

Employment as Treatment that Works

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U.S. Department of Education | U.S. Department of Labor

Disclosures

Presenters have no financial interest to disclose.

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Moderator's Opening Remarks

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Mr. Misrok is a co-founder of the National Working Positive Coalition (2003) and the president of its Board of Directors.

Learning Objectives

1. The learner will be able to articulate A) why employment & related workforce development services (WDS), including vocational rehabilitation (VR) & supported employment (SE), are included within the NHAS, B) how informed choices about employment & related WDS promote economic self-sufficiency & independence, and C) how informed vocational choices can reduce isolation, depression & undue focus on illness;
2. The learner will be able to identify workforce development programs & employment services under the Workforce Innovation & Opportunity Act (WIOA), including eligibility requirements, for PLWHA with vocational impediments, including A) PLWHA with substantial barriers to employment related to HIV/AIDS disease progression, B) Dually diagnosed PLWHA with substantial employment barriers related to HIV/AIDS disease progression & other disabilities, including mental health & substance use disorders, C) Asymptomatic dually diagnosed PLWHA with substantial employment barriers caused by one or more co-occurring disabilities; & D) PLWHA, including individuals with co-occurring disabilities, who aren't experiencing substantial barriers to employment caused by HIV/AIDS or their co-occurring disabilities; but are disadvantaged by their lack of basic-education or vocational skills, illiteracy, poverty, homelessness, stigma or discrimination; and,
3. The learner will be able to identify action steps to increase the rate of participation by PLWHA within WIOA's core workforce programs, & the quality of outcomes facilitated.

Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

ED 2015-2020 NHAS Contacts

The U.S. Dept. of Ed is represented on the NHAS by its Off. of General Counsel (OGC), the Off. of Elementary and Secondary Education (OESE) & the Rehabilitation Services Admin. (RSA) of the Office of Special Education & Rehabilitation Services (OSERS). ED's contacts for the NHAS are as follows:

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The Rehabilitation Act of 1973

The Rehabilitation Act of 1973 was amended by the Workforce Innovation and Opportunity Act (WIOA) (P.L. 113-128) which was signed into law on July 22, 2014.

The overarching principle of the Rehabilitation Act (the Act), as amended by WIOA, is that individuals with disabilities are capable of achieving full integration into all aspects of life, including employment. Accordingly, the Act seeks to empower individuals with disabilities, including PLWHA, to maximize employment, economic self-sufficiency, independence, and inclusion in and integration into society.

Disclaimer Re VR Regulations

The regulation for the State Vocational Rehabilitation (VR) Services program has been submitted to the Office of the Federal Register (OFR) for publication, and is currently pending placement on public inspection at the OFR and publication in the Federal Register. References to the VR regulations in the slides and accompanying presentation are those submitted to OFR. The information provided on the slides and during the accompanying presentation may vary slightly from the published regulations if minor technical or formatting changes are made during the OFR review process. **Only the version published in the Federal Register is the official regulation.**

VR Services Program Purpose

34 CFR 361.1 Purpose.

Under the State Vocational Rehabilitation Services Program, the Secretary provides grants to assist States in operating statewide comprehensive, coordinated, effective, efficient, and accountable vocational rehabilitation programs, each of which is—

- a) An integral part of a statewide workforce development system; and
- b) Designed to assess, plan, develop, and provide vocational rehabilitation services for individuals with disabilities, **consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice** so that they may prepare for and engage in competitive integrated employment and achieve economic self-sufficiency.

(Authority: Sections 12(c) and 100(a) of the Rehabilitation Act of 1973, as amended; 29 U.S.C. 709(c) and 720(a))

80 State VR Services Programs

The Act includes each of the 50 U.S. States, DC, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands within the meaning of State. RSA currently administers 80 Combined, General or Blind State VR Agencies.

Combined Agencies serve all individuals with disabilities in the State.

Blind Agencies provide services only for individuals who are blind or visually impaired.

General Agencies serve all individuals with disabilities except those who are blind or visually impaired

State Agency Designations

States with Combined VR Agencies:

26 of the U.S. States (AL, AK, AZ, CA, CO, GA, HI, IL, IN, KS, LA, MD, MI, MT, NV, NH, ND, OH, OK, PA, RI, TN, UT, WV, WI & WY), DC, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands operate Combined VR Agencies.

States with General & Combined Agencies:

24 of the U.S. States (AR, CT, DE, FL, ID, IO, KY, ME, MA, MI, MN, MO, NE, NJ, NM, NY, NC, OR, SC, SD, TX, VT, VA, & WA) operate Blind (B) and General (G) Agencies.

Who is eligible for VR Services?

According to section 102(a) of the Rehabilitation Act of 1973 as amended, in order to be eligible for VR services, an individual must:

Be an "individual with a disability," meaning a person who (1) has a physical or mental impairment which constitutes or results in a **substantial impediment to employment** for the individual; and (2) **can benefit from VR services to achieve an employment outcome**.

Require VR services to **prepare for, secure, retain, regain or advance in** employment.

Individuals who receive Supplemental Security Income &/or Social Security Disability Insurance benefits are presumed to be eligible for VR services leading to employment, unless there is clear and convincing evidence that they are too significantly disabled to benefit from VR services.

Life Expectancy for PLWHA

An HIV diagnosis should no longer be considered a death sentence. **The disease**, which attacks the immune system, generally **can be controlled by modern-day antiretroviral (ART) medications**. Indeed, the life span of a 20-year-old HIV-positive adult on ART medications in the U.S. today is expected to be into his or her early 70 s; **a life expectancy approaching that of the general population**. Differences by race, sex, HIV transmission risk group, and CD4 count persist.

Source: Samji H, Cescon A, et al. (2013) Closing the Gap: Increases in Life Expectancy among Treated HIV-Positive Individuals in the United States and Canada. PLoS ONE 8(12): e81355. doi:10.1371/journal.pone.0081355

VR Eligibility Paradigm Shift

Inability to Benefit from VR Services: During the 1980s and much of the 90s; many PLWHA & HIV/AIDS Service Providers didn't consider VR because they concluded that they or their clients were too ill to complete the necessary steps to prepare for employment, to keep a regular job schedule, to perform the requisite job functions, etc.

No Substantial Barriers to Employment Resulting from Disabilities Attributed to HIV/AIDS: Increasingly, over the past decade or so; many PLWHA & HIV/AIDS Service Providers don't consider VR because they don't believe that HIV/AIDS poses a substantial physical or mental impairment to employment. In other words, VR services aren't necessary for the respective PLWHA to prepare for, secure, retain, regain or advance in employment.

Defining Disability in RSA's MIS

VR service provision focuses upon impairments to employment which are attributable to an individual's disability - not the cause of the disability. For reporting purposes, State VR agencies provide RSA with a single primary disability using a four digit code, and, if a secondary disability exists, a single secondary disability using a four digit code. It is important to note that both one's primary and secondary disability are defined by combining a two digit impairment code with a two digit code for the cause of said impairment. The primary disability is the infirmity which is most substantial with regards to impeding one's ability to work. The secondary disability is an infirmity which contributes to, but is not the primary basis of, one's impediment to employment.

Defining Disability Continued

There are **19 codes for impairments (I)**, i.e., blindness (01); other hearing impairments (07); mobility orthopedic/neurological impediments (10); general physical debilitation, i.e., fatigue, weakness or pain (15); other physical impairment not listed above (16); cognitive impediments (17) and psychosocial impediments (18). **HIV/AIDS is not classified as one of the impairments.**

There are **37 codes for the causes (C)** of the respective impairments. **HIV/AIDS (22) is listed as one of the causes.** Other causes frequently attributable to the same impairment as HIV/AIDS include blood disorders (09), cancer (10), drug abuse or dependence (18), immune deficiencies excluding HIV/AIDS (23), mental illness - not listed elsewhere (24), physical disorders/conditions - not listed elsewhere (30), respiratory disorders other than cystic fibrosis or asthma (32), and cause unknown (00).

Eligibility by HIV/AIDS or Other

VR service provision focuses upon vocational barriers attributable to disability—not the cause of the disability. Hence, **PLWHA who don't report experiencing substantial vocational impediments because of HIV/AIDS aren't eligible for VR services based upon HIV/AIDS (C-22)**. However, HIV/AIDS advocates should review RSA's impairment codes with their clients to assess their expressed opinion that they don't have an impairment attributable to HIV/AIDS which causes a substantial impediment to employment.

Likewise, it may be helpful for HIV/AIDS advocates to discuss with their clients **the possibility of qualifying for VR services based on a different cause**. For example, formerly imprisoned felons, and other ex-offender, living with HIV/AIDS might be eligible for VR services pursuant to a psychosocial impairment (I-18) attributable to alcohol abuse (C-02), an anxiety disorder (C-07), etc. Likewise, an individual living with HIV might be eligible for VR services pursuant to a cognitive impairment (I-17) or psychosocial impediment (I-18) attributable to drug abuse or dependence (C-18).

VR Program Eligibility Con.

It is critical to assess all **functional limitations** the individual may have, such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance and work skills. Should a **PLWHA be receiving SSI or SSDI** and intend to achieve an employment outcome, then he or she is **presumed eligible** for VR services without further determination by the VR agency.

Once all determinations have been made, it is the responsibility of a qualified VR counselor employed by the State VR Agency to determine whether the particular PLWHA requires VR services to achieve an employment outcome. If the qualified VR counselor makes such a determination, a PLWHA is eligible for services.

Order of Selection

Order of Selection (OOS) policies need to be initiated when VR Services Programs anticipate not being able to provide the full range of services authorized by the Act to all eligible individuals in the State that apply for VR/SE services. An OOS describes the State's order for selecting eligible individuals to be provided VR/SE services in the event that VR/SE services cannot be provided to all eligible individuals in the state who apply for services.

Individuals with the most significant disabilities with regards to impeding one's ability to work must be served first!

Order of Selection Continued

Given the advances in health care treatment for people living with HIV/AIDS; many individuals living with HIV/AIDS will not be eligible for VR/SE services because they don't present with any substantial barriers to employment caused by HIV/AIDS. However, **many individuals determined not to be eligible for VR/SE services based upon their HIV/AIDS status, may be eligible for VR/SE services based upon other substantial physical or mental impediments to employment, i.e., alcohol and other substance use disorders, or major depressive disorders (MDD).** Likewise, some eligible individuals living with HIV/AIDS may be classified higher on the respective VR Agencies OOS list because of additional barriers to employment caused by their other physical or mental impairments.

Order of Selection Continued

33, or approx. 59 percent, of the 56 States (defined so as to include DC, as well as American Samoa, Guam, Puerto Rico, the Northern Marianas & the Virgin Islands) **have an OOS for one or more agency type** (C, G or B):

1) Arizona, 2) California, 3) Colorado, 4) Delaware, 5) Florida, 6) Georgia, 7) Hawaii, 8) Illinois, 9) Iowa, 10) Kansas, 11) Kentucky, 12) Louisiana, 13) Maine, 14) Maryland, 15) Michigan, 16) Minnesota, 17) Mississippi, 18) Missouri, 19) Montana, 20) New Jersey, 21) New Mexico, 22) North Dakota, 23) Ohio, 24) Oklahoma, 25) Pennsylvania, 26) Rhode Island, 27) Tennessee, 28) Utah, 29) Vermont, 30) Virginia, 31) West Virginia, 32) Wisconsin, and 33) District of Columbia.

Order of Selection Continued

Five , or approx. 83%, of the 6 States (DC, LA, FL, MD, NY & NJ) with the **highest incidence of HIV diagnosis among adolescents & adults** (as reported for 2014 by the **CDC**) have an OOS for their C or G agency: 1) DC (C), 2) LA (C), 3) FL (G), 4) MD (C) & 5) NJ.

The **U.S. Census Bureau** reported 316,128,839 as the pop. in 2013 for the 50 States & DC; averaging 6,198,605 for the 50 States and DC.

Nine, or 75%, of the 12 **most populous States** [CA (**38,332,521**), TX, NY, FL, IL, PA, OH, GA, MI, NC, NJ, VA (**8,260,405**)], reported from highest to lowest, have an OOS for their C or G agency: 1) CA (C), 2) FL (G/B), 3) IL (C), 4) PA (C), 5) OH (C), 6) GA (C), 7) MI (G), 8) NJ (G), & 9) Virginia (G/B).

Vocational Rehab Services

34 CFR 361.5(c)(57) Vocational rehabilitation services—

- i. If provided **to an individual**, means those services listed in §361.48; and
- ii. If provided **for the benefit of groups of individuals**, means those services listed in §361.49.

(Authority: Sections 7(40) and 103 of the Rehabilitation Act of 1973, as amended; 29 U.S.C. 705(40) and 723)

VR Services - Individuals

34 CFR 361.48 (ABRIDGED)

Scope of VR Services for individuals with disabilities.

- (a) Pre-employment transition services.
- (b) Services for individuals who have applied for or been determined eligible for VR services.
 - 1) Assess. for determining eligibility & priority for services.
 - 2) Assess. for determining vocational rehabilitation needs.
 - 3) VR counseling and guidance.
 - 4) Referral & other services necessary to assist applicants and eligible individuals to secure needed services.

34 CFR 361.48(b) Continued

- 5) Physical and mental restoration.
- 6) Vocational and other training services, including personal and vocational adjustment training, advanced training in, but not limited to, a field of science, technology, engineering, medicine, mathematics (including computer science), law, or business); books, tools, and other training materials.
- 7) Maintenance.
- 8) Transportation.
- 9) VR services to family members if necessary to enable the applicant or eligible individual to achieve an employment outcome.
- 10) Interpreter services.

34 CFR 361.48(b) Continued

- 11) Reader services, rehabilitation teaching services, and orientation and mobility services for individuals who are blind.
- 12) Job-related services, incl. job search & placement ass., job retention services, follow-up services, & follow-along services.
- 13) Supported employment services.
- 14) Personal assistance services.
- 15) Post-employment services.
- 16) Occupational licenses, tools, equipment, initial stocks, and supplies.
- 17) Rehabilitation technology.

34 CFR 361.48(b) Continued

- 18) Transition services for students and youth with disabilities, that facilitate the transition from school to postsecondary life.
- 19) TA & other consultation services to conduct market analyses, develop business plans, & otherwise provide resources.
- 20) Customized employment.
- 21) Other goods and services determined necessary for the individual with a disability to achieve an employment outcome.

(Authority: Sections 7(37), 12(c), 103(a), and 113 of the Rehabilitation Act of 1973, as amended; 29 U.S.C. 705(37), 709(c), 723(a), and 733)

VR Services - Groups

34 CFR 361.49 (a) **(ABRIDGED)**

Scope of VR Services for groups of individuals with disabilities.

- (1) The establishment, development, or improvement of a public or other nonprofit community rehabilitation program that is used to provide vocational rehabilitation services that promote integration into the community and prepare individuals with disabilities for competitive integrated employment.
- (2) Telecommunications systems that have the potential for substantially improving vocational rehabilitation service delivery methods and developing appropriate programming to meet the particular needs of individuals with disabilities.

34 CFR 361.49(a) Continued

- 3) Special services to provide nonvisual access to info for individuals who are blind, including the use of Braille, sound recordings, telecommunications, or other appropriate media; captioned television, films, or video cassettes for individuals who are deaf or hard of hearing; tactile materials for individuals who are deaf-blind; & other special services that provide information through tactile, vibratory, auditory, & visual media.
- 4) Technical assistance to businesses that are seeking to employ individuals with disabilities.

34 CFR 361.49(a) Continued

- 5) In the case of any small business enterprise operated by individuals with significant disabilities under the supervision of the designated State unit, including enterprises established under the Randolph-Sheppard program, management services & supervision provided by the State unit along with the acquisition by the State unit of vending facilities or other equipment, initial stocks and supplies, and initial operating expenses.
- 6) Consultation and technical assistance services to assist State educational agencies and local educational agencies in planning for the transition of students and youth with disabilities from school to postsecondary life, including employment.

34 CFR 361.49(a) Continued

- 7) Transition services to youth with disabilities and students with disabilities who may not have yet applied or been determined eligible for vocational rehabilitation services.
- 8) Support (including, as appropriate, tuition) for advanced training in a field of science, technology, engineering, or mathematics (including computer science), medicine, law, or business.

(Authority: Sections 12(c), 101(a)(6)(A), and 103(b) of the Rehabilitation Act of 1973, as amended; 29 U.S.C. 709(c), 721(a)(6), and 723(b))

Disclaimer Re RSA's Allotments

The allocations for the State Vocational Rehabilitation Services Program and discretionary grants referenced within the slides and accompanying presentations are approximations and may vary based upon reporting mechanisms. Questions regarding specific allocations should be directed to the respective program officials.

Allocations for RSA's Grants

Per the President's budget for Fiscal Year 2015, the appropriations for RSA were approximately \$3,140,755,620, **including \$3,042,187,639 in mandatory State Vocational Rehabilitation (VR) Services Program Grants and \$98,567,981 in discretionary grants.** The mandatory VR State grants include \$3,029,058,988 in grants to States pursuant to Title 1-A, sections 110 and 111, of the Rehabilitation Act of 1973, as amended (the Act), and \$13,128,651 in grants to the governing bodies of Indian tribes and consortia of those governing bodies located on Federal and State reservations pursuant to Title 1-C of the Act. RSA's discretionary grants include the Client Assistance Program (\$13,000,000), Training, Demonstration and Training Programs, Migrant and Seasonal Farm Workers, Protection and Advocacy of Individual Rights (\$17,332,300), Supported Employment (\$27,272,520) and the Helen Keller National Center for the Deaf-Blind Youth and Adults.

1989 Vocational Rehab Manual

The Rehabilitation Services Administration (RSA), in 1988, sponsored the nation's first comprehensive PLWHA workforce development study, and a resultant 128 page training manual for vocational rehabilitation (VR) professionals. It considered the medical, cultural, social, legal, psychological, and economic implications of HIV/AIDS; and how these factors relate to vocational rehabilitation (VR) and supported employment (SE). [Corthell, Olivrio, et al. "Vocational Rehabilitation Services to Persons with H.I.V. (AIDS)." Institute on Rehabilitation Issues No. 16 (University of Wisconsin-Stout, October, 1989)]. IRI No. 16 is available at <http://files.eric.ed.gov/fulltext/ED321469.pdf>

Disclaimer Re MTS

RSA's panelist, Sandy DeRobertis, previously served as the program director of Multitasking Systems of New York, Inc. (MTS). Sandy commenced employment with the U.S. Department of Education in January of 2009.

The information provided in Slides 36 to 43, and Slide 47, regarding MTS, and the accompanying presentation about MTS' consumers and service provision, has not been independently verified by RSA and, therefore, should not be attributed to Department of Education/RSA. Likewise, the opinions expressed by Sandy do not necessarily reflect the views of the Department of Education/RSA.

1990 Demonstration Grant

RSA awarded **HIV/AIDS demonstration grants** in 1990, including one to Multitasking Systems (MTS). Linda Laubenstein, M.D. (1947 – 1992), a professor & hematologist at NYU, was MTS' principal founder. Laubenstein used MTS' award to support & expand a work center for PLWHA that she & colleagues initiated in 1989 that offered part-time & flexible work schedules. Linda Laubenstein hypothesized 1) that PLWHA who continued working were less susceptible to depression than those who ceased employment, and 2) that they lived longer.

Dr. Linda Laubenstein

Dr. Laubenstein's conviction that employment is vital to the health of PLWHA was informed by her experience as **an individual with a disability**. Linda suffered from severe asthma and weakness from childhood polio, an illness that required 3 major operations and left her paraplegic at the age of five. **She discovered some of the first cases of what became the worldwide AIDS epidemic in 1981.** Dr. Alvin Friedman-Kien & she wrote the first paper to be published in a medical journal on the appearance of Kaposi's sarcoma, a previously rare disease of lesions of the skin and other tissues.

Work = HIV/AIDS Treatment

MTS' motto was **“Employment is treatment that works.”** Each and every employee & work adjustment trainee was cross trained – “multitasking was the norm.” Cross training allowed individuals who had medical appointments or who were ill to be accommodated. Likewise, given the possibility that too many people would be absent at any given time, MTS had a standard policy of using candidates from its applicant pool to serve as temporary employees.

MTS Program Data & Services

MTS commenced operations in 1989 as a copy center staffed by 10 PLWHA. MTS subsequently offered paid work adjustment training opportunities & job placement assistance as a vendor for the for the NYS VR office. During FY 1992, **MTS' job referral division's av. caseload was over 100, received an av. of 55 monthly applicants, & placed an av. of 13 consumers monthly.** Their av. age was 37; 78% were male; 54% identified as gay/bisexual; 32% identified as IV drug users; 45% were black; 30% were Latino; 25% were high school dropouts; & 14% had a baccalaureate.

NYT Article Re MTS (03/07/89)

“Concern Seeks Workers with AIDS,” by Nadine Brozan, quoted **Dr. Laubenstein** as follows:

“We noticed that patients were either fired from their jobs when their employers learned of the AIDS diagnosis or they were unable to continue in physically demanding or psychologically stressful jobs.”

“Work is central to everybody's life. It is what organizes you out of bed in the morning, gives you interaction with others, keeps you from being isolated and from focusing all attention on illness.”

1992 HIV & Employment Study

RSA's panelist, Sandy DeRobertis, JD, MSILR, M.Div., served as MTS' program director (91 – 93). Sandy conducted a thesis alternative study of 385 people seeking MTS' job placement services between March of 89 & April of 92. This study was completed while Sandy was jointly enrolled in Cornell/Baruch's MS in Industrial & Labor Relations Program.

DeRobertis, Sandy, "The Impact of HIV on Employment: A Retrospective Analysis of the Characteristics of Persons with HIV Disease Seeking Job Placement Services" MTS (November, 1992).

Workforce Participation Rate

MTS' average consumer was determined to have been tested for HIV approx. 5.2 years after becoming HIV+. 75% of MTS' study pop. were working at the time of HIV diagnosis (virtually identical to the 74% rate extrapolated from 1991 U.S. Dept. of Commerce race & gender data). 90% of them were still working 3 months post diagnosis; 81% after 6 months; & 70% after 1 year.

Two particularly important workforce participation findings were 1) that they worked for a substantial period after becoming HIV+, & 2) that their MTS applications indicated a desire to work.

Case Closure: Illness v. Benefits

Eighty-six percent of MTS' participants received public benefits. Despite various work initiatives which allow PLWHA to maintain benefits while working & their expressed interest in employment; the majority of MTS' case files were closed within months of applying for employment services.

The primary reason given at closing was concern over the effects of employment on public benefits.

In fact, they were 6.3 times as likely to list benefits concerns (67 percent) as a reason for closing their case, than medical concerns (11 percent).

Benefits Planning Requirement

ED recognizes that some people are reluctant to pursue employment due to concerns about employment's impact on public benefits, including Medicaid & other sources, on which they rely for financial & medical support. To help them to better understand the effects of employment on Social Security & other benefits & make well-informed decisions about their employment goal, 34 CFR 361.45(c)(2) requires VR counselors to provide **benefits planning** information, including info about SSA's work incentives during the process of developing individualized plans for employment (IPEs).

SSDI – SSI Work Incentives

One of the SSA's highest priorities is to support the efforts of disabled beneficiaries who want to work by developing policies and services to help them reach their employment goal. The Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs include a number of employment support provisions commonly referred to as work incentives which are described in the **2016 Red Book (A summary guide to employment supports for persons with disabilities under the SSDI and SSI Programs)**.

Source: <https://www.ssa.gov/redbook>

PT Work to Keep Benefits

Section 361.42(c)(2) prohibits VR Agencies from considering the nature of an applicant's vocational goal when determining eligibility and priority for services. Therefore, a VR Agency **may not prioritize** the determination of eligibility for individuals who choose to pursue **full-time** employment **over** those who elect to seek **part-time employment** which is consistent with their Skills, Interests, and Informed Choice (IC).

Note: The IC provision allows consideration of SSDI/SSI income policies when setting income and career goals.

Disadvantage v. Disability

The MTS study demonstrates that socio-economic disadvantage is the primary barrier to employment for many PLWHA, and that this impediment is compounded by HIV/AIDS. Related employment barriers include limited work histories, illiteracy and homelessness – conditions which frequently precede any and all disability-specific vocational barriers attributed to HIV/AIDS. Thus, personal and community resources, or lack thereof, should be clearly addressed when developing individualized plans for employment (IPEs) for the evolving populace living with HIV/AIDS.

FY 16 - FY 20 Coop. Agreement

Southern University was awarded a 5 year - \$12.5 Million cooperative agreement (\$2.5 Million annually) to develop and manage a nationwide VR Technical Ass. Center (VRTAC) that focuses upon high leverage groups with national applicability from 12 economically disadvantaged Targeted Communities (TCs).

The U. of Wisconsin-Stout, the U. of W. Madison, George Washington U., the U. of Kentucky, the U. of Illinois at Urbana Champaign, and the Council of State Administrators of VR are subrecipients of the VRTAC-TC.

Barriers = Poverty + Disability

The **VRTAC-TC** was developed, in principal part, because poverty & disability, considered separately, can, & often do, compound the challenges VR programs address.

The **12 communities** must be situated in 12 States or territories located within 8 or more of the 9 U.S. Census Bureau divisions, **each of which must include 2 high-leverage groups with national applicability , i.e., PLWHAs**, offenders, SSDI recipients, & individuals with substance use disorders. Ideally, groupings from the respective communities will have at least one analogous group from another targeted community.

Southern U.'s VRTAC-TC Goal

Southern U.'s VRTAC-Targeted Communities' (TCs) primary goal is to provide intensive field-based TA, along with its partners, in 12 TCs, so as to: 1) improve the capacity of State VR Agencies & their partners to increase participation levels for a minimum of 2, but no more than 4, mutually exclusive high leverage groups with national applicability from their respective TCs; &, 2) to equip income-eligible individuals from 12 nationally representative communities with the skills & competencies needed to obtain high-quality competitive integrated employment.

PLWHA = High Leverage Group

One of the high leverage groups with national applicability thus far identified is specific to HIV/AIDS (New Orleans, LA 70112 and 70113).

The VRTAC-TC will develop online information exchange platforms. These platforms will promote dialogue between VR Agencies & VRTAC-TC staff that serve the targeted communities with partner organizations nationwide which serve similar high leverage groups or similar economically disadvantaged communities.

VRTAC-TC Contact Information

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U.S. HIV/AIDS Prevalence

1.2 Million = Estimated Number of People living with HIV (diagnosed and undiagnosed) in the U.S. at the end of 2012

318.9 Million = Estimated Population of the U.S. in 2014

Source: **CDC – U.S. Census Bureau**

VR Program HIV/AIDS Data

8416 Vocational Rehabilitation (VR) service records were closed nationwide between FY 10 and FY 14 for PLWHA who were served by State VR Agencies. This national total, representing individuals served whose primary or secondary vocational impediment was reported to be caused by HIV/AIDS, constitutes **0.51%** of the 1,649,083 cases during this five year timeframe that were closed with or without an employment outcome.

This HIV/AIDS FY 10 through FY 14 service indicator for PLWHA is consistent with CDC – Census Bureau data. This indicator ranged from a low of 0.46% in FY 14 to a high of 0.55% in FY 12; with a median of 0.51% in FY 12.

HIV/AIDS Data Continued

The following 12 services were most frequently provided to the 1632 PLWHA whose service records were closed in FY 12: 1) VR Counseling & Guidance (60.11%), 2) Transportation (53.62%), 3) Job Placement (36.52%), 4) Diagnosis & Treatment of Impairment (35.17%), 5) Job Search Assistance (26.29%), 6) Info & Referral Services (19.42%), 7) Occupational or Vocational Training (18.57%), 8) Maintenance (17.46%), 9) College or Univ. Training (16.3%), 10) Job Readiness Training (15.99%), 11) On-the-Job Supports (9.8%), and 12) Rehab Technology (5.33%).

HIV/AIDS Data Continued

In order of prevalence, the impairment code for the 1632 service records closed in FY 12 for PLWHA are as follows: Physical (1176, or 72%), Mental/Psychological (308, or 19%), Cognitive (62, or 3.8%), Visual (54 or 3.3%), and Communicative (32, or 2%).

California & New York, respectively, in FY 12, served the highest number of PLWHAs, respectively, 262, or 1.36%, and 215, or 0.97 percent. DC, at 4.5%, or 78 closures, reported the highest PLWHA service rate.

HIV/AIDS Data Continued

The DC VR Services Program (“**DC RSA**”) includes a goal and an action plan in the VR Program specific component of DC’s WIOA State Plan to both better track those individuals living with HIV/AIDS receiving services, and to increase the number of people living with HIV/AIDS receiving VR & supported employment services through outreach and networking, including benefits counseling. DC RSA likewise has a goal and action plan to increase the number of individuals securing competitive jobs and the number of staff from HIV/AIDS Services providers trained.

HIV/AIDS Data Continued

24.88% of the 1632 service records closed in FY 12 for PLWHA were for females.

The reported race for the 1632 PLWHA whose service records were closed in FY 12: Black (55.33%), White (41.85%), two or More Races (1.23%), Asian (0.73%), Native Americans (0.67%), & Pacific Islanders (0.18%). Of all the case service records closed in FY 12 without regard to their reported impairment cause, 23.84% were Black. Hence, the representation of Blacks within the HIV/AIDS disability category is more than double (2.32 times greater) than the overall VR service rate.

VR Program Success

In its 80-year history, VR has assisted 10 million eligible individuals with disabilities to become employed.

In the last 3 years, VR has averaged approximately 230,000 employment outcomes per year. In addition, the job retention rate of VR consumers is 85%, and, according to a recent study, 76% of VR consumers report being satisfied with their experience in the VR program.

State VR Program Contact Info

How do I contact the VR agency in my State?

Copy the following address into your web browser:

<http://askjan.org/cgi-win/TypeQuery.exe?902>.

It will bring you to searchable list of VR agencies.

Training Grant Opportunities?

How can I obtain info re training grant opportunities?

Copy the following URL address into your web browser:

<https://rsa.ed.gov/display.cfm?pageid=34> . This address brings you to the "grant opportunities" section of the RSA training program website.

All RSA Training Grants are competed through www.grants.gov. In addition, ED.Gov offers a forecast of funding opportunities on its web site. It lists most of the programs and competitions under which ED invited or expects to invite applications for new awards and provides actual or estimated deadline dates for the transmittal of applications under these programs.

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Getting to Work

Work: A Training Curriculum for HIV/AIDS Service Providers and Housing Providers

The Getting to Work training curriculum assists service providers in understanding HIV/AIDS in the context of employment and the different approaches to helping clients who are ready to work identify and achieve their related goals.

[Getting to Work Overview and FAQs](#)

Getting to Work Curriculum

- Supports National HIV/AIDS Strategy
- Developed collaboratively by the U.S. Departments of Labor and Housing & Urban Development
- Launched Summer 2015
- Addresses the importance of employment in serving the whole person
- Available at <https://www.aids.gov/gettingtowork>

Module 1: Understanding the Value of Work

- Explores why people living with HIV/AIDS choose work
- Discusses why service providers should consider employment options with their clients
- Contextualizes information within the changing nature of the U.S. HIV/AIDS epidemic
- Discusses correlation between employment and the potential for improved health and HIV self-management

Module 2: Adopting an Employment & Training Mindset

- Describes employment services and delivery mechanisms
- Explores vocationalizing for organizations and individuals
- Discusses key laws and regulations supporting and protecting employment of people with disabilities, including people living with HIV/AIDS
- Provides an overview of work incentive programs
- Explores the impact of employment on benefit programs

Module 3: Incorporating Employment into the HIV/AIDS Service Menu

- Describes strategies for delivering employment services
- Identifies potential partners and explores strategies for engaging partners
- Highlights a number of HIV/AIDS-specific employment initiatives

Preliminary Evaluation

- Data sources
 - Knowledge-checks in the modules
 - Post-completion surveys
- 18 month period
 - “Soft Launch” (October 2014 – July 2015)
 - “Hard Launch” (July 2015 – March 2016)
- 446 individuals completed at least one module
 - 229 individuals completed all three modules
- Respondents were primarily HUD/HOPWA grantees

Preliminary Evaluation

- Most viewed employment & training services as very or somewhat important
- Approximately 40% reported not having existing partnerships focused on employment
- Most planned to increase integration of employment activities

Questions, Comments, etc.

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Moderator's Closing Remarks

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