nTIDE Season 8 - Episode 5 - 5/5/2023

**Andrew Houtenville:** So welcome everybody to the nTIDE Lunch and Learn. This webinar is being recorded, post an archive. We will post an archive along with the slides and the reports at WWW.researchondisability.org/nTIDE We'll have bios and other materials and full of transcripts there. As an attendee of the webinar today, you are a viewer.

To ask questions of the speakers Click on the Q&A box on your webinar screen and type your questions into the box. Speakers will review these questions and provide answers perhaps during the seminar/webinar or at the end. When we have the Q&A section, or we may type answers directly into the box. If you have any questions, following this recording, please contact us at disability.statistics@unh.edu or toll free at 866-538-9521 for more information.

Thank you for joining us and enjoy today's webinar. All right, How was that? Alright, Hi everybody. I'm Andrew Houtenville, from the University of New Hampshire. Some Zoom tips. We had some audio. We couldn't get our standard recording to play. I could hear it, but you guys couldn't. Some tips, if you're having difficulty hearing us you can click on the audio settings up arrow and select which speakers are using. Sometimes your laptop might be speaker and your headphones might not be selected. There's also closed captioning. You can click on Closed Captioning and select show subtitles or viewer running transcript on the side.

nTIDE occurs at noon Eastern time on the first Friday of each month with the release of the nTIDE report. It's a joint effort at the University of New Hampshire, Kessler Foundation and the Association of University Centers on Disability [AUCD]. I don't believe John is with us. I'm gonna be doing the numbers and I'll be doing John's slides. And then we'll hear from Denise after we do the numbers Denise Rozell from the AUCD will give us nTIDE news. And then we have a speaker, Jade Gingerich, Director of Employment Policy for the Maryland Department of Disabilities. And then we'll have the Q&A section.

Okay. I'll do my best, John O'Neill. Thank you, Andrew. We're doing next slide. That was my best John impersonation. I planned to do the impersonation of the people who read the opening lines, but I was too befuddled.

The nTIDE is a monthly report. It's a press release connected with an infographic looking at the latest employment statistics that are from the jobs report released by the US Bureau of Labor Statistics on the first Friday of each month at 08:30 in the morning, precisely at 08:30. Bloomberg and someone else, Reuters have encumbered version. So that's why they're able to get their releases out so quickly. But Kessler and UNH need to write the report exactly when they're coming out with all kind, all kinds of spreadsheets and graphs to look at.

The underlying sources, the US BLS, the Bureau of Labor Statistics, Current Population Survey. This is the source of the official unemployment rate. We focus the official unemployment rate is 16+. We look at ages 16 to 64. We do this because we want to focus on a lot of us come from the area of rehabilitation and also aging, aging policy, and many people who age into a disability, say later in life, are quite different than somebody say born with, or an early life experiences with disabilities.

One side note, if I use all ages, people with disabilities would look a lot wealthier and have lots of home ownership because older people age into disability and are homeowners.

And so especially if we're not looking at people in assisted living and things like that. So that's just a brief aside. It was first made available in September 2008 and onward. That's when the Bureau of Labor Statistics added it to the current populations, added six questions on disability-related, to disability prior to that. The BLS and all the prior, all the other surveys use just one question, usually a work limitation, does it limit the kind of work you can do?

But we got the benefit of lots of advocacy from folks to get executive order 13078 passed to force the Bureau of Labor Statistics to produce the official statistics for disability. So that was advocacy Indian Pareto and Sue Griffith. Or the layers of that, as I understand it.

We're not yet seasonally adjusted, it takes quite a bit. That's why a lot of times we'll compare the same month last year, although with COVID, we've been doing a lot with the most recent month because things were happening so fast and it wasn't really, especially during COVID times, wasn't acting in a seasonal manner. And I've done some adjustments for sample for seasonality. I don't want to publish it. I'd rather just wait until the BLS asks that may need to do some advocacy to get them to do it. So that's me, Andrew Houtenville.

So here's the employment to population ratio. So the percentage who are employed, and this is the March, this is all the way up to March. And what this shows our two lines, people with disabilities and without disabilities. The biggest thing to note is that gap. The gap is so big that I actually have to break the vertical axis, by like 25 percentage points, because I couldn't squish them onto one graph. Otherwise they'd both be like flat lines.

You can see the great recession for both declining until June 2010 for people without disabilities, remaining to decline for people with disabilities until almost three years later in January 2014, a recovery. And there's actually a period in 2017-18 where the line for disability actually starts getting closer, like making up the employment gap between people with disabilities.

But there was progress made, which is great. But the gap is still enormous. We see the fall of COVID during the lockdown in April 2020 and a rapid increase as PPE starts coming in. This one decline, is, that's a delta. And there's this little decline for Delta for both people with and without disabilities. And then a pretty rapid rise for people with disabilities over, well over, not just the pre-pandemic levels, but over the, over the historic high back in when it first started in 2008.

And it’s a stark contrast to people without disabilities who did not, have not recovered. They're just right about, they're only a tenth of a percent above their pre-pandemic levels. And so they really haven't recovered. Economically speaking. Let's snap in April. So here's the latest data and it tells quite a story. So let's put this in. So people without disabilities, let's look at them first.

They went up very slightly two-tenths of a percent. You may have heard good news from Bloomberg, that's what that represents. The economy is still not retracting as the Fed wants it to. And for people with disabilities, there was a pretty substantial decline of a full percentage point from 36.6% to 35.6%. This is, certainly there are two things that could be going on, that we would want to look at. If we could, the seasonality effect.

Looking over the previous March to Aprils, there really isn't a lot of evidence that there is always a big decline at that point. There have been, but not, not, nothing that's precipitous that tells me that this is actually big seasonal stuff. The other sampling variation, the fact that it's a sample and not the population. And the sample size is relatively small, which is why the people with disabilities line is a little more jaggedy than the line for people without disabilities. This is pause for sure.

I really hope it goes up next, goes back up next month. I would expect it to go back up this month, next month, unless there's a big fall in the economy. Because there's always a reversion to the sampling variation causes jaggedy. It doesn't cause it to like go way, way down and then way, way back up. So, not what we wanted. Well, I won't, I won't say much more.

I'll wait till Q&A if need be. I would expect the Fed raise that Federal Reserve, raised the rate, the interest rate to 5%, making it more expensive to get cars and houses and anything that's bought on credit. And that's designed to recess the economy a little bit, slow down the economy, to push down wage and price inflation.

Those of us who were around in the early '80s might remember Paul Volcker doing that to put the economy into recession and address interest rates were like what, up to 19%, right? For mortgages. So we'll see what happens. Labor force participation So this is not just the percentage who are employed, but the percentage who are also, add on top of that, the percentage who are looking for work are on furlough.

So here's March. In terms of the overall trend, it pretty much follows the trend for employment over the years. The big thing to note is, it's been pretty flat for people without disabilities for many years. People without disabilities, people with disabilities, it's been relatively arise in 2016, 17, 18 and flat thereafter. The big thing during COVID is people without disability, people, I'm sorry. People with disabilities really didn't leave the labor market. A bit of a double-edged sword, because my suspicion is that people with disabilities couldn't necessarily leave the labor force.

About a third of the population with disabilities lives in a household experiencing poverty. And spending time out of work for any amount of time is, for anyone in the household, is quite a hardship. So there's not a luxury to, you may not be working, but you're not going to leave the labor force per se and stop looking for work. People without, similar story, people without disabilities, sorry.

People with disabilities have broken through their historic high and have been rising, pretty precipitously. Again, the gap is way, way big. We're missing 25 percentage points between these two lines. So that's what March looked like, let's snap in the next month. And again, a very large decrease for people with disabilities.

So what this is telling me, it's not just that people with disabilities were not working, but they were also, some people might have come back into the labor market looking for work, who hadn't been looking for work previously.

This is a very large decline. We have, I mean, it's almost the same as the decline during March to April for COVID. March to April, same period, monthly periods. And really there isn't many declines that are of that nature over the years. This is worth looking after. And I have some thoughts on this. If we want to talk later.

So I'm going to turn it over to Denise for the nTIDE news. Denise take it away

**Denise Rozell:** Hey everybody. So we always start with the Federal Policy Update. I have a few things to update you on today. The budget and appropriations, actually don't have much to tell you about budget and appropriations, except that all of the numbers, basically the requests have gone into the budget appropriations committees.

But because we haven't solved the debt ceiling problem, we can't have the budget problem-solve. We can't have the appropriation. Everything is waiting at this point. If you've been reading the news, you've been hearing everybody talk about we either tie the debt ceiling to a conversation about budget appropriations.

That would be the Republican side or we don't, that would be the Democratic side. And as of right now, everybody is just stuck. I can't tell you anymore than anybody else can what's going to happen next, except that we're just waiting. So we wait on the budget and appropriations stuff as well. We'll just have to see.

So any of you who are on federal dollars, we'll just have to wait and see what happens. We have till October 1st. Couple of pieces of new legislation that has been introduced recently, that I wanted to just tell you about, in the past we have taught and we absolutely focus on these calls on employment. But we've also talked a lot about home and community-based services and Medicaid waivers, and the ways that Medicaid waiver and HCBS can support employment.

So I always bring up HCBS stuff here, you remember last year we're talking about the possibilities of billions and billions of new money. New dollars into home and community-based services and Medicaid

**Andrew Houtenville:** Spread over ten years.

**Denise Rozell:** Yeah. Didn't. Correct. But it was still billions. We talked about that might come. It didn't. We got some new money, spread over a long time, but that's the way it looked. So there's a couple of things happening again. There's a new bill called HCBS Access S.762/H.R.1493.

It basically, it basically does away with the institutional bias, meaning it says you don't have to, you have to provide some HCBS services. You don't need a waiver to do that. You don't need a waiver to do that. I don't know that it'll go anywhere.

It's an interesting conversation to start at this point. It's another way to have a conversation about home and community services it would increase the funding again. And it would address training, support, and resources for caregivers. Direct support staff were always obviously always having that conversation. And the conversation about direct support professionals and caregivers obviously feed in to the entire conversation about employment. So that's one.

The other one is Better Care Better Jobs Act, that one has been re-introduced from last year. It's S.100/H.R. 547 This one, as opposed to doing away with the need for applying for wavers, this one would add additional money. An actual 10% bump for your FMAP, your federal match for HCBS.

Again, it's a move to do away with the institutional bias in Medicaid. This is the one that would also make the limit, the spousal impoverishment limits and money follows the person, permanent. And again, on this call we've talked about this, we've had bills about this in the past. We keep hoping we're gonna make it permanent. But we are, that isn't happening yet so far we're doing it in little fits and starts. Okay.

**Andrew Houtenville:** Can I ask you a question?

**Denise Rozell:** You sure can.

**Andrew Houtenville:** So I just a translation moment. So I always have to translate in my head: waiver. You know, I always think of waiver as I'm going to wave a requirement. But when waiver is used for Medicaid, it's really about, it's basically, a waiver is a program that a state creates. And the Feds fund to a certain degree.

**Denise Rozell:** It is. It is called a waiver though, because you are waving a requirement under Medicaid, to provide home and community-based services, services in the community. Because the basic Medicaid program, it has all these requirements about home-bound and all of that.

So a waiver says you are waiving those requirements so that you can provide services in the community. But yes, it is that waiver in and of itself then creates a program in the state to provide those vary services in the community. Whatever those services looked like, it might be autism waivers. There might be, there are all kinds of waivers. Right?

**Andrew Houtenville:** Right. Yeah. It just, because it's mostly synonymous with a program. And the waiver did this, and the waiver did that. Its.. I always have to pause and translate it in my head.

**Denise Rozell:** Absolutely. And thank you for raising that. It's a good question and a good thing to add. There are very specific requirements that get waived in order to do this. But it is setting up a program in the state that the Fed's pay part of, your state pays part of, approved by the state. By the Feds, sorry. Has to be approved by the State too, but it has to be approved by the feds to be able to do that. Okay?

**Andrew Houtenville:** Thank you.

**Denise Rozell:** Thanks Andrew. Okay. Next slide. This one. That's what you get. There you go. This is interesting. Because it's from the Social Security Advisory Board. They contracted with the Urban Institute, and so folks that, you probably know Jack Smallagin and Chantel Boyens, around unintended consequences of social security's return to work policies.

We all know there are barriers to return to work in the Social Security system. That's not a surprise to anybody on this call. But what it does is look at all of those specifically and the fact that it was contracted by the Social Security Advisory Board, I think is really interesting.

So I think you wanna go look at this and it's, you know, there are problems, there are disincentives, there are barriers. We talked about barriers to work all the time in Social Security. And this looks at those very specifically, in a variety of ways. So I wanted to get this to you. For those of you who follow social security and barriers to work and Medicaid buy-in and all kinds of other things. This is a really good one.

**Andrew Houtenville:** And Jack used to work at OMB. And it's like probably the best person with the details of disability policy.

**Denise Rozell:** Absolutely. So I thought this was really nice and really well done. Next one, this is on, there, I've talked a lot recently about what states are doing because frankly the Feds are kind of stalled out. So there are a number of states who are looking at, this is both from the Council of State Governments or National Conference of State Legislatures this one is CISG, on skills-based hiring.

Meaning they don't, when you look at hiring a person into state government, you don't specifically look at the education they may have. In fact, they may waive the education requirement. You look at the skills they have to fit that job. This is the example from Colorado where they're doing a lot of this.

It's an article on it. I thought it was really well done. It also gives some other examples in Alabama, Minnesota, Oklahoma, and Utah on how they're doing that and what's included. Colorado's is a very wide-ranging look at how you can hire people from diverse populations by not requiring, and how that is benefited by not requiring the education specific components. So that one was really nice.

I think this is a good one. My voice comes and goes, I'm going to apologize and just keep going.

Okay. The next one, we talked a lot last month about the differences between, about some articles on the differences between oh, sorry. I flipped slides. This is right, Andrew. I'm gonna go to this one then I'll go to the next one. My notes are wrong. This one is how to bridge different access needs.

These are friends at PEAT, Partnership on Employment and Accessible Technology at ODEP. This one I like because it compares, this happens all the time. You have people with different accommodation and access needs in the same workplace. And how do you accommodate both of them?

And this gives you some examples of two individuals and workplace scenarios where people with different disabilities need different requirements. And how do you look at that and how do you bridge those differences? And how do you work together to find those solutions and balance the needs of different employees.

So instead of looking at these as competing access needs, we will try to re-frame access and accessibility is an ongoing practice that staff accomplish together, Really nicely done and PEAT does some such good work. But this is one I've never seen one that actually looked at this, in this specific way. So I wanted to give you this one.

The next one is the one I've started on a minute ago. Last month we talked a lot about, there were a lot of articles. I think it was JVR, Journal of Vocational Rehabilitation, but on supported and customized employment at some of the differences. The distinctions, this one, oh my God, it's only eight pages. It is very simple. It goes very specific, through side-by-side referrals on how you make those decisions. What is supported employment designed for, what is customized employment? Who is it designed for? What are the defining features of each? Who might benefit from each?

And then there's a chart and there's a flowchart. I loved the flowchart. It's put out by VCU, Virginia, Commonwealth, Utah State, and the TA Center for Quality Improvement Employment. Really nicely done. Again, eight pages, simple, pictures, outlines, side-by-sides.

For those who are not experts in this. That'll be me. I love this. It's another one that's going in my, you know, my file on my desk for where I looked for stuff when I need to just pull something out to share. So I wanted to give you this stuff, both for folks who are researchers, for folks who are providers, for folks who are employees with lived experience, all of that, VR folks, all of that, really nicely done. Okay. Next one. Ari Ne'eman talked on our call. That was the mid-month call, right, Andrew?

**Andrew Houtenville:** Yeah.

**Denise Rozell:** Couple of months ago. I don't think this was out at the time and I just saw it come up in Disability and Health Journal. This is the article, one of the articles he was talking about on how COVID has impacted disability employment.

**Andrew Houtenville:** Yeah, yeah, yeah. It's the same as the nTIDE

**Denise Rozell:** Exactly. But I don't think the site was there. I don't think we had the site for it yet I think it was still in publication.

**Andrew Houtenville:** I think that's right.

**Denise Rozell:** So here it is. I wanted to give it to you. I don't need to review it. Next one. This one is another one on COVID telework during the pandemic. This is also similar to what some of this stuff is that Andrew and the whole nTIDE is doing. This one specifically is looking at telework though.

Also a Disability and Health Journal in April, Lisa Schur, who was one of the authors, was a speaker on nTIDE I don't know a year, two years ago, maybe. So I wanted to give you this one.

**Andrew Houtenville:** Yeah. So just to be, I don't think it is actually addressing telework per se as jobs that are likely to use telework.

**Denise Rozell:** Okay, great. Thank you. I love how when I'm talking about this stuff, particularly when it's a research article. So thanks. Listen to what he said. This one is a new webinar again, a couple of years ago, maybe a year ago. Liz Weintraub from AUCD, my colleague, came in and talked about plain language, among other things.

SAR-TAC is doing a phenomenal multi-series webinar on accessibility and plain language. One of them has already happened. That was on April 17th. That's the overview. I think it's recorded. I couldn't find the link, but I will try and find it. But I couldn't find it when I was looking for yesterday. I know it is going to be available in recording. So maybe the recording isn't out yet.

Then the next group of them, I gave you all the information, the ins and outs of plain language. What is Easy Read? What's the difference? How do you get icons? How do you format it? And I believe one of the people, I should have put that in there, ASAN, the Autistic Self-Advocates Network does a phenomenal job on plain language and easy read. And I think one of their folks, or some of their folks are speaking on these as well as with the SAR-TAC folks.

So I wanted to give you these hugely important, again, an easy way to understand. And I've said over and over again as my colleague Liz, that this is, for instance, you know I’m the policy geek on the hill. Quite frankly, the work, the members on the Hill and their staff would rather have plain language. Some of them who are real geeks and really need the details, will come to you and get the really down and dirty, all that wonky stuff.

But the vast majority of folks want plain language. Because they want it too. It works better for them as well. So that happens in a lot of places. It certainly happens in the research world. So that's, that's SAR-TAC. And then

**Andrew Houtenville:** One of our people Kate Filanoski went to that and said It was great.

**Denise Rozell:** So I really urge you. Lots of folks go. They do great work and there's not enough yet understanding about, among the folks who do plain language, about, what it is plain language? What is easy read? Now, how do we define these things? And I think, SAR-TAC SABE, ASAN are all doing a really good job.

Last slide, webinar coming up. This is assistive technology solutions specifically for folks with brain injury. I don't see a lot of these. So when I see them, I tried to put them up. It's being sponsored by the folks from, well, the Disability Employment TA center sponsoring it. The folks from NASHA, which is the head injury association.

Basically it's the administrators of the head injury programs is doing, or the speakers on the call, as well as some from specific states. So that's a really, this is another really good one for folks with brain injury and how to use assistive technology. What are some of those examples? How does it work? Etc. So it's a nice connection between the AT projects and the brain injury folks. So I wanted to put that together too. That I think is my last slide.

Let me introduce our speaker. I am thrilled actually to have Jade Gingerich joining us from, from Maryland. Jade has over two decades of state policymaking experience. Most recently as the Director of the Employment Policy, of Employment Policy for the Maryland Department of Disabilities, which is the nation's only cabinet level cross disability department.

She's an expert in state-level coordination collaboration. She has presented widely on the topics of employment and transition, testified before the state legislature, serves as subject matter expert nationally, regarding employment and transition.

And Jade and I first got to meet each other because she was leading the Promise Grant in Maryland. So we got to work together on Promise. And they've taken what they've learned there in Promise as well, and implemented some things in the state. So we wanted to give you some state-specific examples of what's going on out there in employment. And Jade seemed the perfect person to do it. So I'm going to stop talking, save my voice a little, and stop my video and toss it to Jade.

**Jade Gingerich:** Great. Thank you so much. Can everyone hear me okay?

**Andrew Houtenville:** Yep.

**Jade Gingerich:** So it is indeed a pleasure to be here today. I worked for the Maryland Department of Disabilities and the first thing I wanna do if we can move this slide is to talk a little bit about the department because we're very unique. Our vision is a Maryland in which people have the knowledge and influence to make a difference in their lives and the lives of others. And next slide, please. So a little bit about our history and I actually predate the department.

I was staffing the Governor's Committee on employment of people with disabilities. So my time in state government is longer than the departments, but we were created in 2004. We are the only cabinet level department in the country representing all disabilities.

Our legislation states that our secretary or our deputy must have a disability, and we're charged with coordinating and improving the delivery of services in Maryland. Which really allows us to work in that space of coordination, collaboration, innovation, and really trying to get the agency partners to view what they're doing more from the lens of how the individuals are receiving and experiencing those services across partners. We're also informed by a Maryland Commission on disabilities and we have a state disabilities plan.

Next slide. So just to give you an overview of the policy areas that MDOD focuses on, although we certainly tackle additional things as they come up, but employment and transition for transition age youth exiting school and to post school, health and behavioral health, community living, and we also have a state-funded attended Care Program, housing, transportation, emergency preparedness, Telecommunications Access, and then we also have the Technology Assistance Program.

And I will do a little plug for my sister partner. One of their staff will be presenting on the brain injury and employment AT solutions presentation. So what it does is allow us to work across partners within MDOD and then across our partners external to really identify, elevate, figure out what the breakdowns are, gaps and services are, and to overall improve the functioning or programs or be responding to stakeholder concerns.

We also have very strong constituent services response where we get letters and communications that go to the governor about concerns and so forth that we also have staff that resolve that work to resolve those issues that also help then inform us as we try to undertake systems change activities. So I'm gonna do a little bit deeper drive on some of the innovative things we're doing in my policy area. So if we could go to the next slide.

**Andrew Houtenville:** Maybe, there we go.

**Jade Gingerich:** So in Maryland we're very fortunate. Our transition planning is required to start at age 14 versus federal law, which is age 16. But we have also been making some changes to that planning process. So many of our local school systems use an online individualized education program database that was created. But transition was often coming at the end of the IEP plan. And what that meant was that the plans and the activities and so forth, were becoming an afterthought or time wasn't being allowed to get there.

And we've moved that transition section up so that transition and what a student has a post-school goal is discussed first, so that then the subsequent elements of the individualized education plan can be driving that post-school goal. We've also added a section in that about linkages to postal services because one of the biggest challenges that we hear consistently from families, from schools, and so forth is that connection to being linked to whether it's Vocational Rehabilitation, DD Services, IDD services, the Local Workforce, Investment Boards, Americas Job Centers, and the services that are available there.

And that's a really critical piece because for example schools are required to provide families and students information about postal programs. They are not required to assist them in completing the application. Families need to go off and to take that action themselves. Then the transition folks that are working with them don't know whether was an application submitted? What was their eligibility determination if it was? Have they been placed on a waitlist so that their acts of school were not connected?

So one of the things that we're very excited about is we're going to be piloting this linkage tool in Charles County in partnership with the Regional Education Lab to try and help align focused on vocational rehabilitation and the local school system. But long-term, we're hoping that we may also be able to include labor, DD, and the other partners to really help map out and ensure connectivity.

Because our vision is that every kid, but particularly those with IEPs, are connected to something that is going to keep them on that career pathway. We've also created endorsements for our students in Maryland, we have students who exit either with a high school diploma or what's called a certificate, for those students that have IEPs and they exit at age 21.

Unfortunately, the certificate historically doesn't have anything attached to it. The way that a high school diploma has in terms of requirements and testing and measures of academic performance. We've created endorsements for the certificate students in the areas of career, community and/or college and their standards and competencies that then families and students as they start on that transition planning process can be talking about what their post-school goals are. Then choosing what are the things that they should be drilling down into to develop the skills and abilities.

We had businesses participate in this discussion. We had families. Families were very excited because they said, Wow, now we know what we could or should be asking for in the transition planning process because it's not really clear to them.

So we're very excited and looking forward to that, becoming piloted and really helping to again improve those standards, competencies, help as they exit school to know maybe if they've been working on some of the competencies and they still haven't mastered them. How, what, where they might be able to continue to do some work. And it's really designed to be something that regardless of the level of disability, that there are some competencies that can be obtained and measured and so forth.

So we're very excited about that. We also have a state agency Transition Collaborative, created through super MOU. It works across our Division of Rehabilitation Services or behavioral health, the IDD agency, special education, labor.

We've recently pulled in representatives from Correctional Education and Human Services. We have the parent training and information center. Several local school system transition coordinators are representative as well as higher education. So it's really an opportunity to figure out how we can better align information in a way that helps families to navigate that post-school world. Because it's a very challenging, eligibility driven world as you exit from school.

We're also preparing some information checklists so that school systems know what information they should be providing families and when. And we also have piloted an assistive technology checklist. That's one of those aha moments as we're talking about transition and that, you know, if a student has AT, how can we capture that information so that, that information flows along with them as they exit school, as well as the flow of services.

And when should schools be certain to be pushing to make certain that they're making application, and to know what should be happening when for the families, as well as doing a lot of plain language work. We also have done outreach and engagement of our family support specialists in partnership with parents place to help families, even in middle school and elementary school set higher expectations.

Talking about self-determination, guiding the journey, and doing a lot of work on diversity. We have been doing a lot of work in that diversity space because as a result of Promise, we found that we don't do as good a job of reaching some of the families who really need this information the most. We're also engaging in discussions around complex care needs and transition.

Because we're discovering, the good news is that we now have students with really significant health care, complex care needs exiting school wanting to work. And we've spent decades to educate that expectation that everyone can work with the right supports and services. But now some of them are exiting with that expectation and we're finding some gaps and services on the adult service side that we're working to try and identify and figure out how to resolve doing a lot of work in the Hispanic engagement in particular.

And I think that the plain language approach is also incredibly relevant to this population. And I see that there's some synergy and partnering together to use that as an approach so that it's not just something we do for disability, but that we do it across, across the groups, as well as Statewide Project Search. Next slide.

So in the employment arena, doing a lot of employment engagement, education and training, there's a lot of changes going on. Working with places like Northrop Grumman who are now including job coaching as one of their accommodations for their employees when there's a need and that's expanding and they're finding great benefits, including that paying for that, of course, diversity, equity, inclusion, accessibility.

We had a recent commission to study VR, doing a lot of engagement and outreach to college students with disabilities. A lot of work on autism hiring for individuals who are not eligible or waitlisted for vocational rehabilitation services who have some work experience. But maybe it turned in and out of the workplace. And that's really growing and being replicated across the state. Very exciting, lots of good outcomes.

Employment first, discussion how community engagement can lead to work. We of course have eliminated sub minimum wage in Maryland, but the pandemic meant that many of those individuals ended up in meaningful day versus, versus worked helping to help move that back in the direction of employment. Doing training and outreach for labor staff. We've expanded our employed individuals with disabilities are Medicaid buy-in for higher-income, doing work in the two Genspace, which is serving families and individuals and ensuring that disability is part of those resources. And of course, these are just a couple of examples are highlights of the many, many things that we're working on here in Maryland.

Next slide. So this is my contact information. Always, always happy to talk, share information, hear what other states are doing and so forth. You can follow us on Facebook. And then we have a website that has a much information on our department, as well as the transition youth specific website that has a number of information and resources that if you're looking at that space, is also very helpful. So thank you all for the opportunity to be here today. Thank you so much.

**Andrew Houtenville:** Great. Thank you, Jade. Okay. If people have questions, type them into the Q&A box and I'll ask Jade. Jade, I have a couple of questions for you. I was going to ask about your 14C experience. I'm disappointed to hear that COVID kind of came along and, and because you guys are, would be a real leader in kind of how that played out. Before COVID was, and I actually have a student that's looking at employment pre and post for Maryland. Right now not finding many results that we're ready to go to press with. It's pretty challenging to find data.

Population-based data, not programmed data for people with IDD or people who use the 14 C type jobs. Could you tell us a little bit about your experience just selfishly? I have an interest.

**Jade Gingerich:** Sure. So, you know, the advocates approached and introduce legislation. What we opted to do in Maryland, because the federal creates the sub minimum wage certificates, but states have to recognize that certificate. So we decided that the easiest thing was to just say the state would no longer recognize that federal certificate. Right? Then we had a multiyear process.

And using the approved vendor list off of the federal sub-minimum wage, engaged in intensive outreach, technical assistance support, and helps them to see that the writing was on the wall. I also did some analysis that said look, based on the changes that are coming with the home and community-based waiver, which is where the bulk of our folks were being paid.

And the fact that there's that wish to be in the community, it aligned, right? Because, because some of it was, well, we have these buildings. What are we gonna do with these buildings? So it actually was a relatively easy lift. There was some pushback from some providers and some from some family members.

I do think that the increases in minimum wage that have been occurring do create an environment that will make this a little harder and a little heavier lift for states because this occurred before Maryland started pushing the increase in its minimum wage. We had some local counties that had set higher minimum wages, but it wasn't a statewide thing. I have to say, I'm glad that we got this through before that.

From a data perspective, as you so rightly accounted for, we have 2 points in time that we asked for providers to complete data so that we have pictures in time a year around employment. It's not as clean and pure as you might like it, but it has indicated that we have done a better job. We've certainly seen a movement away from the segregated settings, the community-based. But there was a little, a little more pressure.

Now, during the early parts of the pandemic, our experiences really aligned with a lot of your data and findings and so forth. I think that now what you're seeing is the impact of the issues of locating direct support professionals and those wages and cost associated. I feel like that is having a bigger impact on the employment and supports, because I think that the skill sometimes that you need for a direct support professional around employment versus some meaningful pay. It's a higher skilled job to be done the way I think that is having and it's such a competitive hiring environment right now.

**Andrew Houtenville:** Interesting. So there's, there's a lot of countervailing effects to, As I, oh there's a question I'll look at in a minute. You know, there’s all these countervailing effects, certainly COVID, but also shortages of DSP staffing. And when you stopped recognizing the certificates, was that linked to kind of, it wasn't cold turkey or was it?

**Jade Gingerich:** No, it was a multiyear process. So we tracked the numbers. Although I will say that I think with except maybe one exception, all of them chose to eliminate and stop using their certificates and not renew prior to the end of that three-year sort of a scale down process. But I think once they saw the writing on the wall, then they actually expedited their processes. And there were only like one hold out that was like bitter end. But the rest of them, I think were more resigned to it and decided they needed to be pivoting and starting that that turn faster than even the three-year.

**Andrew Houtenville:** I'd imagine, like you said, minimum wage goes up to $15 an hour, man, it puts a lot of pressure on the waiver. It's like come on. You know. Alright. Let me see. There's a question in the Q&A. Oh, thanks. Got it. So people were asking for that link to the supported employment, customized employment side-by-side link. I'll have to take a look at that. That sounds really clever and helpful to people. One thing, that comes up, and you mentioned the online IEP process. And so is that a repository for the family to be able to call it up and take a look at it? Is it interactive where they can request changes? Or?

**Jade Gingerich:** I think that it is more static. It's a deeper version. What we do have is some of the local school systems have opted to participate in a portfolio, an online portfolio that the students and families own. That's a place that then becomes the repository for them to capture work experiences, the student family control it, they decide what gets put on it.

And so that portfolio then becomes something that they own and is a repository that they're two separate things and the portfolio, the online portfolio is optional. There, we have a couple of school systems that don't use the online IEP that the bulk do, but they have to provide something that's equitable. They just have their own systems, so.

**Andrew Houtenville:** Yeah. I just wondered, I really liked the idea of the endorsements. At UNH we have a TPSID program we just started. We're doing digital badges that show up on the transcript. So that a student can earn these kind of descriptive, meaningful, and every time a badge is approved and, every time a badge is created, a badge program is created, that badge stays static on the website so the employer can look at what that badge meant?

And I just wonder, when I heard the online IEP, I was like, okay, and then I heard the endorsements. I'm like you could have a menu because I think a lot of families, like you said, or they come in late, they go through the IEP process. It's not necessarily informative about choices and options for ends, particularly for the future. It's usually about very contemporaneous behavior issues at most. And that, with an online IEP, they could also be made aware of kind of options for endorsements to go after, right?

**Jade Gingerich:** That's the intent of the process. And then it also helps. So like if a student were to apply to UNH's TPSID, right? You would see what the post-secondary endorsements were, right? And Maryland has, not a formal TPSID, but a TPSID like program and that was, they help provide some of that input around what are the skills that you have found that the students who were then coming to college, in the TPSID programs, need in order to be successful in that program. And so yes, there's a benefit as well to then be, you know, you all as you're looking at potential candidates to see

**Andrew Houtenville:** It's a better signal of what the students capabilities are. Alison asks, what can we do to improve adult service linkages and information for parents and students about adult services. And I'm thinking like the IEP process online could then transition to IPE process for Voc Rehab or other adult services. I worry about the online stuff partly because if I have to login to another patient portal, I think I'm going to have a heart attack. To remember all the passwords and things. But management, and information for a family when they've got complex medical needs, making appointments. And it's such an information storm that people

**Jade Gingerich:** I call it a tsunami, cause it washes over you and like wave and wave

**Andrew Houtenville:** Yeah. And that the more information and options we provide to families, the more we contribute to the tsunami. And that that information, how to manage that kind of information. I'm just venting, but let's just go back directly to Allison's question. What can we do to improve adult service linkages and improved parents student proof information for parents and students about adult services?

**Jade Gingerich:** So some of the steps that we're taking, are, you know, at what age should things be being provided, curated lists by the agencies of what information would be helpful. So we're trying to really be thoughtful and mindful of this is what you should introduce at this point. You need to circle back around at this point.

And so trying to actually build out an information roadmap so that we're not hitting them with everything all at once, but rather. Okay. Now, you're at this age. Okay. When you visit a year later, did they complete that application to so and so, and that's where this linkage information sharing tool would be helpful. Because then they'd know, oh, they haven't applied to Voc Rehab.

I've referred them over for four years running. And VR's not telling me that they've ever received an application. So now we're down to the final months before they exit, I got to find that family really say like this is make or break time. And so that's where I think, how can we share information amongst the partners that then helps inform the partners and the folks that are communicating to the families to know what action has occurred or hasn't occurred as part of that linkage process.

I also think that then you build onto that, patterns. So if we're seeing consistently at the state level, data that's saying that, wow, we seem to be missing a whole bunch of kids in this particular county in terms of that connection after they've exited school, and they seem to fall into the black hole.

Well then clearly some training technical assistance needs to be given to that county and their staff in the IEP folks to ensure that that's, because we don't have the data and the information to be able to track effectively, to know is what's happening on this side of the fence, translating over to the other side of the fence. And I think that's always been one of the fundamental challenges of transition.

And so trying to figure out how we can do a better job of not just pushing information out to families, but figuring out what data is being shared and how an analyzing it to then be determining what what's actually working and what's not.

**Andrew Houtenville:** Right. Yeah. That, you know, when we have tip, when we have TPSID applicants, many are not hooked to VR. And we have the ability to get VR to pay for tuition and get to pay for tutors and mentors. So and area agencies can help support them living on campus. And the families. The applicants aren't prepared because they're not a part of those systems. And we try to rush to help them get a part of those systems.

And we've been trying to stick with that because we don't want kind of basically to service all rich people. Because families are calling from across the country, we’ll move to New Hampshire, we’ll buy a house in New Hampshire, let our student in. Many times they don't have enough diagnostic information about the condition. Cause TPSID is simply, is just IDD and, you know, they’ve pushed for different diagnoses because of the stigma.

**Jade Gingerich:** I do think one of the places that we're talking about where we really need to figure out- So Maryland, we have transition coordinators identified nature, each of our local school systems. They get it, they get employment, they do a great job, except that they don't have the power over the IEP chairs.

And we have got to figure out, starting with kindergarten, IEP chairs and their knowledge base so that they are communicating high expectations, truly seeing what the post-school potential is, and helping and doing the IEP through that lens because they're sort of in a whole separate world, because they're coming out of that academic world, right? They're not coming out of all of the things that we know are possible with or without a high school diploma. Right?

And so I do think that that's one of the areas that we're talking more and more about is how do we really get them educated across all ages to ensure that they're really coming to the IEP table and helping craft an IEP that has meaningful vision for that person's life. Starting at kindergarten.

**Andrew Houtenville:** Setting Expectations. Thank you, Jade. We're right over time. I could go all day. That's been really helpful. I may have a student, my student, my PhD student contact you to interview you about the Maryland process and experience. Secondary data can only tell us so much. And anyway. Well, thank you very much Jade. Thank you, Denise. Everybody have a good afternoon and weekend. Bye. Bye.