

STATE REHABILITATION COUNCIL PUBLIC FORUM

June 11, 2018, 1:00 – 3:00 pm

Minneapolis North WorkForce Center

800 Broadway Ave W, Minneapolis

Background

Currently VR has over 1800 people on the waiting list, people who are in categories 2, 3, and 4, even though they have been found to be eligible to receive services.

In 2014 the federal law called the Workforce Innovation and Opportunity Act (WIOA) was passed. Under that act there are two primary sections that apply directly to the VR program that are affecting its ability to provide services: 1) 15% set aside of the federal appropriation for providing pre-employment transition services to young people, and; 2) Section 511 provision, which is designed to reduce the incidence sub-minimum wage employment in center-based environments. Those two provisions expend much of VR funding, resulting in the inability to reopen any of the currently closed categories. We are beginning to explore ways to make services accessible to people, particularly those in closed categories, from other parts of the state one-stop workforce development system.

One important statistic to note is that of those people on the waiting list, currently only about 8.4% are co-enrolled in programs other than the VR program. That's a very small number, one we would like to see go up.

Panel Discussion

Panelists were asked to identify the barriers in providing services to people who are eligible for VR but may not be receiving them.

Thant Pearson, VR Rehabilitation Area Manager:

Despite being an inner city office, they have a relatively low number of individuals on the waiting list. Thant attributes this to the unique community they work in, which works to provide orientation and intake with individuals and connect them with a multitude of services, not just V.R.

Leona Martin, Workforce Development Specialist and Coordinator:

Leona mentioned that sometimes other barriers need to be resolved before individuals can continue to work on employment.

Ibrahim Noor, Field Operations Manager:

Ibrahim reiterated the uniqueness of the 800 West Broadway location and the ability to address barriers for many people at this site, despite having a high incidence of unemployment in the region. The comprehensive center combines workforce, education and health care entities.

Mayra Garcia Rivera, 800 West Broadway Coordinator:

Mayra's role is to help the partners at this location integrate services, as well as to work with outside agencies, taking a holistic approach to serving individuals. One barrier she identified is the lack of a formal process of doing referrals with outside partners, although one step they have taken is to have people positioned as "navigators" in the building to help support people with specific external needs, such as housing`.

Sue Abderholden, National Alliance for Mental Illness (NAMI) Executive Director:

Sue expressed frustration that there aren't currently many services that help people get jobs until their mental illness makes them permanently and horribly disabled. This is a barrier than needs to be addressed. There needs to be supports much earlier. People need help with specifics like:

- How to explain why they were out for three to four months in residential treatment?
- How do I talk to employers about what an accommodation is?

Additional barriers include:

- Individuals do not want to disclose mental illness for fear of discrimination. People are less likely to get a pay raise or to get a promotion if mental illness is disclosed, resulting in less likelihood to get health insurance to pay for the very treatment that they need to stay well in the workplace.
- There is a high incidence of police response to mental health care issues, resulting in criminal records and gaps in employment.
- Few employers know what an accommodation is for a mental illness. Employers need to be educated.
- VR is stuck in terms of federal guidelines, so that can't be the only thing that is done to help people with disabilities work. What are the other things we can do and go to the legislature for that gets around the federal requirements that constrain VR?

Anna Peterson, Step-Up Youth Program Director:

A few years ago Anna recognized that most of the students who didn't get placed in internship positions in Step-Up were students with disabilities, and she has been working continually since then to make changes to address this disparity. She identified the following barriers:

- Students have difficulty advocating for themselves and telling you what accommodations they need.
- Program staff aren't adequately trained to identify or meet the needs of students with disabilities.
- There is a need for more employers who know what to do to better support student interns. There is a limited number of employers who have done a good job identifying internships for students with disabilities and providing the necessary supports. Consequently, many youth are funneled to these employers although they may not be in areas of interest for the students.

Their program couldn't operate though without the adult advocates at the organizations that hire and support interns.

Krista Coronado, Minneapolis Public Schools Adult Education Program:

Krista identified the following barriers she and staff encounter while assisting students who self-identify with a learning or physical disability to obtain GED certifications:

- Staff lack specialized disability training.
- Students are required to have current disability documentation, which can be difficult or impossible to obtain, for the online GED process.
 - Schools generally only keep IEP documentation on file for 7-10 years.

- Lack funding to obtain new diagnoses.

Anthony Goettl, Minneapolis College Internship and Employer Development Coordinator:

Anthony also conveyed the struggle with lack of staff training, and postured that “meaning well isn’t good enough to provide equality in services.” He further articulated that “it isn’t about us trying to create the perfect program for the individuals coming through here. It’s about changing the campus culture ... so that it suits every person that walks through the door. We are open access, but I don’t think that means open opportunity.”

Open Discussion

Following the panel’s statements was a less formal conversation, including questions and comments from the State Rehabilitation Council and other audience members. This covered a broader range of topics and raised the following questions:

- Additional barriers identified:
 - Difficulty finding job coaches. It is a low paying job with work at all hours.
- Interest was expressed in knowing the makeup of the waiting list in terms of demographics to aid in identifying and addressing the gaps in services.
- Panelists were asked if there are eligibility factors for their programs. In most cases, participation is limited by factors such as age, county or city of residence, income, barriers to employment, etc.
- Panelists were asked if programs are finding new ways to take advantage of the current economic situation in which unemployment is low and demand for employees is high to find employment for people with disabilities. The following ways were discussed:
 - Innovative and more intentional approaches to job fairs.
 - Introducing students to jobs and skills in which they don’t currently get exposure to in schools, such as the production field.
 - It was suggested that the requirements for some jobs have become too stringent, examples being bachelor’s degrees required for jobs that may not actually need it and any type of criminal background preventing some people from obtaining jobs at a higher level.
- Sue Abderholden was asked the status of the Minnesota Suicide Prevention Hot Line. Sue assured the interested party that while the Crisis Connection line was ended, that was just one of many available numbers. Each county is required to have a crisis line and the national suicide hotline will continue to take calls from Minnesota.

What can be done?

How do we best serve the people on the VR waiting list in their local communities? How they are served in the WorkForce Centers and gain access to resources available to them is key. To accomplish this, collaboration across programs is vital. 800 West Broadway provides a good example of this in action by housing related programs in one building and employing navigators to assist individuals connect with external resources. To aid in building partnerships, they also host a weekly community partner meeting to help build collaboration, networking and support across agencies.

During the discussion today several needs were identified. Early identification before situations become dire and inclusion are needed. SRC member Barb Ziemke pointed out that there is a continuum of

people's needs, regardless of disability status. All people have barriers, but people without disabilities have access to resources that the people with disabilities should also have access. We need to make what's available to everybody more able to serve individuals who come with a difference that people aren't familiar with. We need to train and provide supports as a system so that people with disabilities can receive what they need with some guidance.

One thing that was mentioned repeatedly by panelists as a barrier is the lack of staff training. Individuals are frequently automatically referred to V.R. We need to make sure that staff know what accommodations are and know how to engage people so they know what to ask for in terms of accommodations. Some people, especially young people, may not know what to ask for.

All of the branches of the workforce system, the education system, the waiver system and vocational rehabilitation all speak a different language and have different funding. There needs to be a more seamless, efficient way for individuals trying to navigate the systems to find the resources they need.

The biggest need in the rehab community right now is employers. We have a resource to fill their needs. One thing that employers can do is to create a welcoming environment for employees with disabilities. Putting out materials about disabilities and accommodations can open up the conversation.

Finally, legislative advocacy is needed. The vast majority of VR participants are people who are identified to be in the highest priority for services. If people don't apply, and if people don't get on the waiting list, then there's no pressure on the system. The legislature doesn't realize there's an unmet demand. It's important that we involve follow through and individuals do apply for services so there is an awareness that it exists.