedures.

The role of the state agency's policy and practices

The challenge facing public rehabilitation is to examine what gatekeeper issues need to be kept, while removing the ones that impede participant choice. Certainly there is a need for policies and procedures that enhance and insure a quality service for participants, that reflect responsible use of public dollars and facilitate participants having self-determination and control in their rehabilitation services. The trick becomes how to establish the correct balance; a balance which clearly defines the parameters that the agency and participants must function within but allows the participant to direct the process. The common fault is to air on the side of requiring extensive accountability and proof prior to allowing the participant any real control. A choice policy or self-determination policy cannot just be overlaid or added to the current policies. Agencies need to rigorously examine their policies and change them accordingly,

Accountability

A critical component of removing counselor control and replacing it with participant choice and control is believing that the participant will use it effectively. In order for an agency to place control and choice with the participant, it must insure that it has the structure to provide the participant with information. Because without providing the participant with solid information choices will not be effective. The questions to consider around information are: what information is given to participants, how is that information conveyed, how large is the circle of people that provide the information, who owns the information, is information written about the participant or for the participant, what role do they have in providing input on the information.

The gatekeeper issue which raises the largest concern centers squarely on who controls the dollars. Public agencies need to examine the assumptions they hold around participants controlling their dollars. If control of vocational dollars is not given to participants then the promises of choice and self-determination are hollow.

Recommended Features of Systems which Support Increased Choice

These examples provide insight to important features of a system that encourages support in order to give meaning to the individual level choices for individuals. Funding agencies and states are in a position to re-create structures that support the provision of meaningful choice in employment. Revising the processes for individualized employment planning is necessary but not sufficient. Revising the system that controls regulations and funding must also occur. The following are features of a system that embraces the value of choice in employment.

Assignment of Funds to People rather than Programs

Conventional funding strategies have provided money for programs to operate certain kinds of services. Programs then open their doors to individuals offering either the services they think people with disabilities need or the services the funding source requires. Typically, the funding is controlled by the provider of service by contract with the funding agency. If a person with a disability leaves the program, there are no changes in the programs level of funding because the money is assigned to the program not to the person.

To assure real choice, this practice must change and money should be assigned to individuals. If money is assigned to people, then the money can follow the person to the service provider of their choice. This also implies a "free market" approach in employment services wherein the customers -- people with disabilities -- are free to select those providers they wish based on their preferences and confidence in whom they choose.

Individualized Funding Rates

The "one rate fits all" approach to employment services may be convenient for funding structures and provides the surface appearance of fairness, however, everyone associated with employment services know that "being treated equally does not mean treating everyone the same." The cost of employment planning and support varies greatly with the individual and the job match. As such, the rate of funding should be individualized for each person. Naturally, it will be important that some reasonable range be established. And certainly, funding agencies must be able to anticipate, compute, and afford some average cost of services over time. However, even when long-term funds have been attached to individuals, the tendency is to assign

the same rate for each person. The concept of personal choice, as well as supported employment overall, will benefit from individualized rates in a critically important way. When set rates of funding follow individuals -- whether with a personal budget or controlled by the system, the mathematical concept of average disappears. A fixed or set rate for services will almost certainly be based on some existing average cost of traditional block funding. Those rates include the entire range of costs, above and below the average, experienced by service providers in offering employment to persons with disabilities. However when the average amount becomes the budget amount for person, the figure becomes a capped amount. The way to avoid this potential for unfairness, as well as to save money from those who will require less funding than the average amount, is for systems to individualize the budgeted amount of funds to be received by each person with a disability.

Flexible Definition of Service Providers

In addition to promoting selection of service providers, the system can foster choice and creativity by accepting a more flexible definition of service providers. Conventional wisdom, as well as many state and federal regulations, have supported the “qualification” of providers. While this practice is ostensibly designed to assure that quality service are offered to customers, it actually limits the number and variety of sources available for the provision of employment services. Additionally, the practice of qualifying providers is viewed by many advocates and persons with disabilities more as a way to assure the funding needs of a select group of providers rather than a means of assuring quality in employment services. In a free market where individuals choose providers, services can be selected based on individual preferences, satisfaction and outcomes. Credentials and certification of providers can be a quality factor for consideration by customers rather than a pre-condition for inclusion in the array of possible providers. With a looser definition of service provider qualifications, individuals and their supporters can develop or recruit a variety of non-traditional individuals or organizations for employment supports. For example, a person with a disability might choose a neighbor who works in a certain industry to help them get a job because of the contacts that person has within that industry. Another person might select a former staff person from a residential program because of their longstanding relationship. Another person might select a temporary

employment agency for assistance because someone they know works there. Others might select from more traditional service providers. With a more flexible definition of provider of service, choice can be much more creative and much more individualized. This is particularly important for persons with disabilities who live in small towns or rural areas which may have only one traditional provider (or none at all) to experience a true choice in providers.

Investment in the Process of Helping People to Understand Options and to Make Decisions

The social service system also has a responsibility to make an investment in and commitment to the individualized processes that are necessary to support people with disabilities, including persons with significant disabilities, to understand options and make decisions. This implies a role in the system for a position which might be referred to as a "choice planner". This person would assist individuals to consider possibilities and to develop or select employment support providers. This role should be independent of existing service providers to avoid conflicts of interest. The social system has a responsibility to recruit, train and support people who will fill this role. Without this kind of role in the system, the free market cannot be totally successful in offering meaningful choice that results in employment that is meaningful and satisfying to the individual with a disability.

Support for Self-Employment and Entrepreneurial Activities

Choice provides the unique opportunity for persons with significant disabilities to join that most essentially American club -- self-employed entrepreneurs. When decisions concerning service dollars are controlled by systems and programs, the chance to start a business of one's own is difficult and unlikely. Agencies funded by state developmental disabilities monies rarely support individuals to become self-employed and state vocational rehabilitation agencies have placed so many controls on this option that entrepreneurship is often the least utilized approach to employment within various states. However, when we consider that between 11% - 13% of all Americans are self-employed, it should not surprise us that many persons with disabilities will opt for this type of employment when they have control of their resources.

To be fair, there have been understandable concerns regarding the promotion of self-

employment by systems and agencies. There is a fear, based on the assumption that many small businesses will fail in their initial years of existence, that persons with disabilities who try the entrepreneurial route will be left unemployed and possibly in debt within a short time. Additionally, there have been concerns about the lack of interaction with other, non-disabled persons if home-based businesses are selected. It is feared that people who are already isolated and alone will become even more so as a result of their employment choices. There are further concerns about the ability of traditional human services to effectively support persons who need access to successful business strategies and practices, as business is not an area in which human service agencies have done well. State funding agencies have been concerned that paying for the cost of developing small businesses will be more expensive than payments to providers for employee-based employment. Finally there is a concern that persons with more significant disabilities, particularly persons with intellectual disabilities will not have the skills necessary to be successful in business.

However, when the value of choice and objective reality are considered in relation to these concerns, a shift towards an acceptance of self-employment by those responsible for policy and funding is warranted. There are several studies which carefully examined the assertion that a majority percentage of entrepreneurial businesses fail in the first year or two of business activity (Aley, 1993; Duncan, 1994). These studies found that when factors such as voluntary closure, retirement, changes in ownership and sales of businesses were factored out, that entrepreneurial efforts fail at the rate of 18%-20% over a period of eight years (Arnold & Seekins, 1994). This is obviously far better than the retention/failure rates for regular competitive employment.

The issue of isolation is more complex. It is true that some forms of self-employment such as home based businesses might restrict interactions with persons who do not have disabilities, as required by supported employment. However, this is an issue of competing values. Which is more important, self-determination/choice or integration? While many would assert that both values are critically important, it is clear that some persons with disabilities may choose a more isolated form of self-employment over an integrated job with an employer. In this case, it seems most respectful to support the choice of the person with a disability.

While it is probably true that human service agencies currently have limited expertise to share with persons seeking self-employment, it is not necessary to limit support to these

traditional sources. There are varied, generic resources in almost every community which can provide the information and support necessary for persons with disabilities to make informed and effective choices about their business plans. Choice and self-determination allows people to look outside the traditional supports funded by systems and to take advantage of naturally-existing community resources.

The anticipated high costs for self-employment is a largely unfounded fear. The experiences of the five year, RSA-funded choice project demonstrations is that the costs for self-employment are only about 12% - 20% higher than the costs of regular employment. When the opportunity to build capital and other assets is factored into the equation, entrepreneurial businesses are justified.

Perhaps the thorniest issue of self-employment involves the impact of intellectual disability on decisions, success and cost. There is a possibility that decisions about persons with mental retardation owning their own businesses might be influenced more by supporters, family members and providers than by the persons themselves. A commitment to effective person-centered planning techniques can help assure that the preferences of persons with the most significant disabilities direct the pursuit of self-employment. The success of new businesses will probably depend upon supports offered to the individual, just as in regular employment. However, it is possible that an employee, supplier or business customer, rather than a job coach, might be able offer some the supports needed. Finally, there is almost no available data on the cost of self-employment for persons with cognitive disabilities. It is likely that the cost for these persons, as in regular employment, will be more than the 10% - 20% increase stated above. The trade-off, however, might be in the ability to more finely target an employment match when all the business opportunities in a community are made available to person with significant disabilities.