Vocational Rehabilitation: The Untapped Resource for Diversity & Inclusion

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So What is Vocational Rehabilitation?

- **1917**: Smith-Hughes Act established for vocational rehabilitation of disabled WWI Veterans

- **1918**: Smith-Sears Veterans Rehabilitation Act (Soldier’s Rehabilitation Act)

- **1920**: Smith-Fess Act (Civilian Rehabilitation Act) Federal/State, 50/50
  - American Indian Vocational Rehabilitation Services (AIVRS), 90/10

- **1935**: The Social Security Act gave the VR program permanency

**Purpose**: “To empower individuals with disabilities to maximize employment, achieve economic self-sufficiency and independence, and to realize full inclusion and integration into society.”
1947: The Office of Vocational Rehabilitation and the Bureau of Indian Affairs signed a Cooperative Relationship Memorandum 21 in (revised 4/16/1962) resolving to focus their efforts to serve Indians with disabilities.

Purpose: “To assist tribal governments to develop or to increase their capacity to provide a program of vocational rehabilitation services, in a culturally relevant manner, to American Indians with disabilities residing on or near federal or state reservations.”

Goal: “To enable these individuals, consistent with their individual strengths, resources, priorities, concerns, abilities, capabilities, and informed choice, to prepare for and engage in gainful employment. Program services are provided under an individualized plan for employment and may include native healing services.”
So What is Vocational Rehabilitation?

- Full inclusion and integration in American society:
  - Economically
  - Politically
  - Socially
  - Culturally
  - Educationally

- Persons with disabilities have the right to:
  - Live independently
  - Enjoy self-determination
  - Make choices
  - Contribute to society
  - Pursue meaningful careers
So What is Vocational Rehabilitation?

- In order to be “Eligible” for VR services you must be an individual with a disability resulting in a significant barrier to employment and must require VR services to achieve an employment outcome such as:
  - Competitive Integrated Full-Time/Part-Time Employment
  - Supported/Customized Employment
  - Self-Employment
  - SSI/SSDI recipients are presumed to be eligible for VR services.

- Client referral, meet with VR counselor, collect existing and acquire new information, consider results, determine eligibility, initiate joint planning, and specify rehabilitation needs through an Individualized Plan for Employment (IPE)

- Kentucky has 1 of the 7 Comprehensive Vocational Training Centers left in the country: Carl D. Perkins Vocational Training Center (CDPVTC), Thelma, KY
2014 Work Opportunity Innovation Act (WIOA)

- VR must strategically coordinate with 5 other core partners:
  - Adult, Dislocated Worker, and Youth programs (Title I)
  - Adult Education and Family Literacy Act (Title II)
  - Employment Service program (Title III)

- 15% of VR funding is dedicated to Pre-Employment Transition Services (Pre-ETS) for transitioning youth, per WIOA.

- VR works with students starting at 14 years old that have Individualized Education Plan (IEP) and Section 504 plans, as well as students potentially eligible for VR services.
Client Services: Consumers

- Assessment
- Counseling & Guidance
- Referral
- Restoration
- College/Vocational Training
- Maintenance & Transportation
- Interpreter Services
- Reader Services
- Pre-ETS
- Transition Services
- Personal Assistance
- Rehabilitation Technology
- Supported/Customized Employment
- Tools & Equipment
- Job Placement & Job Readiness
Client Services: Employers

- Americans with Disabilities Act (ADA), Disability Awareness, & Customized Staff Trainings
- Employing and Retaining Individuals with Disabilities
- Financial Benefits/Work Incentives via PACE, On-the-Job Training (OJT), Work Opportunity Tax Credit (WOTC), etc. and lower costs in recruiting, hiring, and training new employees
- Providing Reasonable Accommodations Solutions in accordance with the ADA
- Job Task & Workplace Analysis, Accessibility Checklist, Job & Work Site Adjustments
- Technical Assistance & Consultation, On-Site Support & Follow-Up Services
- Referring Pre-Screened, Qualified Applicants while minimizing turnover with a “good fit”
Disability Demographics

- Individuals with disabilities are the largest minority in the world, the United States, and in Kentucky.

- Approximately 1 out of 7 people in the world has a disability.

- Approximately 1 out of 4 Americans has a disability.

- Disability crosses all groups and populations regardless of: Age, Race, Ethnicity, Gender, Nationality, Sex, Religion, Creed, Socioeconomic Status, Sexual Orientation, etc.

  (Section A.2.b. Nondiscrimination)

  “Rehabilitation counselors do not condone or engage in the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category.”

- We are all only a moment away & aren’t getting any younger!
Disability Demographics

- Employment rate for American working-age people (16 to 64 years old) with disabilities in January 2019 was at 33%

- In comparison, the employment rate for American working-age people without a disability in January 2019 was at 76.9%

**THAT IS A 43.9% GAP BETWEEN THOSE WITH & WITHOUT DISABILITIES**

- The gap has slightly shortened since 2016; however as the job market gets tighter and unemployment rates decrease, employers will have to tapped into untapped labor pools to meet their growing business needs and fill vacancies with talent that comes from VR!

- 33% of 20-year-old workers will become disabled before reaching retirement age
Myth Busting Disability

Myth #1: Individuals with disabilities have higher absentee rates, are unable to meet performance standards, and are more likely to have accidents on the job than their non-disabled counterparts.

Fact: Dupont has been conducting employee studies since the 1970’s comparing employees with and without disabilities, which have shown identical safety records, absentee rates, and comparable performance.
Myth Busting Disability

**Myth #2:** It takes a considerable expense to reasonably accommodate an employee with a disability.

Fact: Most workers with disabilities require no reasonable accommodation, and according to the Job Accommodation Network (JAN) for those that do (which is less than 25% of employees with a disability), 59% of these requests cost nothing and rest $500 or less.
Myth Busting Disability

- **Myth #3:** People with psychiatric disabilities cannot tolerate the stress of holding down a job.

- Fact: Every job is stressful to some extent. Productivity is maximized when a good fit exists between the employee’s needs and working conditions, regardless of mental health needs.
Myth Busting Disability

Myth #4: It is difficult to supervise employees with disabilities.

Fact: A Harris poll found that 82% of managers said employees with disabilities were no harder to supervise than employees without disabilities. Employees should be held accountable to the same job standards and managers should be confident that their supervisory skills will work equally well with all employees.
Myth Busting Disability

**Myth #5:** You can discuss and initiate diversity and inclusion efforts and policy without including individuals with disabilities.

**Fact:** There is no diversity and inclusion that can exist, which does not involve individuals with disabilities!
For Those of Us DisLabled

- Person-First Language means just that; the person first, not the disability

- Respecting an individual’s cultural and social framework
  - (Section A.2.a. Respecting Culture)
  - “Rehabilitation counselors demonstrate respect for the cultural identity of clients...”

- Section D.2.a. Cultural Competency
  - “Rehabilitation counselors develop and maintain knowledge, personal awareness, sensitivity, and skills and demonstrate a disposition reflective of a culturally competent rehabilitation counselor working with diverse client populations.”
Person-First Language means just that; the person first, not the disability

Personal preference overrides this practice!

(Section A.4. Avoiding Value Imposition)

“Rehabilitation counselors are aware of and avoid imposing their own values, attitudes, beliefs, and behaviors. Rehabilitation counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the rehabilitation counselor’s values are inconsistent with the client’s goals or are discriminatory in nature.”
For Those of Us DisLabled

- Individual or person with a disability
  - Gentleman with a visual impairment
  - Lady that utilizes a wheelchair
  - Boy who has Epilepsy
  - Girl with an intellectual disability
  - Deaf gentleman
  - Autistic woman

**WORDS MATTER!**

- The words & language we use matters so much!
- Spread the Word to End the Word Campaign
- *(Section D.5.h. Disparaging Remarks)*
- “Rehabilitation counselors do not disparage individuals or groups of individuals”
Disability Etiquette

- Talk directly to the person with the disability; not someone else

- Do not speak as if the person with a disability is not there, cannot understand what’s being said, or speak for themselves

- Do not lean on a person’s wheelchair or mobility device

- Do not interact or touch someone’s service dog without permission first; they are working

- Use the normal volume of your voice when speaking with a person that is deaf and face them while you are talking

- I know you want to help, but please wait to be asked for it…
Disability Etiquette

- Do not assume you know what assistance an individual needs; it’s okay to ask someone if they need help but do not act without an answer.

- Treat adults like they are adults.

- Do not patronize a person with a disability by praising normal daily activities as if they are something exceptional or inspiring.

- Avoid collective or pity language such as: sufferer or victim of, the blind, the disabled, disabled folk, etc.

- It’s okay to say, “See you later!” to an individual with blindness.

- **Treat a person with a disability just like you would any other person!**
Disability Etiquette

Disability Etiquette Gone Wrong!
AgrAbility:
Cultivating Accessible Agriculture

The Missouri AgrAbility Project is about creating success in agriculture, employment, and rural life for people with disabilities and their families.

It links the Cooperative Extension Service at a land-grant university with a nonprofit disability organization to provide practical education and assistance that promotes rural independence of Agriculture, administers the AgrAbility Project.

Partners with the Division of Vocational Rehabilitation Services, Rehabilitation Services for the Blind, USDA Farm Service Agency, Arthritis Foundation Eastern Chapter, the CDC Missouri Arthritis & Osteoporosis Program, and other organizations in serving agricultural workers and their family members around the state.
AgrAbility:
Cultivating Accessible Agriculture

- The National AgrAbility Project was legislated via the 1990 Farm Bill
- Since 1994, serves rural and farm families with, both temporary or permanent, disabilities
- AgrAbility’s Mission provides:
  - Technical Assistance
  - Information Dissemination
  - Professional Training
  - On-the-Farm Assessment
  - Referrals to Other Service Providers
AgrAbility: Cultivating Accessible Agriculture

- Any Missourian with a disease, disability, or disorder and who is engaged in farming, ranching, or in other agriculture related occupation is eligible to receive services.

Contact Information:

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1.800.995.8503
AgrAbility@missouri.edu

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(Section L.1.a. Knowledge of the Code)

“Rehabilitation counselors are responsible for reading, understanding, and following the Code, and seeking clarification of any standard that is not understood. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.”

What experiences have you had with Vocational Rehabilitation? AgrAbility?

What efforts are your organizations making to improve inclusion of individuals with disabilities in their workforce and/or programming?

What steps would like to be seen taken towards these efforts?

Are your programs and services fully accessible?

If they are not accessible, then they are not inclusive!
Contact Information

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The End

Enjoy the rest of the 2019 Missouri & Illinois Behavioral Health Conference!