

Celebrating Success for Employees with Disabilities

ADA 3^{3rd} Anniversary Webinar Series Week 3: July 25, 2023



Session Overview: Celebrating Success for Employees with Disabilities

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LILA Lane Independent Living Alliance

Centers for Independent Living (CILs)

An Introduction to the IL Philosophy



Center for Independent Living (CIL)

From the Rehabilitation Act, Title VII: Section 702. Definitions

The term "center for independent living" means a consumer-controlled, community-based, cross disability, nonresidential private nonprofit agency that –

- (A) is designed and operated within a local community by individuals with disabilities; and
- (B) provides an array of independent living services

From the ILRU brochure:

These organizations, called Independent Living Centers, are extraordinary: they are run by people with disabilities who themselves have been successful in establishing independent lives. These people have both the training and the personal experience to know exactly what is needed to live independently. And, they have deep commitment to assisting other people with disabilities in becoming more independent.



KEY is CONSUMER CONTROL-

The term "consumer control" means, with respect to a Center for Independent Living, that the Center vests power and authority in individuals with disabilities. **A majority of both the Governing Board and staff are persons with disabilities**.



What is Independent Living (IL)?

From the Oregon State Independent Living Council:

"Independent Living means that people with disabilities have the opportunity to make decisions about their lives and pursue activities of their choosing. Measures of true Independent Living are the opportunity and ability of a person with a disability to direct and personalize services to meet individual situations."

From ILRU:

"Essentially it is living just like everyone else – having opportunities to make decisions that affect one's life; able to pursue activities of one's own choosing – limited only in the same ways that one's non-disabled neighbors are limited. Independent Living has to do with self-determination. It is having the right and the opportunity to pursue a course of action. And, it is having the freedom to fail and to learn from one's failures, just as non-disabled people do."



IL Philosophy

- Independent Living (IL) philosophy is based on the assumption that people with disabilities are entitled to the same civil rights, options, and control over choices in their own lives, as people without disabilities.
- Empowerment vs. "being taken care of"



The IL Paradigm

MEDICAL MODEL, REHABILITATION, COMMUNITY ASSISTANCE (service delivery system), CHARITY PARADIGM	INDEPENDENT LIVING, DISABILITY RIGHTS, DISABILITY CULTURE, DISABILITY PRIDE PARADIGM
skill, lack of education, lack of socio-economic status, lack of political and cultural skills	dependence upon professionals, family members and others; hostile attitudes and environments; lack of legal protection; lack of recognition of inherent worth of people with disabilities (stereotypes).
and needs to be "fixed" or "cured" to "fit" into society)	in the socio-economic, political, and cultural environment; in the physical environment; in the medical, rehabilitation, service delivery or charity processes themselves (dependency- creating).
professional interventions; treatment; "case management" or volunteer work based on pity and related attitudes	1) advocacy; 2) barrier removal; 3) consumer- control over options and services; 4) peer role models and leaders; 5) self-help all leading to equitable socio-economic, cultural and political options.
individual with a disability is a "patient," "client," or recipient of charity; in many situations, the social role is non-existent	family and community members; "consumers" or "customers," "users" of services and products just like anyone else.
professional	person with the disability or his/her choice of another individual or group.
maximum self-care (or "ADL" activities of daily living as used in occupational therapeutic sense); gainful employment in the vocational rehabilitation system; no "social misfits" or no "manipulative clients"	independence through control of ACCEPTABLE options for living in an integrated community of choice; pride in unique talents and attributes of each individual; positive disability identity.
	COMMUNITY ASSISTANCE (service delivery system), CHARITY PARADIGMphysical or mental impairment; lack of vocational skill, lack of education, lack of socio-economic status, lack of political and cultural skillsin the individual (individual is "broken" or "sick" and needs to be "fixed" or "cured" to "fit" into society)professional interventions; treatment; "case management" or volunteer work based on pity and related attitudesindividual with a disability is a "patient," "client," or recipient of charity; in many situations, the social role is non-existentprofessionalmaximum self-care (or "ADL" activities of daily living as used in occupational therapeutic sense); gainful employment in the vocational rehabilitation system; no "social misfits" or no "manipulative

This paradigm was originally developed in 1978 by Gerben DeJong, now with the National Rehabilitation Hospital in Washington, D.C. It has been modified since then by Maggie Shreve, an organization development consultant working in the field of disability rights out of Chicago, and Steve Brown, a disability policy consultant and principle co-owner of the Institute for Disability Culture in Santa Fe, New Mexico.



EMPOWERMENT

Independent Living philosophy is based on the belief that persons with disabilities have the same basic human rights as persons without disabilities to participate in, and contribute to, community life. It is about persons with disabilities having the right, and seeking the opportunity, to be self-determined in matters such as living arrangement, transportation, social life, recreational ventures, and employment. IL's fundamental principal is **empowerment** rather than "being taken care of." It is about choice. And, it respects each person's understanding of what independence is for them.

Deinstitutionalization of people with disabilities

Demedicalization of people with disabilities ("sick" vs. natural)



Who Do CILs Serve?



CILs serve people with <u>all types of disabilities</u> including, but not limited to people with hearing impairments, sight impairments, mobility impairments, mental illness, learning disabilities, developmental disabilities, Traumatic Brain Injuries and more.





CILs serve individuals **of all ages**, their families and also offer a great many services to members of the general public like other non-profit agencies, businesses, local, state and federal agencies, school districts and the community.



Peer Role in IL



In IL terms, a peer is someone with a disability who is a role model and/or support person for another person with a disability.

Peer support and personal choice are key elements of Centers for Independent Living.

> In IL, the peer is the "professional."



CILs focus on a set of <u>CORE</u> Independent Living services

Each Center for Independent Living must provide the following core services:

- > Information & Referral
- > Independent Living Skills Training
- > Peer Counseling
- > Individual and Systems Advocacy
- Transition Services Services that facilitate transition from nursing homes and other institutions to the community, provide assistance to those at risk of entering institutions, and facilitate transition of youth to postsecondary life.

Individual Centers for Independent Living also may provide various other services, based on the needs in their community. Examples include support groups, recreation activities, work incentive counseling, mental health drop-in centers, etc.



Information and Referral (I&R)

- Provide information on:
 - ✓ Housing assistance
 - ✓ Transportation options
 - ✓ Personal Care Assistants- PCAs
 - ✓ Social Security
 - $\checkmark\,$ Employed Persons with Disabilities Program
 - ✓ Employment and Education Opportunities
 - ✓ Aids to daily living/adaptive equipment
 - ✓ Sign Language Interpreters, Readers (Communication Access)
 - ✓ Disability Law: Rights, Responsibilities & Enforcement
 - ✓ Physical and/or Mental Health services
 - ✓ Oregon Health Plan
 - \checkmark Work site modifications
 - ✓ Recreation
- Make referrals to entities where aids to daily living/adaptive equipment can be accessed, which will increase the consumer's ability to function as independently as possible.





IL Skills Training Example(s)



Independent Living Skills Training always attempts to "teach to fish" versus "giving a fish."

- Help develop transportation options: Bus training, learner's permit or driver's license
- ✓ Use Assistive Technology/workplace accommodations
- ✓ Improve personal care skills (e.g., dress, grooming)
- ✓ Help learn to form or better relationships/communications with neighbors, coworkers, etc.
- ✓ Assist with learning time management skills
- ✓ Learn to write resumes, cover letters as well as prepare for job interviews
- \checkmark Learn daily living skills such as cooking, cleaning, laundry, etc.
- Learn to interview and select personal care assistants, job developers and job coaches
- ✓ Learn or improve money management
- \checkmark Learn to use tools, such as a memory book, cue cards, etc.
- ✓ BE GOOD SELF-ADVOCATES !!



Peer Counseling Example(s)

Assist a consumer to:

- ✓ understand his/her disability and the impact on their lives
- ✓ adjust to a newly acquired disability
- ✓ increase their self-confidence and self-awareness
- identify his/her strengths, interests, and skills; develop a plan to achieve their IL goals
- \checkmark define what personal supports they need to be independent
- learn problem solving skills, decision-making, conflict management, negotiation, and/or communication skills
- \checkmark learn when and how to ask for accommodations
- ✓ explore/adapt to changes in living arrangements
- \checkmark learn to use community services more effectively

CILs Also:

✓Work with a consumer's family to increase their understanding of why independence and often employment, are important to their family member with a disability; help them work through changing family dynamics, increased independence, etc.

✓ Facilitate Person Centered Planning



Advocacy Example(s)



SYSTEMS ADVOCACY: Making changes in the community which enable individuals with disabilities to live, work and play more independently. These changes may affect legislation, policy, housing, business, transportation, healthcare, employment, accessibility, etc.

EXAMPLES:

- > Work with the city and county to increase the number of curb cuts in the area.
- > Talk with legislators about funding for state programs.

INDIVIDUAL ADVOCACY: CIL Staff and/or volunteers act with, or on behalf of when necessary, an individual with a disability to secure benefits, services, accessibility, etc. The practice of good Independent Living is ALWAYS to teach a consumer to LEARN the skills necessary to be effective self-advocates.

EXAMPLES:

> Role play with a consumer how to request a workplace accommodation

> Accompany a consumer to meeting with vocational rehabilitation counselor who they are having trouble communicating with, concerning problems with a job coach. This would include helping consumer prepare for meeting and assisting them during such only if asked.

> Make a call to a consumer's dentist, with the consumer sitting beside you, to explain the law regarding providing the accommodation of them remaining in their wheelchair due to accessibility needs



Transition Services

Transition to Independent Living: LILA assists individuals with disabilities, via skills training, mentoring, and help gaining needed support, to:

- transition from nursing homes or foster homes into the community,
- remain in the community rather than be institutionalized, and
 - transition from secondary education to post-secondary life.



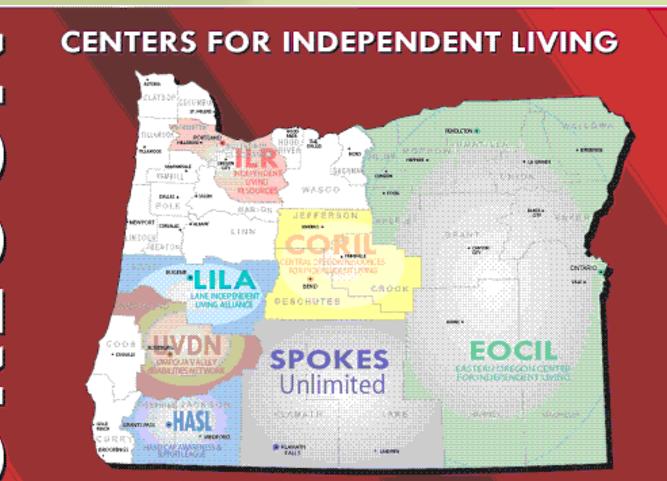
Vocational Services

Career Exploration Assistive Technology Workplace Accommodations Job Accommodation Network askjan.org Work Stamina Issues **Building Work Tolerance** Interview practice **Resume Development**

Disability Disclosure (or not) Essential Job Functions Work Readiness Alternatives Workshop Working Well with a Disability Class Balancing ADL's with Work Responsibilities Transportation Building a Career



Oregon's Seven CIL's



Promoting choice, equal access, and full inclusion of people with disabilities, throughout the State of Oregon





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Oregon Vocational Rehabilitation Services Denys Austin, VRC, CWIC, Training & Development Specialist

- Benefits Counseling from WIN (Work Incentive Network, Plan for Work)
 - Oregon has two free benefits counseling programs for people with disabilities who are interested in working. Certified benefits counselors help you understand how working might affect your benefits.
- VR Services
 - **Our Mission:** Assist Oregonians with disabilities to achieve, maintain and advance in employment and independence
 - **Our Vision:** Every Oregonian with a disability who desires to work is given the means and opportunity.

VR and the State Rehabilitation Council (SRC) Rose Pabon

Vocational Rehabilitation Counselor

- I work for OVRS, Oregon Vocational Rehabilitation Services
- What we do: Work with those who have disabilities causing barriers to employment.
 - 1. Our services are designed around your needs and job goals. A counselor will help you decide what services are right for you.
 - 2. .We also have services for youth age 14 to 24 who are getting ready to work.
 - 3. We help businesses with recruitment, training on disability inclusion, support for work-based learning with youth and more.
 - 4. Work with Community Partners.

State Rehabilitation Council Member

- 1. The Oregon State Rehabilitation Council (**SRC**) is a group of consumers, advocates and representatives from business and the community with lived experience or expertise in disability awareness.
- 2. The SRC is an accountability partner to VR and represents the voice of people who receive services.



Oregon Office of Developmental Disabilities Services, Employment First, Allison Enriquez

Celebrating success!

- Lane v. Brown (application of ADA to employment service settings) and HCBS regulations
- Closure of sheltered workshops
- > Oregon ends subminimum wages (SB 494, 2019)
- Many more people working in competitive integrated employment!

Future efforts for Oregon's Employment First initiative:

- Engagement with Oregon's Public Workforce System
- State as Model Employer



Aging and People with Disabilities, Janell White

- Employed Persons with Disabilities (EPD) program
- Medicaid Pay-in
- Senate Bill 576



Employed Persons with Disabilities (EPD) program

- Intended to help people with disabilities maintain Medicaid coverage when working
- Program within Oregon Supplemental Income Program Medical (OSIPM)
- Higher income limit than most OSIPM programs
 - Adjusted limit of \$3,083
 - Gross income of up to \$6,251
 - More if there are disability-related costs that can be deducted
- Higher resource limit
 - Up to \$5,000 in countable resources (vs. \$2,000 for other OSIPM)
 - Special account that is excluded only for EPD called an Approved Account
- Must have a disability, cannot qualify on age alone
- Must be employed

Medicaid Buy-In

- Medicaid buy-in is an out-of-pocket cost that people receiving higher income must pay to receive coverage
- Only two programs require a payment:
 - Employed Persons with Disabilities (EPD)
 - Long-Term Care services (LTCSERV) under the 300% of SSI income standard
- LTCSERV requires individuals to pay a monthly liability based on their care setting (in-home, Assisted Living Facility, etc.) and income. The amount could be anything from \$0 to the entire cost of their care.
- EPD requires individuals to pay a monthly participant fee based on their income. Can be anything between \$0 and \$150.
- Those eligible for EPD and receiving LTC services pay the lower amount when comparing the liability and the participant fee.

Senate Bill 576

- Bill originally introduced in 2021 legislative session
- Seeks to expand eligibility for EPD by:
 - Removing income limits
 - Removing resource limits
 - Expanding the lower age limit from 18 to 16
 - Allowing continued eligibility when there is a medical improvement
- The bill did not pass in both 2021 and 2023 but will be introduced again.





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