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1 THE STATE OF MICHIGAN ADVISORY COMMITTEE
2 TO THE U.S. COMMISSION ON CIVIL RIGHTS
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6 MEETING OF THE MICHIGAN ADVISORY COMMITTEE
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TO THE UNITED STATES COMMISSION ON CIVIL RIGHTS
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9 Proceedings were held in the above-entitled
10 matter before Mr. Roland Hwang, Chairman, on Thursday,
11 June 25, 1998, at Holiday Inn-South Convention Center,
12 6820 South Cedar Street, Lansing, Michigan,
13 commencing at or about 9:25 a.m.
14
15 COMMITTEE MEMBERS PRESENT:
16 ROLAND HWANG, CHAIRMAN
LORRAIN THOMAS
17 MARYLOU OLIVAREZ-MASON
PRINCE HOLLIDAY
18 JACK MARTIN
ELLEN HaAJLUNI
19 DAVID BULKOWSKI
20
21
22
23

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Meet.
395

1 Lansing, Michigan
2 Thursday, June 25, 1998
3 9:25 a.m.
4 PROCEEDINGS
5 MR. HWANG: Good morning. The
6 Michigan Advisory Committee to the U.S. Commission on
7 Civil Rights will come to order.
8 My name is Roland Hwang, chair of the
9 Michigan Advisory Committee. We are here today to
10 examine the provision of rehabilitation services to
11 individuals with disabilities in Michigan.
12 The proceedings of this meeting are
13 being recorded by a court reporter. Information
14 received at this meeting will be formally submitted in
15 the form of a report to the Library of Congress and
16 the United States Commission for its consideration and
17 submission to the President and the United States
18 Congress.
19 The other members of the Michigan
20 Advisory Committee are here today, and I'll have them
21 introduce themselves starting on my right.
22 MS. THOMAS: I'm Lorraine Thomas.
23 MR. HWANG: Do you want to introduce
24 yourself any further, where you're from?
25 MS. THOMAS: I'm sorry. I'm from

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1 Detroit, and what else am I supposed to. . .

2 MS. OLIVAREZ-MASON: I'm Marylou

3 Olivarez-Mason, and I'm the executive director of the

4 Michigan Commission on Spanish Speaking Affairs here

5 in Lansing.

6 MR. KOBRAK: Peter Kobrak. I teach

7 public administration and political science at Western

8 Michigan University.

9 MR. HWANG: Roland Hwang. I work for

10 the Michigan Department of Attorney General.

11 MR. HOLLIDAY: I'm Prince Holliday.

12 I'm an independent business owner in Detroit.

13 MR. MARTIN: Jack Martin, Bloomfield

14 Hills, chairman of Home Federal Savings Bank and

15 president of Jack Martin and Company, CPAs.

16 MS. HaAJLUNI: Ellen HaAjluni. I'm a

17 trial attorney at the Equal Employment Opportunity

18 Commission.

19 MR. BULKOWSKI: And David Bulkowski,

20 the associate director at the Grand Rapids Center for

21 Independent Living.

22 MR. HWANG: During this hearing, no

23 person or organization is to be defamed or degraded by

24 any member of this advisory committee or any

25 participant.

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1 Any individual or organization that
2 feels defamed or degraded by statements in these
3 proceedings will be given an opportunity to respond.
4 We're going to maintain our schedule
5 this morning and throughout this day. It is very
6 important for us to do so as a courtesy to the
7 participants who are making time for us in their busy
8 schedules.
9 The general procedure will be for the
10 invited guests to make an opening statement. The time
11 allotted for those presentations will be determined by
12 the chair.
13 At the conclusion of those
14 statements, the balance of the time for that panel
15 will be afforded to committee members for questions.
16 If there is additional information our invited guests
17 would like to offer, the record of this meeting will
18 remain open for 30 days, during which time such
19 information may be submitted to this committee through
20 the Midwestern Regional Office of the United States
21 Commission.
22 To accommodate those not invited, a
23 public session has been scheduled for later this
24 afternoon.
25 The advisory committee appreciates

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1 Organizations.

2 MR. SMITH: I'll begin again.

3 My name is Harry Smith and I'm

4 chairman of this committee.

5 Let me just provide a bit of

6 background about myself before I want to give you some

7 comments.

8 First, I must apologize. I just came

9 off of three days of doing a visual in a hospital, so

10 I had planned to have written comments, so these were

11 put together rather hurriedly last night and this

12 morning. I will submit, for the record, written

13 comments.

14 I'm currently employed by the

15 Michigan Association of Rehabilitation Organizations,

16 which is a trade association in the State of Michigan

17 that represents about 70 community-based

18 rehabilitation providers.

19 These are organizations that work in

20 partnership with the State Rehabilitation Agency and

21 other state organizations that provide services that

22 are disability driven to populations within the State

23 of Michigan.

24 The organizations that make up my

25 association are, for the most part, nonprofits. There

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1 are a number of organizations, however, that have
2 governmental affiliation either through school
3 districts or community mental health boards.
4 I'm here today, however, not as an
5 official model spokesman. It's not a position of my
6 organization. It's my position based on some 30 odd
7 years of experience in this business.
8 While I've been employed most
9 recently for the last six years with the trade
10 association, I spent 25 years in the State
11 Rehabilitation Agency. I was one of the senior
12 administrative people for a number of years.
13 Among the responsibilities that I had
14 were to be the director of administrative services,
15 where I had responsibilities for such things as a
16 state plan development. They had a reporting system
17 of program evaluation and needs studies that are
18 required by the State Rehabilitation Agency.
19 Prior to that I was the chief of
20 facilities development, which is the old terminology
21 for community based rehabilitation organizations.
22 I also had the opportunity to serve
23 as a hearing officer for the agencies, so that I
24 visually had in front of me cases of client complaints
25 that were being adjudicated through the fair hearings

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1 process within the organization.
2 I also had the great fortune to be
3 president of the National Rehabilitation Association
4 at the time of the Rehabilitation Act when the
5 amendments of 1991 were passed, so I was involved in
6 the background discussions about those amendments.
7 And during this period of 30 some odd
8 years, I've had the good fortune to be on faculty as
9 an adjunct faculty member at Michigan State University
10 and DePaul University.
11 In the issues that you are discussing
12 today, in my opinion, emanate essentially from an
13 inherent flaw in the Rehabilitation Act, and the
14 inherent flaw is that associated with what I would
15 call the targeting decision in the congressional
16 language that targets the State Rehabilitation
17 Agency's focus, is inherently flawed, in that it
18 assigns to the State Rehabilitation Agency the
19 responsibility to deliver services to a population
20 which is defined in very very loose terms.
21 Mr. Burleigh alluded to that
22 definition, and it's contained in the definition. I
23 just happened to bring it along with me this morning.
24 It includes not only a set of functional limitation
25 statements, but it also includes a list of diagnostic

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1 categories that allow for eligibility for a program.
2 And it's within those diagnostic
3 categories that one begins to have the creep (sic) of
4 what's wrong with the way this program is structured,
5 because to use the term cerebral palsy as an example
6 of an individual who would be eligible for the
7 program, masks a great deal of information.
8 It makes the assumption that all
9 cerebral palsy is equal in terms of its functional
10 implications for the individual, as does the term
11 blindness, or any other of the diagnostic labels that
12 are included in this list, which goes on for a full
13 long paragraph in the law itself.
14 In some preliminary discussions that
15 I had with Mr. Minarik, I walked him through this
16 problem of the diagnostic labels in terms of what they
17 do and don't do, and allow for what appears, in many
18 instances, to be differential access to the State
19 Rehabilitation Agency.
20 In private discussions in 1991 with
21 Senator Harkin and Senator Harkin's staff, the
22 National Rehabilitation Association made a major
23 effort to have this particular provision of the
24 Rehabilitation Act modified so that the states were
25 directed, in clear terms, in two ways.

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1 What are the functional limitations
2 of the individuals that you want targeted? What are
3 they? And what does Congress mean when it says most
4 severely disabled?
5 And they assigned that responsibility
6 to the states, so that within this country we now have
7 eight some odd jurisdictions, when one adds the
8 general rehabilitation agencies to the blind
9 rehabilitations agencies, where they exist side by
10 side in the states plus the territories.
11 We have 80 some odd jurisdictions,
12 who are required by the federal government to define
13 the term most severely disabled.
14 Now, for somebody who is sitting in
15 the National Association's perspective, it seems to me
16 the citizenship in the United States, irrespective of
17 where one lives when they participate in a program,
18 which is funded largely but by the federal government,
19 ought to look pretty much alike if you cross the state
20 line between Michigan and Indiana or Michigan and
21 Wisconsin.
22 That's an abject failure on the part
23 of Congress, and I indicated to the Senator there was
24 an abject failure on his part. It was a political
25 decision, that it compounds the presenting problem

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1 that individuals like Mr. Davis and Mr. Cannon will
2 testify later, have to come to grips with as they try
3 to deal with how do we target this program because who
4 is it targeted towards.
5 The second problem, in my opinion, is
6 the whole issue of the order of selection provision in
7 the Act. The order of provision, the order of
8 selection provision says in part: And in an event
9 that the Vocational Rehabilitation Services cannot
10 provide to all eligible individuals with disabilities
11 who apply for such services.
12 And then it kicks in, what are the
13 order of selection requirements that the state must go
14 to. The State of Michigan does not have an order of
15 selection, has not had an order of selection.
16 My colleagues, my former colleagues
17 in the State Rehabilitation Agency and I have the
18 honest disagreement about what the intent of Congress
19 was with regard to the language of this in the
20 statute.
21 One interpretation is that it is for
22 all eligible individuals, that is all eligible
23 individuals who are at the front door of the agency
24 who have been determined to be eligible.
25 My thoughts are about that, that

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1 there are approximately, depending on the numbers you
2 want to use -- and I'll come back to the data issue in
3 a moment -- there is presumptively, by any rational
4 look at the numbers, a pool of individuals who are
5 eligible for services who far outstrip the capability
6 of the State Rehabilitation Agency to deliver services
7 to them on an annual basis, and, therefore, screens
8 for the order of selection.
9 The order of selection, however, as
10 you can appreciate, gets more complicated if you have
11 a loosey-goosey definition out here that has been
12 given to you by the United States Congress. Who gets
13 what? It is really an inequity issue.
14 The second major problem with the
15 federal government is, frankly, the total absence of
16 useful data that would guide the states in terms of
17 what is a disability.
18 If you look at the catalogue of the
19 federal domestic assistance programs, I think you'll
20 find an excess of 100 different programs that are
21 targeted towards disability, and you will find a
22 plethora of definitions about what constitutes a
23 disability and the programs that are financed and/or
24 operated by the federal government.
25 In the last decennial census, before

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1 the last decennial, as the plan for that went forward,
2 a number of us tried to provide input to the Census
3 Bureau to provide us with questions that could be used
4 either in the general census or in a special census
5 surveys, that gives better handles on the issues of
6 disability.
7 And the functional limitations that
8 are associated with it isn't good enough to ask the
9 question, do you have a disability? Yes or no. Do
10 you have cerebral palsy? Yes or no. Are you blind?
11 Yes or no. That doesn't tell you anything. That
12 doesn't tell you about presenting vocational problems
13 about the individual.
14 We're trying to obtain assistance
15 from the Census Bureau, to hone in on those questions
16 and provide a national database that made more sense,
17 and that will provide a more rational planning
18 process. It does not exist today.
19 As I see it -- and I'm about done
20 with my opening comments -- you have in the federal
21 scene, the issue of an unworkable definition. You have
22 a situation where you have the absence of data that is
23 consistently developed from the definitional set that
24 accompanies the rehabilitation program. And then you
25 have some problems within the State of Michigan that

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1 affect this issue of access.

2 Later today the state director of

3 rehabilitation will be talking to you, and you are

4 aware that a state plan is required to be filed by the

5 State Rehabilitation Agency with the federal

6 government as the contract.

7 Part of the amendments to that state

8 plan are a series of agreements that have been entered

9 into between the State Rehabilitation Agency and local

10 entities. These local entities, in fact, provide

11 funding streams to the State Rehabilitation Agency in

12 lieu of funds appropriated from the State Legislature,

13 to satisfy the federal matching requirements.

14 In the 30 years that I've been in the

15 rehabilitation scene in Michigan, we have gone from a

16 situation where there was no reliance on dollars

17 originating from the third-party sources, to a

18 situation where there are now 140 plus agreements that

19 are entered into the between the State Rehabilitation

20 Agency and local entities to generate the local

21 dollars that can be then used by the State of Michigan

22 to claim the federal match that's necessary to drive

23 the program.

24 What's the consequences of that local

25 match? In some instances, the consequence of that is,

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1 those dollars are targeted towards populations that
2 may or may not be consistent with the intent of the
3 Congress, or may be consistent with it in the broad
4 definitional sense that's provided to the State
5 Rehabilitation Agency, but, in fact, direct resources
6 to populations when there are equally valid claims
7 from other disability groups that don't have those
8 kind of contacts in local communities where they can
9 have dollars put up and targeted to meet their needs.
10 There's a second consequence. It's
11 not just the disability. I don't want to use the term
12 bias, but I want to talk about emphasis. It's not
13 just a disability emphasis question. It's also a
14 function of where you reside within the State of
15 Michigan.
16 Those numbers that you are hearing,
17 level numbers, one has to ask the question at smaller,
18 much more discrete levels. In the years that I was in
19 the state agency, we did some studies on what was
20 happening to the impact of these local agreements.
21 And as you expect, the richer
22 communities of the State of Michigan are in better
23 positions to make contributions, to provide for an
24 expansion of rehabilitation service capacity than the
25 poorer communities are within the State of Michigan.

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1 So you end up with a dollar skewing.
2 And I recognize that the State
3 Rehabilitation Agency has taken efforts to minimize
4 the impact of that. The question I have in my mind
5 is, can they eliminate it, and I would suggest that
6 would be very very difficult for them to do.
7 So the funding streams that come into
8 play as a public policy administrator of the State
9 Rehabilitation Agency records, those decisions they
10 have to make also drive the flow of resources and
11 impact on the issues that you're trying to discuss
12 here today.
13 I would say this in closing -- and
14 I'm certain I will be more than willing to answer
15 questions -- my experience to the public
16 rehabilitation administrators in the state leads me to
17 conclude they're incredibly competent and capable
18 people. They have to work within some restrictions
19 that are imposed on them both by a federal partner and
20 by the state environment that we live in.
21 And this problem with the local money
22 is not a recent phenomenon that has flowed across
23 these to administrations, not by any intention making
24 a political statement. That's not a phenomenon that's
25 just occurred with this particular administration.

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1 So, those are my initial comments.
2 I'd be happy to answer questions.
3 MR. HWANG: Questions for Mr. Smith?
4 MS. HaAJLUNI: Based on your
5 experience, Mr. Smith, whose decision is it to
6 determine whether the person with a disability is most
7 severely disabled versus nonseverely disabled when
8 that individual person walks into a service
9 organization such as the ones that's provided by the
10 State of Michigan?
11 Is that by the individual counselor
12 or based on their own perception of that individual's
13 disability? Or is it based on a checks list of some
14 items, or who determines whether that person is most
15 severely disabled versus nonseverely disabled, if you
16 can call them that.
17 MR. SMITH: I'm going to give you what
18 I think is a theoretical response, and I would hope
19 that when Mr. Davis and Mr. Cannon are here, that you
20 would re-ask that question.
21 Typically, that would be done within
22 the framework of the counselor making that decision in
23 guidance, policy guidance that has been provided to
24 those workers in the form of policy manuals and
25 casework manuals.

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1 So the agency has spoken on a policy
2 and casework practice and a casework practice manner,
3 but that decision, that eligibility is still
4 essentially with that individual counselor.
5 MS. HaAJLUNI: With regards to -- I
6 understand your thoughts behind that you believe the
7 federal statute defining the severely disabled
8 individuals to be somewhat nebulous so that it leaves
9 different states with different definitions of
10 disability; is that correct?
11 MR. SMITH: That's very correct.
12 MS. HaAJLUNI: With regards to that
13 concern, in your opinion, is Michigan's definition of
14 severely disabled pretty much consistent with what you
15 believe was the intent of the Congress?
16 MR. SMITH: I think that Michigan has
17 attempted to work as cautiously and as harmonious with
18 the intent of Congress as it's capable of doing, given
19 the limitations in the definition.
20 MS. HaAJLUNI: And with regards to
21 that, do you believe that individual caseworkers who
22 are working side by side with the individual with the
23 disabilities, do you believe that they adhere to the
24 Michigan's definition of what is most severe disabled
25 individual, versus who is not severely disabled?

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1 MR. SMITH: I don't have sufficient
2 data to be able to comment on that in any kind of way
3 that I would think would be appropriate. That's not
4 an appropriate question for me.
5 MS. HaAJLUNI: All right, one last
6 question.
7 How is it possible -- not possible --
8 why do you believe a richer community would have more
9 funding or resources versus the poorer communities?
10 Because it was my impression that the state agency
11 only matched what the federal agency provided. And I
12 was of the understanding that each agency got
13 equivalent funding.
14 MR. SMITH: The State Rehabilitation
15 Agency of Michigan, out of its general fund,
16 appropriated dollars from the State Legislature, is
17 unable to earn full federal allotment that is reserved
18 for Michigan under the formula that distributes the
19 dollars among the states.
20 It has increasingly, over the last
21 decade, been required to go out and find community
22 partners who are capable of putting up those local
23 dollars and substitute for dollars that had been a
24 decade and a half ago, been matched fully by the
25 Michigan Legislature.

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1 MS. HaAJLUNI: Okay. So the local
2 entities or the local governments, they contribute to
3 the funding for rehabilitation services, as well the
4 state itself.
5 MR. SMITH: Yes, but you're getting in
6 more greater detail, that mechanism with Mr. Davis.
7 It's not just local units of government. Certain
8 kinds of organizations can also get the dollars
9 through the units of government that can also be used
10 for match.
11 MS. HaAJLUNI: Do you believe that
12 because of the fundings from outside sources, that,
13 perhaps, the individual caseworkers who are working
14 with the disabled individuals have different bias in
15 terms of who would be most severely disabled versus
16 who is not severely disabled?
17 MR. SMITH: I'm really reluctant to
18 talk about in responding to your question at the
19 individual worker level. That's really unfair.
20 That's not a fair question.
21 MS. HaAJLUNI: I understand.
22 MR. SMITH: If you want to talk to me
23 about what I think is going on in a systems
24 perspective, the answer to your question from a
25 systems perspective would be yes.

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1 MS. HaAJLUNI: Okay. All right.
2 MR. HWANG: Mr. Bulkowski?
3 MR. BULKOWSKI: The first easy
4 question, are MRS and MCB members of your organization
5 or no? Are they part of MARO?
6 MR. SMITH: They are not full members
7 of the association, neither one of them.
8 MR. BULKOWSKI: Okay, didn't know.
9 And when you were talking with Senator --
10 MR. SMITH: Was your question to find
11 out whether there's conflict of interest?
12 MR. BULKOWSKI: No, conflict or no,
13 but just who really is part of MARO. When you said
14 community based, I didn't know if they were part of
15 that or not.
16 Even though I worked for a CIL, I've
17 only been at this for about three and a half years.
18 I'm only trying to find out who works with who or
19 who's part of who.
20 When you were part of NRA, and
21 talking with Senator Harkin, and one of your suggested
22 changes or nuances were talking about or defining
23 better functional limits, would that get to the whole
24 question or the presumption that Mr. Burleigh talked
25 about, the presumption of employability?

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1 Is that another way of saying, is
2 this person employable or not? And were you asking
3 for a definition of people on this side of the line
4 are employable and people on this side aren't?
5 MR. SMITH: No. I subscribe to the
6 notion of the presumption of employability. That was
7 never the question. The question was to provide a --
8 here's the real issue put in a nutshell. This is a
9 rationing discussion. We never talk about it that
10 way, but it is essentially a rationing discussion.
11 Mr. Burleigh told you that there was
12 an appropriation of about $2 billion under the Title 1
13 program for the State Rehabilitation Agencies this
14 year.
15 Have Mr. Minarik get you the budget
16 for the Department of Community Health for the State
17 of Michigan and ask yourself how much money the State
18 of Michigan is spending on mental health services just
19 in this state, and compare it to the $2 billion that's
20 available for the entire country for vocational
21 rehabilitation.
22 The dollars are not adequate to meet
23 the need, so if the dollars are not adequate to meet
24 the need, what are the public policy principles that
25 should be used to guide how those dollars and to whom

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1 those dollars should be directed?

2 All I'm saying is, the definition

3 with which the State Rehabilitation Agencies have to

4 work is flawed, because it does not give them the

5 targeting decision in such a way that it's clear and

6 uncontroversial in terms of how the program is

7 administered within the state jurisdictions. That's

8 what I'm saying.

9 MR. BULKOWSKI: Okay.

10 MR. KOBRAK: Mr. Smith, let me follow

11 up on the rationing question, because you've

12 introduced a second dimension to that, which is an

13 interesting problem, and that is this so-called

14 third-party funding. What proportion is that, what

15 Michigan has to put up to get a match?

16 MR. SMITH: Mr. Kobrak, I am not

17 familiar with the current numbers, so I really can't

18 answer, but if you could ask Mr. Davis that question.

19 MR. KOBRAK: Fine. Let me just ask

20 one other question, and that is, you say the state

21 can't make it up, but even if they could, if some of

22 the wealthier communities are putting more money in,

23 they have an expectation of getting something more in

24 return.

25 How do you balance the equity of how

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1 much more they can get versus the need being across
2 the board?
3 MR. SMITH: That's a question you
4 should put to Mr. Davis. That's exactly the
5 question.
6 I think when one administers a
7 program from the state level, and one has to pull the
8 money to meet the state and federal matching
9 requirements, one can take a different set of planning
10 parameters in terms of how the dollars are distributed
11 across the state.
12 MR. KOBRAK: I'm not asking it
13 empirically. I'm really asking, from a policy
14 standpoint, you're interested in changing the policy.
15 We're interested in the problem you're raising,
16 because disproportionately, the number of minority
17 people is in the poorer areas.
18 What kind of rule of thumb would you
19 advocate --
20 MR. SMITH: The rule of thumb that I
21 would advocate based on the incentive for the local
22 community to do exactly what it's done out of the
23 equation, because it would surrender complete control
24 of the distribution of those dollars, and not
25 necessarily guarantee a more favorable flow of dollars

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1 back to a specific community, if that's where you're
2 going with your question.
3 MR. KOBRAK: It's a dilemma, because
4 if you don't get back to that, then it's a real
5 question as to how you deal with it, becomes part of
6 what we're concerned about.
7 MR. HWANG: Mr. Martin.
8 MR. MARTIN: I think Dr. Kobrak may
9 have asked this question, Mr. Smith, and you couldn't
10 respond but let me try it again.
11 Of the matching funds required by the
12 federal government, a portion comes from these 140
13 agencies you spoke of and a portion from the state's
14 general fund. You don't have any idea what the
15 relative percentages are?
16 MR. SMITH: Not in today's number, I
17 do not. I do recall the last time that I looked at
18 them when I was still employed with the State
19 Rehabilitation Agency, at that time we were looking at
20 numbers that were approaching $2 million in local
21 contributions.
22 MR. MARTIN: Would you say that a
23 disproportionate share of our total state funds might
24 be going to agencies that aren't serving the general
25 disabled population in the state?

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1 MR. SMITH: I would not say that a
2 disproportion. I would not make that statement the
3 way you made it. I might make it differently than you
4 made it. Disproportionate is a value statement. I
5 can't respond affirmatively to your question.
6 MR. MARTIN: Do you have any idea what
7 percentage of our impaired population may not be
8 receiving services because of funding limitations?
9 MR. SMITH: The last study that I
10 oversaw was done in-house by a well-respected program
11 evaluator that was in the employe of the State
12 Rehabilitation Agency. He indicated that we had,
13 perhaps, 600- to 660,000 people who met the test of
14 the requirements of the Act as it was in effect at the
15 time.
16 And then as you narrow down that
17 universe of numbers, we got down to a universe of
18 numbers where we thought there might be about 175,000
19 individuals who not only met the test, but who would
20 be interested in receiving services from the State
21 Rehabilitation Agency.
22 And of about 175,000, that, of
23 course, is a dynamic number. We were just taking a
24 look at a fixed point in time. But one assumes that
25 there are people entering in the meeting who were the

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1 individuals.

2 If those studies were valid, they

3 mirrored what previously had been done by the

4 University of Michigan, and they mirrored very closely

5 a study that was authorized, that was done out in New

6 York ten years ago.

7 I have great confidence in

8 methodology that was used in this study. That is a

9 significant number of individuals, and my guess is, my

10 guess is that the State Rehabilitation Agency might

11 have the capacity to date to deal with, perhaps,

12 30,000 individuals on a given day.

13 And you might ask that question more

14 specifically to Mr. Davis, but that would be my guess

15 at this point. But even if I missed it by a factor of

16 50 percent, and it went to 45,000 against that of

17 175,000, that would be a significant gap.

18 But that's also a function of the

19 dollar resources that are available to the State

20 Rehabilitation Agency. We're back to the rationing

21 question again.

22 MR. MARTIN: Is Michigan receiving its

23 maximum allotment from the federal government, do you

24 know?

25 MR. SMITH: Michigan is receiving its

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1 maximum allotment under the federal distribution
2 rules, but that particular formula itself penalizes
3 the large industrial populous states.
4 That formula is very heavily weighted
5 in a way that the states of California, New York,
6 Illinois, and Michigan and Pennsylvania, on a per
7 capita basis, if one looked at the one dollar, one
8 person equation, those states are penalized under that
9 formula.
10 MS. HaAJLUNI: I'm sorry. So that
11 formula is not based on the population of the disabled
12 community in that state, but it is based on that
13 population per capita of the state?
14 MR. SMITH: It's a rather complex
15 formula. Mr. Burleigh could explain it to you.
16 Mr. Minarik could obtain a copy of the formula
17 itself.
18 But it is not a straight population
19 formula, and it is not based on the disabled
20 population within the state, because we come back to
21 the question of the observation that I made earlier,
22 and that is, where does one draw the data from?
23 MR. HWANG: Ms. Thomas?
24 MS. THOMAS: In listening to you -- or
25 maybe I just don't understand it -- but it makes me

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1 wonder if I should continue to contribute to these
2 organizations that I contribute to, as many of your
3 organizations.
4 The other thing I'm concerned about
5 is, those persons who are disabled, is it the
6 counselor that decides that, or is that based on
7 medical information? Because I would hate to think
8 that just a counselor decided if the person was
9 totally disabled, or what have you, without the
10 medical information.
11 MR. SMITH: The counselor is, first
12 off, a very well-trained individual. As you heard
13 Mr. Burleigh say, most of the State Rehabilitation
14 Agency counselors in the state are very well trained.
15 They are also -- there's a very aggressive continuing
16 education program for those individuals in the state.
17 They also operate off of a wealth of
18 information that they have collected about an
19 individual. They're not just making a decision about,
20 is there a characteristic, a condition that
21 constitutes an impairment.
22 They obtain or the client brings with
23 them that kind of evidentiary record when they sit
24 down and begin the process. If they don't have the
25 information, they have the authority to buy it, to

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1 obtain it, so that they can, in fact, establish an
2 evidentiary record for establishing eligibility.
3 They're very very competent people.
4 MS. THOMAS: Okay.
5 MR. HWANG: Thank you very much,
6 Mr. Smith.
7 MR. SMITH: Thank you.
8 MR. HWANG: A ten-minute break.
9 (Whereupon, a brief recess
10 was taken).
11 MR. HWANG: Let's begin now. I'd like
12 to recognize Elizabeth Bauer from the Michigan
13 Protection and Advocacy, and a representative of the
14 Michigan Rehabilitation Association, who can introduce
15 himself, and the third individual.
16 MS. BAUER: Is Amy Mays, director of
17 the Client Assistance Program at Michigan Protection
18 and Advocacy.
19 MR. KOBRAK: That other gentleman is
20 Dr. Robert McConnell.
21 MR. HWANG: Would you like to
22 proceed?
23 DR. McCONNELL: Yes. Nothing like
24 having an advocate and your former professor on the
25 other side of the table before you speak.

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1 My name is Robert McConnell. If you
2 note, the agenda had indicated Douglas Langham from
3 the Michigan Rehab Association was here to speak.
4 Doug called me a little less than a week ago and said
5 you were going to be here, and asked if I would
6 comment.
7 And the Michigan Rehab Association
8 felt that the issue of cultural diversity and
9 rehabilitation had not been addressed on the agenda
10 and asked if I might speak to that.
11 I am a retired administrator at
12 Michigan Rehabilitation Services where I worked for
13 over 25 years, and also have served as an adjunct
14 faculty where I teach public administration courses
15 and also multi-cultural counseling courses.
16 I am a member of the National
17 Rehabilitation Association and a member of the
18 National Association of Multi-cultural Rehabilitation
19 Concerns, both of which are professional organizations
20 committed to quality services for persons with
21 disabilities.
22 What I'd like to address in my brief
23 comments are special issues that impact on minority
24 populations who have disabilities.
25 Those of you who are familiar with

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1 the Rehabilitation Act will note that in 1992 the
2 amendments had an a special section, a Section 21,
3 that talked about particular issues that affect
4 minority persons with disabilities and rehabilitation
5 and in service delivery systems. Let me highlight a
6 few of those issues.
7 This is clearly a significant
8 difference in the incidents of disability among
9 minority populations. It ranges from one and a half
10 to two and a half times, depending on what cultural
11 ethnic group we're talking about.
12 I imagine you can surmise what the
13 causative factors are having to do with health care,
14 prenatal care, exposure to injury, and most recently,
15 a lot of concern has been raised about issues like
16 environmental racism.
17 Clearly the exposure to these
18 elements makes minority populations more prone to
19 become disabled persons.
20 In addition, data has indicated that
21 persons with disabilities from minority backgrounds
22 also have lower income levels, as you might well
23 imagine.
24 In addition, education levels fall
25 behind those of the majority population. Healthcare

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1 and treatment is also an issue that is particularly
2 pronounced for minority persons with disabilities.
3 At the program level, my experience
4 over the years has suggested, that as individuals who
5 come from minority backgrounds and have disabilities
6 seek services, there are certain issues that seem more
7 pronounced for them.
8 At employment and rehabilitation
9 programs, program outcomes seem to be less effective
10 for those populations. In general, earning levels,
11 type of employment, ability to acquire employment, and
12 ability to maintain employment are all issues that are
13 more pronounced with minority populations of persons
14 with disabilities.
15 Recently I became aware of a
16 particular issue I had not known about before. In
17 Workers' Comp settlements, persons who come from
18 minority backgrounds tend to get less favorable
19 settlements, and in many cases, get messed up, to use
20 a poor terminology, by a system. Messed up means they
21 settle claims without receiving adequate due process
22 or adequate equity in their claims.
23 I've also been aware of the problem
24 that persons who become injured on the job face. The
25 opportunity to return to work seems to be less an

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1 opportunity for persons from minority backgrounds who
2 become injured in the work place.
3 Those are simply some examples of
4 issues affecting minority persons with disabilities.
5 As a population, in terms of trying
6 to provide services, we are each aware that minority
7 populations tend to be less aware of services and less
8 aware of their rights.
9 We can all identify with the fact,
10 that as a population, they are less trusting of
11 services, given a history of poor performance in many
12 service agencies, and some of that history unfairly
13 influences some of the better service providers in the
14 today's service workplace.
15 In general, the populations have
16 poorer healthcare, poorer treatment. In general, the
17 populations are less likely to be advocates on their
18 own behalf for services and rights.
19 Let me close with some
20 recommendations that I have, and, again, given the
21 short time frame that I had to develop comments, I
22 didn't have adequate time to get all the data I would
23 like to have.
24 But let me suggest that these four
25 things, I think, may address the issue, at least in

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1 part, from our perspective.

2 Clearly there is a need for education

3 and awareness among the minority communities. What I

4 have found in my service delivery experience in state

5 government, is that populations of minorities with

6 disabilities tend to be less aware of the services

7 that are available to them.

8 The traditional way to promote,

9 advertise and educate populations do not seem to work

10 as well. Clearly there needs to be an effective

11 education awareness campaign, so that persons are

12 aware of services and their rights and how to make

13 them work for them.

14 Secondly, especially as we look at

15 the issue of civil rights, the issue of timely

16 resolution and follow up to complaints seems critical.

17 In many cases if complaints are not

18 acted upon in a manner in which the complainer feels

19 is responsive, the complainer loses faith in the

20 system, and in many cases, falls out of the system.

21 The issue of trust and credibility in

22 service providers and rights organizations is

23 critical, if we are to address the issues of civil

24 rights enforcement and resolution for minority

25 populations.

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1 Third, there is a need in most
2 services organizations to become more culturally
3 competent. Each of us knows that service delivery
4 system, to be effective, must be delivered in a mode
5 that considers and is responsive to the populations
6 they're dealing with.
7 Issues of staffing, not only in terms
8 of representation but in terms of staffing awareness,
9 issues of training and development, issues of
10 outreach, and issues of policy development all relate
11 to systems becoming more culturally competent.
12 Finally, I would recommend, that in
13 order to make sure that individuals receive rights and
14 receive services and receive equity, there becomes a
15 clear need to have oversight and monitoring of
16 programs for equity.
17 We all know that attention and
18 reinforcement makes things happen. If programs are not
19 monitored for equity and outcomes, equity and access
20 as service equity does not become a reality. Thank
21 you.
22 MR. HWANG: Ms. Bauer?
23 MS. BAUER: Thank you very much. I'm
24 Elizabeth Bauer. I'm executive director of Michigan
25 Protection and Advocacy Service, which is a private

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1 nonprofit organization, which was established for the
2 purpose of implementing the federally mandated rights
3 protection and advocacy programs, and most recently
4 the client assistance program.
5 There are -- the disability rights
6 movement, as you well know, followed on after the
7 American Civil Rights movement of the 50s and 60s,
8 where people with disabilities sought access to
9 education and inclusion in the community, freedom from
10 abuse and neglect in institutions. And the President
11 and the Congress saw that that would only happen if
12 people had access to legal services.
13 So the first law that created
14 protection and advocacy systems was the protection and
15 advocacy for Individuals with Disabilities Act. Or
16 the development of this goes to Disabilities
17 Assistance Bill of Rights Act, which has the
18 protection and advocacy for people with developmental
19 disabilities, a program within it.
20 Congress has authorized additional
21 laws over the years to address other populations with
22 disabilities, Protection and Advocacy for Individuals
23 with Mental Illness Act, the Rehabilitation Act
24 amendments, which in 1983/84, included a client
25 assistance program, and in '92, the Protection and

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1 Advocacy of Individual Rights program, which was to
2 cover all persons with disabilities not eligible for
3 the other programs. And then even more recently, a
4 rights protection program for people who sought to
5 acquire or use assisted technology devices and
6 services.
7 The Congress also recognized some of
8 the facts that Bob has just pointed out to you,
9 Dr. McConnell just pointed out. And that is, that
10 minorities and other underserved populations did not
11 have the same access that the majority of the
12 population did.
13 And so each of the authorizing pieces
14 of legislation require us to pay particular attention
15 to minority populations and underserved individuals.
16 And they do collect the data from us on how well we're
17 doing that.
18 And within our own agency, we have a
19 multi-cultural committee, which is seeking both to
20 increase our own cultural competence and outreach, and
21 to help us to become more effective advocates for all
22 people in Michigan with disabilities.
23 We talked earlier about how do these
24 programs get funded. The federal government funds the
25 Protection and Advocacy System under each of its

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1 authorizing pieces of legislation. They're all
2 formula grant programs.
3 The same problems occur to us as to
4 rehab services grants, and that the big states are on
5 a formula, where you have gross national product and
6 supplemental numbers of poor people and all these
7 different factors worked in.
8 And so some states like Mississippi
9 will get a higher proportion of funding per person
10 than states, New York and California or Michigan.
11 But in any case, we receive across
12 all those programs, about $2 million a year to protect
13 and advocate the rights of 1.7 million citizens with
14 disabilities in Michigan who are eligible for our
15 services.
16 So as you can see, we can't do all
17 for everyone, but last year we did represent directly
18 thirteen hundred and fifty-eight individuals with
19 disabilities. That is across all programs.
20 Ten thousand people received
21 information, referral and technical assistance
22 services, and we trained another 70,000 people in the
23 state on rights, particular to people with
24 disabilities.
25 I asked Amy Mays to be with us today,

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1 because Amy serves as the staff attorney for the
2 Protection and Advocacy of the Individual Rights
3 program in the past few years.
4 And just this last year, the client
5 assistance program was contracted through our agency,
6 having been always located at Michigan Rehabilitation
7 Services in the past, and Amy is the director of the
8 client assistance program.
9 Since most of the cases that we do
10 that have to do with the rehabilitation system, are
11 being done by the client assistance program staff, I
12 thought you might say something about what the CAP is,
13 and who you're serving.
14 MS. MAYS: First, the client
15 assistance program is federally mandated under the
16 local rehab act. And our purpose is to provide
17 services to folks who are either interested in
18 receiving voc rehab services, are current applicants
19 or clients of voc rehab services, or may have had a
20 former client appropriate our services.
21 And that includes not only voc rehab
22 services for Michigan Commission for the Blind,
23 Michigan Rehab Services, but also from the Centers for
24 Independent Living. So it encompasses all the
25 individuals who receive services under the Voc Rehab

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1 Act.

2 We provide and list direct

3 representation. We provide information and referral,

4 and we also provide training and outreach to these

5 individuals. We have a toll-free number. Folks call

6 in and get our services that way. We are also very

7 cognizant of the idea that we want to reach the people

8 who are not calling us.

9 We spend a lot of time in our staff

10 meetings strategizing or going to support groups,

11 going and touching base with CILs in terms of what

12 types of programs they have in their local communities

13 that we can also collaborate in in terms of outreach

14 and training programs, as well as, certainly,

15 providing the direct representation for the folks who

16 do call in.

17 We, on any given day, have probably

18 10 to 15 calls a day that come in state-wide from

19 either voc rehab clients, former clients, or CILs.

20 And the issues really stem -- I think

21 it plays a lot into the rationing effect, that folks

22 either are getting reactions to the funding levels

23 that are available in each district office and whether

24 or not the services they get, is the funding level

25 available.

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1 And as the year goes on, that funding
2 level goes down, and now is a real hot time for CAP,
3 because we get lots of calls from folks saying we
4 don't have any money. What do we do about that now?
5 So we're really there to remind them
6 of their federal mandates, to remind the staff that
7 they still need to approach each case individually and
8 make decisions based upon informed choice,
9 self-determination.
10 We get a lot of calls that deal with
11 communication problems. Voc rehab counselors -- and
12 I don't have those numbers specifically -- have
13 anywhere from 150 to 200 cases a day or on their plate
14 or their case load.
15 And so we get a lot of clients who
16 either haven't heard from their counselor in a while,
17 or they haven't touched base with them themselves.
18 And certainly to echo Dr. McConnell's remarks, that a
19 lot of folks don't find that they can advocate for
20 themselves as effectively as they'd like to, so we're
21 very cognizant of that.
22 We very much pay attention to the
23 idea that we want to help them help themselves. So
24 when we do provide advocacy support to them, we very
25 much involve them in the process, and we very much try

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1 to be just a support base for them; but certainly if
2 the need calls for and depending on the level of
3 advocacy that we have to get.
4 The level, it could be a face-to-face
5 meeting with the counselor or a CIL individual, or it
6 could be at a level of a hearing. That depends on
7 what type of involvement we provide and support we
8 provide to the client.
9 Currently today, since CAP has been
10 with the Michigan Protection Advocacy Service, we have
11 probably served about fifteen hundred folks calling in
12 for direct representation or information referral.
13 We've also provided a number of
14 trainings and I'm happy to report that we've spent a
15 good amount of time going to district offices, as well
16 and meeting with their staff.
17 And what's resulted from that is the
18 ability now for staff to call us and strategize about
19 issues and problems. Not only with their voc rehab,
20 but also for, we got a guy who wants to go out and get
21 a job; and the other piece to the puzzle is educating
22 employers how to work with this individual.
23 And we've had really good
24 opportunities to work in helping educate the employer
25 as to accommodation issues, as well as medical service

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1 issues, that type of thing, and how those benefits are
2 going to affect this individual now returning to the
3 workforce. So we've really been encouraged by that
4 effort, and we will maintain that effort in the
5 future.
6 MR. HWANG: Questions from the
7 committee?
8 MR. HOLLIDAY: I have a question.
9 Dr. McConnell stated that there needs
10 to be more work done in the area of making resources
11 known to those individuals that could benefit from
12 it. To what extent do your organizations kind of
13 coalesce or work together in trying to promote the
14 resources that are there?
15 MS. BAUER: Well, in terms of our own
16 organization, we try to work in coalition with almost
17 every advocacy organization in the state, and with
18 service providers, as Amy Mays said, in going to the
19 district, all the districts.
20 We only have three staff in that
21 program. There are three people in the client
22 assistance program that are doing thousands of cases.
23 So they try to go out and around the state meeting the
24 people.
25 But the other thing is that we are

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1 really trying, through our own increasing cultural
2 competence and through our affirmative hiring, to have
3 people who go in and among all communities. That's
4 really sometimes the only way to do it.
5 Sometimes, the modes of communication
6 are verbal and face to face, as opposed to reading a
7 brochure and calling an 800 number. We're trying to
8 do much more of that.
9 We've done a lot of training on the
10 various Indian reservations, and then in different
11 outreach programs.
12 The staff of those other programs are
13 out in and among the state, too, so they might
14 identify someone that has a rehabilitation issue, that
15 they can bring it in and transfer it over internally.
16 We don't say to the person, oh, I don't do that work
17 and call this toll-free number.
18 MR. HOLLIDAY: Dr. McConnell, just as
19 a follow up, in some cases I've seen individuals, when
20 they make recommendations, they sometimes have ideas
21 in their heads as to what they think could be done.
22 Could you share with us if you have
23 some thoughts as to how we could maximize getting the
24 word out, based on some of your experiences?
25 DR. McCONNELL: There are a number of

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1 notions that I have. Let me preface it by saying,
2 that in rehabilitation, my experience was that most of
3 the clients come to the system through traditional
4 referral networks, and it is the nontraditional
5 referral networks that need to be tapped if we're
6 going to access the minority population.
7 So clearly, stronger linkages with
8 community based organizations, and each of these is
9 specific to culture, so it really depends on which
10 population you're talking about.
11 I think we're all familiar with the
12 fact of the church and African/American community
13 which is, my only experience is, has limited knowledge
14 about issues of disabilities and rights for persons
15 with disabilities. So that has a target of
16 opportunity.
17 I think, as Liz has suggested,
18 providers need to go to communities and providers --
19 traditional agencies need to link up with community
20 based nontraditional agencies in partnership to get
21 services out, because populations will listen to their
22 own homegrown service provider in their community,
23 where they may not listen to traditional providers.
24 I know that MRS, Michigan Rehab
25 Services, had begun to do some literature in different

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1 languages, and that's okay, but if they use
2 traditional systems to get it out, it really doesn't
3 get too far. I think that's necessary but not a
4 sufficient strategy.
5 Liz had mentioned other communication
6 networks; the radios, the televisions, the community
7 based places where folks congregate, is where
8 information needs to get out.
9 I think there, obviously, is a need
10 for discussion groups in institutions that reside in
11 those communities. Those are some points.
12 MR. HWANG: Thank you.
13 MR. BULKOWSKI: You mentioned as one
14 of the recommendations -- and correct me if I got this
15 wrong, Doctor -- programs must be monitored for equity
16 and outcomes or the programs won't meet equity and
17 outcomes.
18 MR. McCONNELL: I'm sorry?
19 MR. BULKOWSKI: If programs aren't
20 monitored for equity and outcomes, they won't have
21 equity and outcomes.
22 MR. McCONNELL: I think that's true.
23 MR. BULKOWSKI: Did I get that?
24 Because the question to follow up on that is --
25 MR. McCONNELL: Let me clarify for

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1 you. Don't lose your follow-up questions.
2 MR. BULKOWSKI: I won't.
3 MR. McCONNELL: I think many of the
4 issues in equity are errors of omission rather than
5 commission. I don't think that there's -- in most
6 agencies and my experience, in the State
7 Rehabilitation Agency -- there's not a clear intent
8 to give inequitable services to minority populations.
9 But unless you are constantly looking
10 at the data and monitoring that data, and unless you
11 realize that in order to achieve equity, you may have
12 to do something that's unequal, it may not happen. So
13 it's a matter of reinforcing the attention to the
14 issue and providing a database that you can follow,
15 where you can see differences occurring.
16 MR. BULKOWSKI: The question then is,
17 in your experience, are MRS and MCB working towards
18 that kind of monitoring? It is happening, and if not,
19 what kind of things -- should additional things be
20 happening?
21 MR. McCONNELL: My experience in MRS,
22 when I left, we had begun to put in place some
23 databases that related to service equity issues. I
24 don't know where it's at, at this point in time.
25 I think that some things are being

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1 done. I think that the level of monitoring and
2 attention to the issue -- of course I'm biased -- I
3 think needs to be heightened.
4 The part of what I was speaking to,
5 as well, is not only what happens at the state agency,
6 because the state agency is responsive to, in many
7 cases, what its federal partners say is critical.
8 And part of what I was suggesting is
9 that the federal partners also need to strengthen the
10 monitoring oversight and attention to that issue, as
11 well as recognize when good practices are occurring.
12 MR. BULKOWSKI: Okay. Thank you.
13 MR. HWANG: Mr. Martin.
14 MR. MARTIN: Ms. Bauer, does your
15 agency have a formal outreach program?
16 MS. BAUER: If it's in a plan, yes.
17 Actually, our multi-cultural committee has a plan for
18 training of staff and outreach to communities and
19 goals that we try to hit each year that we target each
20 year.
21 And we also have in our strategic
22 plan a focus on multi-cultural outreach, to try to
23 keep it at the forefront. Every program objective we
24 have builds in a particular multi-cultural facet so
25 that we don't forget.

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1 Because I think it is, you know, when
2 you get really busy and a thousand people are calling,
3 it's easy to feel your plate is full because the calls
4 came in. When, in fact, that population that doesn't
5 call, isn't being served. We might as well have said
6 no to them. It's just a defacto no saying, so you
7 have to take these calls; and then send your staff out
8 in a very plain way.
9 MR. MARTIN: Can you give me a
10 30-second or 60-second overview of your agency,
11 funding and staffing?
12 MS. BAUER: Sure.
13 We have 33 funding sources at seven
14 fiscal years. I want you to know it's a complicated
15 organization.
16 Most of protection and advocacy
17 systems implement the five federally mandated
18 programs, which are the protection and advocacy for
19 developmental disabilities program, individuals with
20 mental illness, individual rights, client systems
21 program, and assisted technology. Those are the five
22 federally mandated protection and advocacy programs
23 and the client assistance program.
24 In addition to that, we, early on,
25 identified HIV infection and AIDS as a disability in

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1 the mid 80s, and went after funding for that, so we
2 have about $350,000 devoted just to advocating for the
3 rights of people with HIV infection and AIDS.
4 In addition, we operate the Michigan
5 Self-Help Clearing House, which is a database of all
6 mutual help groups in the state, and the clearing
7 house staff assists people in meeting groups and in
8 forming groups and in making connections, everything
9 to advance the notion of mutual help in the state.
10 We also do a lot of training and
11 publications. We have other grants around specific
12 projects. We have a grant for transportation
13 advocacy, Michigan Access Project, which was a
14 training program on the Americans with Disabilities
15 Act.
16 We administrator the Great Lakes
17 Disability and Business Technical Assistance Center,
18 and we do the fiduciary function, and have a staff
19 person to give some time to coordinating that group,
20 which is really a voluntary council. And Mr. Cannon
21 can talk more about that.
22 Overall, our budget is three and a
23 half million, and we have 65 employees, but lots of
24 them are tied to the specific grants, so it isn't like
25 we have 65 people to set out on a specific issue.

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1 MR. MARTIN: How much of that three
2 and a half million would you say is for outreach
3 initiatives?
4 MS. BAUER: Probably a good
5 percentage, because it's a form of every single
6 objective in the agency. So it's not a dollar per
7 se', but it's -- '85 percent of our budget is staff.
8 It's people on the road meeting with people.
9 MR. MARTIN: What's the primary
10 funding source?
11 MS. BAUER: Federal government is
12 about two million. The state government is about one
13 million, and private foundations and individuals are
14 about half a million.
15 MR. MARTIN: Is the federal money
16 RSA?
17 MS. BAUER: Pair money is about --
18 that's RSA, that's about 285,000, and the client
19 assistance program is 309,000. Those are RSA money.
20 Actually, they go up in the
21 Department of Education. Over in the National
22 Institute for Rehabilitation Research, part of that,
23 that's where the assisted technology comes. So what
24 that does is come to the state as assisted technology
25 program, and that's Tech 2000, and Mr. DeLisle can

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1 talk about that more. And then they contract with us
2 for the advocacy needs.
3 MR. MARTIN: Those aren't competitive
4 grants, though, are they? You have to bid, submit
5 proposals.
6 MS. BAUER: No. The federal ones are
7 not, because they're formula grants and they
8 automatically go to the agency designated to implement
9 the protection act systems.
10 MS. HaAJLUNI: Are there any
11 designated number of staff for outreach in your
12 agency?
13 MS. BAUER: Every person has that
14 responsibility.
15 And our multi-cultural committee has
16 on it representatives of management and staff
17 attorneys and secretaries.
18 MS. HaAJLUNI: But there's no specific
19 designated number of staff members for outreach
20 program; right? It's everybody's responsibility.
21 About how much time is spent per
22 individual, if you can sort of guesstimate or guess,
23 is outreach spent by individuals?
24 MS. MAYS: It's really hard to answer
25 that question. It's so involved in our casework, so I

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1 could give you a for instance.
2 For instance, a couple weeks ago I
3 went up to do some prison monitoring in Standish.
4 Traveling up there was about two hours. We decided we
5 would then stop and visit some group homes, and also
6 we stopped at the Caro Institute on our way back from
7 Standish.
8 So we spent two hours monitoring, and
9 in addition to that, we spent a couple of hours doing
10 some outreach to the individuals who are in those
11 facilities in Caro.
12 So that kind of gives you an idea on
13 a day, if we're doing something and we're traveling,
14 we try to involve outreach in that activity. So it
15 wouldn't necessarily be, today I get up and my to-do
16 list has two hours of outreach and then figure out
17 what that's going to be. We try to encompass that in
18 our mandate of being a state-wide agency.
19 We also have a very structured
20 publications and outreach program, that when people
21 call, if certain staff have level of expertise in
22 certain areas of the law, and they'll be called upon
23 to like a support group meeting or a training for
24 consumers and sometimes professionals, that we would
25 then go and do that any given day, whether it's during

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1 the day or it's in the evening. We find ourselves
2 doing a lot of trainings and outreach in the evenings,
3 of course.
4 So it's like our time sheet has
5 outreach on it, and we do, on any given day, whatever
6 the needs are or again what our travel plans may be,
7 we certainly are cognizant of what is in that area and
8 who haven't we reached in the communities that we can
9 stop in and talk with folks and try to strategize some
10 follow up with them.
11 MS. HaAJLUNI: And of that outreach
12 time spent by individual members of your agency, is
13 there any program or plan to target the minority
14 population?
15 MS. MAYS: Right. We do have a whole
16 plan through the multi-cultural committee, and that it
17 also is encompassed in our strategic plan of
18 outreach.
19 What they do is, they look at
20 different populations, and then they focus a lot of
21 time and attention within the time frame that they
22 have, with whether it's a three-month period or it's
23 throughout the year, to try to get in and involved.
24 For instance, we're planning a brunch
25 for some folks in the Latino population and going in

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1 and sitting down with them in their local communities
2 and hearing what their issues are, and trying to then
3 form a relationship.
4 I would note, when I was in the pair
5 program, we spent a lot of time dealing with the
6 population. We had an Arab outreach program, and we
7 spent a lot of time in the communities over in
8 southern Detroit working with some of their service
9 providers.
10 And actually, it was interesting with
11 that population, we ended up having a case that we
12 could work with. It was a managed care type of issue,
13 and what we found was, we helped that individual right
14 away. We got some resolution on that case, and it
15 really let them know that we were out there to help
16 them, and by word of mouth, that turned out to be a
17 very good program for us.
18 So we very much learn by doing, in
19 the sense that whatever community needs there are
20 depending on the cultural dynamic, how that we can
21 introduce ourselves and our services to them is very
22 much going out and meeting the community, and however
23 long that takes.
24 On any given day, we may be there for
25 an hour. We may be there for three hours, depending

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1 on how well that meeting goes or what the results of
2 that were in terms of quality.
3 MR. HWANG: How are bilingual issues
4 handled? Is it formalized or is it ad hoc, or is it
5 part of a plan?
6 MS. BAUER: A number of our staff are
7 bilingual. We have staff that speaks Russian. Lots
8 of staff that speaks Spanish, and a large number are
9 competent in sign language. So we do have resources
10 right in-house for some language skills. And then if
11 we need interpreter services, then we get them.
12 That's just a cost of doing business to us so that we
13 can be sure that we're really understanding what
14 people are saying.
15 A lot of our clients, too, have no
16 language at all, like people with very severe
17 disabilities, particularly with people in
18 institutional settings. And there's no way they're
19 going to ask for help.
20 So we have to be walking the halls
21 and looking in the rooms and seeing who's in there,
22 and then having some measure of ability to understand
23 nonverbal language, too. I don't know that we're all
24 as good as we'd like to be.
25 MR. HWANG: Mr. Kobrak.

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1 MR. KOBRAK: About the four
2 recommendations that you had, are very much on point
3 in terms of what we're doing, and you answered the
4 first by elaborating in answer to Prince.
5 We don't have time now, but I wonder
6 if you'd be willing to write a letter to Peter
7 Minarik, our staff director, addressing the
8 following:
9 You talked about cultural competence
10 in organizations, the need for more competence, and I
11 wondered if you could talk about some of the steps
12 specifically that one might take.
13 You talked about the monitoring, and
14 I wondered if you could either propose some measures
15 for doing such monitoring or steer us in the direction
16 of where we could find it.
17 And you also talked about timely
18 resolution of complaints, and I wondered if you could
19 talk a little more about how the process needs to be
20 changed to make that happen.
21 MR. McCONNELL: Why do I feel like I'm
22 in school again?
23 MR. KOBRAK: I think in this case,
24 Bob, we're past requirements, I'm presuming our
25 friendship.

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1 MR. McCONNELL: Certainly. I'd be
2 happy to.
3 I didn't mention in the question that
4 Mr. Holliday asked me about outreach, that the obvious
5 outreach strategy is if you have bilingual or
6 bicultural staff in your organization.
7 It tremendously enhances the ability
8 to do outreach to communities. They are much more
9 comfortable in their communities, so it's a critical
10 issue, especially in the general field of
11 rehabilitation.
12 MR. HWANG: Ms. Olivarez-Mason.
13 MS. OLIVAREZ-MASON: Who do you work
14 with in Lansing within the Hispanic community?
15 MS. BAUER: People in the Cristo Rey
16 organization, lots of people. A lot of people on my
17 staff, maybe 13 people, just citizens.
18 MS. OLIVAREZ-MASON: We're the Spanish
19 Speaking Commission and I would be more than glad to
20 send out --
21 MS. BAUER: We send our stuff to you
22 all the time, and so I will continue to do that and be
23 happy to do that. Maybe we can get together and do
24 some strategies.
25 MR. BULKOWSKI: We kind of were

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1 focusing on your performance in protection and
2 advocacy, but one of your jobs is to monitor CILs,
3 MRS, MCB.
4 When people are calling, are you
5 getting complaints concerning, not only there isn't
6 money there, but I am a person with a very severe
7 disability, and I'm not getting what I think I need.
8 Or I am a person who is a member of
9 minority group, and I'm not getting what I think I
10 should get and I think it's because of my, you know,
11 severe disability or because of my racial group. Are
12 you getting those kinds of calls, and if you are, how
13 many?
14 MS. MAYS: We are getting those kind
15 of calls. PNA has just taken over CAP since October
16 1st, so I can't go too much into historic before
17 October 1st of last year.
18 I can tell you offhand that we just
19 had a call from an individual with autism, who, short
20 of requesting a hearing, we finally got them to open a
21 case on, autism being one of the most severe
22 disabilities sometimes.
23 We do get several calls -- and I'm
24 not going to be able to give you real hard statistics,
25 but I can certainly follow up with you on that -- of

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1 folks who call saying, I'm not sure that my counselor
2 understands my disability. I want a new counselor.
3 I'm not sure that my counselor
4 understands my level of support in the community or my
5 family support, based upon my minority status. And
6 they're not saying it in those words, of course, but
7 certainly those have been calls.
8 And then the need is always, I want
9 to work with someone who may understand more of what
10 I'm dealing with. And we've had -- I must say, we've
11 had great success in finding an individual on that
12 staff who has either already been identified and is
13 working with them, and the district manager is aware
14 of that.
15 Or it's just been a matter of, again,
16 advocating and helping them advocate for themselves to
17 what's that information or request, that type of
18 change in counselor. So we do get those calls. We
19 certainly have since we've taken over the program.
20 We want to spend more time looking at
21 persons who are in supportive employment situations,
22 and we feel that that certainly is an arena for folks
23 with the most severe disability, and whether or not
24 truly, their placement in employment is what they
25 need, certainly what they want.

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1 And I will tell you that that isn't
2 something that we have really put on our plate,
3 committed a lot of time. It is a new program, but
4 certainly isn't something that is on our agenda, and
5 we have done groundwork in investigation in that area.
6 MS. HaAJLUNI: Based on the number of
7 complaints that you do receive in your agency, what
8 percentage of the calls are regarding about, I'm not
9 getting these services that I believe that I'm
10 entitled to?
11 I believe that I'm entitled to the
12 services because -- or I believe that I'm entitled to
13 a priority services, because I have the most severe
14 disability, or I have severe disability. What
15 percentage of your calls are regarding those?
16 MS. MAYS: I would say a good
17 percentage of our calls are, I'm not getting the
18 services that I want, and I say that only, everybody
19 wants to have, sometimes, a lot more than what can
20 realistically happen.
21 I must tell you that I think people
22 aren't calling us saying I think I need these
23 services. They're not identifying those. A lot of
24 times folks don't really understand what their rights
25 are, who are calling us enough to know that there's

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1 more to ask for or they just know that there's a
2 problem, and what they're getting isn't working for
3 them.
4 MS. HaAJLUNI: Then after those calls,
5 and I assume you do some type of, you call the agency
6 back that they have the complaints with.
7 And how much of those calls are based
8 on your investigation or your follow up? How much of
9 those calls are legitimate in terms of the specific
10 agency are not providing services pursuant to the
11 guidance, such as the most severely injured -- not
12 injured -- most severely disabled are to be serviced
13 faster, if I can say it, promptly.
14 MS. MAY: When we get a call like
15 that, we call the counselor, if they can identify who
16 their counselor is, and we initially deal with them.
17 If we can't deal with them, either they're not
18 available and they're out in the field, we'll talk
19 with their supervisor.
20 Most times, we get to a point where
21 we sit down, and it's a lot of communication issues,
22 where the client hasn't communicated, necessarily or
23 effectively to the counselor, these are the issues
24 that I'm still having.
25 Ninety percent of the cases got

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1 resolved with that type of sit down, informal kind of,
2 these are the services that I need that I'm still not
3 getting, again with that background of, they may be
4 calling us not even understanding what kind of
5 services they can still get that are still available
6 to them.
7 I can give you a report. We've got
8 those types of issues in our office, where we label a
9 case based upon what services -- is the issue when we
10 establish contact with their counselor, is that they
11 didn't get the service that they want, and then what
12 the resolution was, they end up getting that service
13 and what type of litigation support was needed or
14 advocacy support was needed to get to that point.
15 I can get you that hard data, if
16 you'd like.
17 MR. HWANG: I think that we'd
18 appreciate that report. I think with that, we're out
19 of time. Thank you very much.
20 Next I'd like to recognize Norm
21 DeLisle and Rich Webster. Who's coming with Rich
22 Webster?
23 MR. BULKOWSKI: RoAnne Chaney.
24 MR. HWANG: RoAnne Chaney.
25 MR. WEBSTER: Thank you very much for

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1 inviting me to address the Advisory Committee. I
2 appreciate that.
3 My name is Rick Webster. I'm
4 director of the Michigan Rehabilitation Advisory
5 Council, still on a learning curve. Been in this
6 position since August of this last year.
7 Former recipient of services of Rehab
8 Services here in Michigan, as well as Indiana, Ohio
9 and Illinois, over the last 24 years, not all at the
10 same time. I thought I'd better qualify that.
11 Just a little bit of overview. The
12 Michigan Rehabilitation Advisory Council is a
13 federally mandated council that came out of the '92
14 Rehabilitation Act amendments. We are a
15 brother/sister organization to the statewide
16 Independent Living Council, of whom Pat Cudahy will
17 talk about this afternoon.
18 The history, as I mentioned, comes
19 out of the Council, comes out of the Rehab Act
20 amendments. The members of the council, there are 18
21 members on the council. The membership is composed of
22 representatives with disabilities in the community,
23 centers for independent living, parents, community
24 rehabilitation, rehabilitation programs,
25 professionals, business, labor, and industry.

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1 The current council makeup is not
2 very well represented by minorities. We've had
3 difficulty in regards to recruitment, and that
4 recruitment process is fairly simple. We simply go to
5 the Governor's office with some recommendations, and
6 we encourage people to apply from all over the state.
7 We do have an outreach committee on
8 our council. That committee takes a look at
9 disability issues. It takes a look at minority
10 issues, diversity issues representing the council, as
11 well as how people are being served in the area of
12 diversity throughout the state. And we also look at
13 hiring practices of Michigan Rehab Services.
14 Our purpose and function, we have
15 some real specific responsibilities. Purpose and
16 function, the general purposes of the Michigan
17 Rehabilitation Advisory Council is to advise Michigan
18 Rehabilitation services on all programs and policies
19 related to Title 1 and Title 7-C of the Rehabilitation
20 Act.
21 We are to evaluate the quality of
22 programs under these titles, we are to make policy and
23 program recommendations to Michigan Rehabilitation
24 Services. So you're not going to find that I have a
25 lot of hard numbers for you today, although they can

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1 be obtained through Mr. Davis.
2 We want to be consistent with the
3 values of supporting self-determination and
4 independent living by Michigan citizens with
5 disabilities who want to assist in the empowerment of
6 people with disabilities, to increase their
7 employment, economic self-sufficiency, independence
8 and integration into society, and to create
9 operational policies necessary to achieve these
10 purposes.
11 The following specific goals that we
12 have or mandates that we have -- excuse me -- to
13 conduct activities, to enhance public involvement into
14 policy development such as forms and hearings, and
15 I'll talk a little bit more about that in a little
16 while.
17 Secondly, we are to advise Michigan
18 Rehab Services in developing and providing and
19 coordinating vocational rehabilitation services under
20 the Rehabilitation Act, to people with disabilities in
21 the State of Michigan.
22 Thirdly, we are to conduct a review
23 and analysis of the effectiveness of consumer
24 satisfaction with services for people with
25 disabilities.

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1 Number four, we are to prepare and
2 submit an annual report to the Governor and
3 appropriate organizations, of the status of vocational
4 rehabilitation programs in Michigan.
5 Fifthly, we are to establish and
6 support working relationships among Michigan Rehab
7 Services and a Statewide Independent Living Council
8 and centers for independent living in Michigan.
9 And sixthly, to coordinate with other
10 councils within Michigan, such as the statewide
11 Independent Living Council, the Special Education
12 Advisory Council, Michigan Developmental Disabilities
13 Council, and the State Mental Health Advisory Council
14 and other councils.
15 In this state we have, as of this
16 last year, rehab services as determined that they're
17 going to focus on three areas, and that's service
18 redesign. How can they service people better
19 throughout the State of Michigan.
20 Number two, they focused on the area
21 of transition. Service to youth, in this state, we
22 are the only state that services students up to age
23 26. There are some issues around that.
24 And thirdly, we provide services and
25 are developing services to businesses. Our role as a

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1 council has been to assist rehab services in obtaining
2 the goals that they have in those three areas. We're
3 focused on advocacy toward that, towards that end.
4 Some of the areas that we've been, in
5 regards to focusing on getting input from other people
6 throughout the state, as well as at our council
7 meetings, we hold four to six council meetings
8 throughout the year in various areas throughout the
9 state, rural and urban. We have public comment at
10 each one of those meetings.
11 At those town hall meetings or our
12 council meetings, we are able to obtain information
13 related to how we are providing services in that area,
14 as well as other issues that arise, such as
15 independent living services in that area,
16 transportation in that area, personal and family
17 support in that area.
18 There has been, over the last seven
19 years, a collaboration with the Michigan
20 Rehabilitation Advisory Council, plus six other
21 organizations.
22 I will submit our annual report for
23 documentation, the annual report that went to the
24 Governor, as well as to Dr. Frederick Schroeder, at
25 Rehab Services Administration. And that will give you

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1 an overview of some of the accomplishments of the
2 council over this last year.
3 At this point, I'll turn it over to
4 RoAnne. Do any of you have questions?
5 MS. CHANEY: My name is RoAnne Chaney,
6 and I'm sitting in for Norm DeLisle, who's on
7 vacation. And I've also been asked to represent Liz
8 O'Hara, who is the executive director of MESA, who was
9 on this afternoon's agenda. The Association of
10 Centers for Independent Living have a retreat today
11 and tomorrow, so they weren't available.
12 I'm going to leave you her written
13 comments, but my name, by the way, they asked me to
14 spell, is R-o, capital A-n-n-e, C-h-a-n-e-y. I'm
15 currently also the project director for Tech 2000,
16 which is this state's assisted technology program.
17 Norm DeLisle is the former director
18 of the Michigan Rehab Advisory Council, and current
19 executive director of the Michigan Disability Rights
20 Coalition.
21 The Tech 2000 is a project that is
22 now being subcontracted by our state's rehab services
23 to the Michigan Disability Rights Coalition, so we're
24 all in this together.
25 I also served as the associate

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1 director of the Ann Arbor Center for Independent
2 living for ten years, so I was asked to address here
3 how rehab services, in my view and my experiences,
4 serves people with severe disabilities. My experience
5 is largely with people with physical disabilities.
6 And I was asked to say by Norm, from
7 his experience in AMRAK and three other advisory
8 councils, that some of the statistics shows that rehab
9 services doesn't always do a particularly effective
10 job in serving people with severe physical
11 disabilities, especially with people who would be
12 classified as being quads.
13 In my own experience and most people
14 in the IL movement, many of us have been told that we
15 are not employable throughout the years. In my
16 particular case, that was not true. I have been
17 served by Michigan Rehab Services even within the last
18 year or so in terms of getting some equipment to
19 continue on my job.
20 My comments in terms of labeling
21 people unemployable is that, that's certainly
22 something that hangs with people for a very long time,
23 and it's something that is a most disempowering thing
24 that can ever be said to a person with a severe
25 disability.

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1 And while it may not be being said as
2 blatantly as it used to be said within rehab services,
3 that message is still there. It may not be as often
4 but said when you first come in the door. But the
5 message is more now these days. We don't have the
6 resources to invest in you.
7 People with severe disabilities are
8 being told not only within rehab. I've had
9 discussions with staff about how much resources do we
10 put into someone, who, in all likelihood, is not
11 likely to be able to get a job. I've personally heard
12 that comment.
13 That message is certainly being said
14 within the medical community and all the debate about
15 healthcare resources, and that spills over into a lot
16 of areas.
17 Over the years, I've had discussions,
18 especially with the former director of rehab services
19 here in the state -- and I'll say my same comments
20 I've said to him is -- I think the rehab services does
21 a very good job of brokering services when they do
22 serve people with significant disabilities, that they
23 do a good job of brokering services for people with
24 disabilities.
25 I'm not sure all of those services

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1 always get the same level of input from the people
2 with disabilities as they should. What I don't think
3 rehab does a good job of with people with significant
4 disabilities is really identifying -- assisting a
5 person, identifying their own set of skills that they
6 can market, and, therefore, obtain a real job and a
7 real career.
8 And if the people you're sitting
9 there working with don't believe that, then, of
10 course, they're not going to assist that person and
11 recognize what skills they have.
12 Many within in my experience, not
13 all, but many within rehab services, still do not
14 recognize the interactions of what we would classify
15 as IL issues, just successful employment and careers,
16 IL issues like transportation, personal assistance
17 services, housing or empowerment, basic empowerment of
18 that person believing that they can really accomplish
19 significant jobs and careers.
20 Those within rehab services who do
21 recognize this connection and recognize those issues,
22 often feel that there's nothing that they can do, and,
23 therefore, what they will do is sometimes serve people
24 and provide services, and then they'll sit on a case
25 load.

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1 We have had people, when I worked at
2 the Ann Arbor Center for Independent Living -- and
3 that CIL was starting to get into job placement -- we
4 would have people coming to us not being referred by
5 rehab services, and that's who we had the contract
6 with, stating, well, yeah, I do have a case open, but
7 nothing's been done for five years.
8 Or I did have a case open. I went
9 through them. I had a job. I had it for about 90
10 days, and now I don't have it anymore. I don't go
11 through them anymore because I don't think they got me
12 what I really needed in terms of a permanent job.
13 One of the things that we have
14 recently done through the Michigan Jobs Commission is,
15 rehab services does have a very innovative program
16 here in this state for personal assistant services for
17 people who work.
18 We have recently, through a
19 Developmental Disabilities Council grant, been able to
20 do a cost effectiveness study of that program. I have
21 personally seen a draft of that report. The final
22 version is not out yet. When we get that, we'll be
23 widely distributing that.
24 One of the things that that report is
25 going to show is, that there is cost effectiveness for

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1 investing personal assisted services for people who
2 work, and there was actually categories that were set
3 up within this studied that classified people as
4 either having a stable disability, a declining or
5 progressive disability such as multiple sclerosis
6 might be.
7 Or some people who were on that
8 program like myself, who are considered transitional,
9 they needed personal assistance for a certain period
10 of time in their life to maintain their employment.
11 They would not have been able to do that without
12 personal assistant services.
13 What this study and the first
14 indication show, is that the straight cost
15 effectiveness for -- meaning the dollars put in
16 compared to what the dollars that are coming back in
17 taxes -- are the greatest for people who were provided
18 that service, that were either in transition and
19 needed personal assistance for a short time in their
20 life, or who have stable conditions, that the most
21 dollars coming back in taxes is with those groups.
22 However, there's another category in
23 there and that's cost avoidance, and the cost
24 avoidance is what you avoid paying out in terms of
25 Social Security or Medicaid, Medicare, or housing

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1 subsidies or all those other government programs that
2 are being avoided by a person staying employed. That
3 is greatest for people who are in declining or
4 progressive disabilities.
5 And it's there for everybody, but
6 there's ratios in terms of classifications of people
7 in this study.
8 Also, this study is going to say that
9 the people on this program have very significant
10 physical disabilities. Many of those on the program
11 started their own business, and this program shows,
12 that through also having personal assistance
13 available, they've largely been successful at those
14 business or home-based employment.
15 This, to me, is a significant
16 implication, because that's self-employment, and
17 starting your own business has not always been a real
18 supported option within rehab services. Again,
19 there's pockets where it is, and there's pockets where
20 it's not; but it's not always been supported.
21 The other things it shows is the
22 greatest cost effectiveness, and the most coming back
23 in terms of taxes are by people who have secondary
24 education, and that's people who have postgraduate
25 degrees. And again, that's, to me, an implication for

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1 rehab services.

2 It's sometimes been a battle to get

3 graduate school funded through rehab services. And,

4 again, it shows them what the investment is. And I

5 bring this up because that's some of the messages that

6 people with these kinds of disabilities get, is that

7 you're not worth the investment.

8 And yet what I think this study does

9 is say, if the investment is there, it is worth it,

10 because it's coming back in lots of other financial

11 ways.

12 And I bring that up because very

13 often nowadays, services is a competition of

14 resources. It's not, to me, for people with severe

15 disabilities. It's not always a straight up or

16 discrimination issue. The arguments are being made out

17 of resources.

18 I have one other observation, too.

19 I've taken over the Tech 2000, the Assisted Technology

20 project last fall. I think a lot of people, late

21 summer or fall, changed jobs last year.

22 One thing I have noticed, because we

23 are under the same thing that all services are under,

24 and that's to conduct research, and we have

25 subcontracted small projects, assisted technology, to

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1 a lot of local communities, all who have programs
2 written to say they do outreach.
3 But in my experiences, there is a
4 minority of them who actually implement those, and
5 that's another point I want to make here. There's a
6 big difference between having a policy and having a
7 plan, and actually getting results. And I think some
8 of your questions were getting at that.
9 We required the plans, but what I'm
10 seeing in the results, there's a handful out of 23
11 projects that I actually see results in.
12 Again, that is a competition of
13 resources. Most of these projects are going, as with
14 CILs, and I know it was an issue within the CIL I
15 worked for a long time, is how much resources do we
16 devote to this, given the limited number we have. And
17 private nonprofits are constantly struggling for
18 finding resources.
19 And I think it's a challenge to all
20 of us about how we ensure that priority is given to
21 that kind of outreach, just as it is to serve people
22 with severe and significant disabilities, because
23 plans don't always accomplish that.
24 MR. HWANG: Thank you.
25 MR. BULKOWSKI: If I could follow up

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1 then, RoAnne, with that last comment, because this
2 weekend I'm writing a proposal for that project, and
3 I'm putting in there my minority outreach.
4 What happens next summer if I don't
5 meet that minority outreach? What kind of teeth are
6 in the project to say, Dave, you had a great plan but
7 you didn't do anything for it. Are you not going to
8 fund me in fiscal year 2000, or how do you make sure
9 I'm doing what I say I'm doing?
10 MS. CHANEY: That's a good question,
11 and I think that I've made it, because that's also
12 with the CIL. CILs, under RSA guidelines, are
13 required to do that. I can tell you there's a handful
14 that actually do something. They have plans, but do
15 they actually do something.
16 And that's when I really came to
17 realize in terms of those local projects we've done
18 is, we require it, but we don't have teeth behind it;
19 and that's what I'm trying to figure out.
20 Now, how do I put that teeth behind
21 it without using a hammer, because we prefer not to do
22 that.
23 MR. HWANG: Other questions?
24 MR. BULKOWSKI: Well, since I have the
25 microphone, you stated labeling persons unemployable.

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1 Who does that labeling and when?
2 MS. CHANEY: Currently, I'm not as
3 clear about it currently. It used to be when people
4 came in the door years ago. We're talking history
5 here, but that used to happen years ago when people
6 came to the door.
7 I've heard stories all over the state
8 and all over this country, how people walking in the
9 door and staff telling them, we can't serve you here.
10 You're not employable.
11 MS. HaAJLUNI: Is there a certain
12 educational program within the MRS and various state
13 funded agencies to educate the staff members regarding
14 the different disabilities and how to interact with
15 the clients that they see? Is there any type of
16 educational process or anything like that?
17 Because I would assume that the
18 people who work with these individuals, they have
19 their personal bias or personal -- I shouldn't say
20 prejudice -- but personal bias or opinions that
21 they've already formulated without having the benefit
22 of being educated about that person's disability.
23 MR. WEBSTER: There's ongoing training
24 that is being developed that is going on to assist the
25 counselors and staff within the district offices

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1 around the state.

2 There are some old guards in the

3 system, people who are not as forward thinking as

4 maybe the new folks coming out of the college

5 curriculum. These folks have an increased sensitivity

6 coming out these days on minority diversity issues.

7 And perhaps there's a mind set that some people are

8 not going to change, attitudes are not going to

9 change.

10 But if the Rehab Advisory Council has

11 any input into that, we will assist in changes

12 happening and there being more sensitivity.

13 MR. HWANG: Mr. Martin.

14 MR. MARTIN: Ms. Chaney, does the

15 Michigan Jobs Commission, to your knowledge, have any

16 programs for disabled persons, or are there any formal

17 coordination of services between them and other

18 groups?

19 MS. CHANEY: What do you mean,

20 programs?

21 MR. MARTIN: Programs that would

22 assist, say, the persons in employment in training.

23 MS. THOMAS: Training programs?

24 MS. CHANEY: I'm not quite sure.

25 MR. MARTIN: Of the questions?

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1 MS. CHANEY: Yeah.

2 MR. MARTIN: I'm asking if the

3 Michigan Jobs Commission has any programs that would

4 assist disabled persons with employment or training,

5 to your knowledge.

6 MS. CHANEY: Do they have the training

7 programs for employment?

8 MR. MARTIN: Yes. Do they have any

9 programs that would assist disabled --

10 MS. CHANEY: I thought that was their

11 main function. That was a big function of what they

12 did.

13 MR. MARTIN: It is, but I'm saying

14 specifically for disabled persons.

15 MR. WEBSTER: That's their whole

16 emphasis.

17 MR. MARTIN: The Michigan Jobs

18 Commission?

19 MR. WEBSTER: Yes.

20 MS. CHANEY: Rehab services. I see

21 what you're saying. You're making a distinction

22 between Michigan Jobs Commission and rehab services.

23 MR. MARTIN: Yes.

24 MS. CHANEY: To my knowledge, I don't

25 know of any that just the Michigan Jobs Commission

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1 has.

2 MR. MARTIN: Okay.

3 MR. BULKOWSKI: I don't know if it's

4 appropriate, but there is a small business advocate

5 who is a Michigan Jobs Commission employee, as opposed

6 to the Michigan Jobs Commission Rehab Services

7 employee who focuses on small business development for

8 folks with disabilities. Our office works with him a

9 lot.

10 We've been calling MRS, MRS, Michigan

11 Rehab Services, but they're actually MJCRS, Michigan

12 Jobs Commission Rehab Services. So they're a division

13 of the Jobs Commission. We needed a better map of who

14 really works for who.

15 MR. MARTIN: I understand.

16 MR. BULKOWSKI: There is pure Jobs

17 Commission money that helps folks with disabilities

18 start jobs or give that resource and help them access

19 the other Jobs Commission resources as opposed to or

20 in addition to the rehab service dollars, which is its

21 own funding streams from the fed and the state

22 government.

23 We can ask those questions of

24 Mr. Davis, but I don't know if they're a fire wall

25 between the Jobs Commission dollars and the rehab

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1 service dollars or not, but it's state bureaucracy.
2 MR. HWANG: I might note for the
3 record, you might want to define your acronyms too,
4 like MRS, the acronyms that you've use.
5 MR. MARTIN: Mr. Chairman, we might
6 want to ask Peter to maybe give us an overview, a
7 diagram of what's available in the state now, how they
8 all relate.
9 MR. HWANG: Any other questions?
10 MR. BULKOWSKI: One quick one. I know
11 we're late, but, Rick, you had mentioned that you look
12 at the hiring practices of MRS or MJCRS, and are you
13 looking at, like, the number of folks who are
14 counselors and administration staff that are persons
15 with disabilities and that are members of minority
16 groups? And if you do look at those things, what are
17 the numbers showing?
18 MR. WEBSTER: We do look at those, and
19 we were more concerned about those last year, I guess,
20 ten months ago, take a closer look at, are we hiring
21 people with disabilities into the agency who are
22 skilled counselors and skilled at working with people.
23 There have been an increase in hiring
24 persons with disabilities in the organization, and I
25 think they're really moving ahead in this area.

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1 treated promptly and those kind of things. That, I
2 think, is what we're trying to move towards.
3 Right now there's no tie between
4 rehabs and money. That comes in its formulas.
5 MR. HWANG: Thank you very much.
6 MR. MINARIK: Mr. Davis, thank you
7 very much. Mr. Cannon, thank you very much. I
8 appreciate your time.
9 MR. HWANG: Next, I'd like to
10 recognize Patricia Cudahy, State Independent Living
11 Council.
12 For the record, Elizabeth O'Hara, the
13 Michigan Council of Centers for Independent Living,
14 has provided a written comment, which will be provided
15 to the record.
16 MS. CUDAHY: I have written comments
17 and I also have a report on town hall meetings that
18 we've done over the last two years.
19 MR. HWANG: Thank you.
20 MS. CUDAHY: Thank you.
21 MR. MINARIK: Thank you.
22 MS. CUDAHY: On behalf of the Michigan
23 Center, I want to thank you for the opportunity to
24 speak on behalf of people with disabilities.
25 When I first received this

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1 invitation, it was like a summons from the IRS. I
2 thought, do I want to be here or don't I want to be
3 here. In fact, I almost made the decision not to be,
4 because I thought, am I really the person to represent
5 people across the State of Michigan.
6 And then it occurred to me that we
7 had spent about three years collecting input from
8 people, just people with disabilities, their families,
9 advocates, professionals across the state.
10 We handed out detailed surveys to 275
11 people over these two years, and we collected the
12 information, the comments, the concerns that they had,
13 and that's in this blue folder that you see. And I'll
14 walk through some of that with you so that it makes
15 sense.
16 And then I thought, I'm a person with
17 a significant disability, and back in 1988, I faced
18 unemployment. I looked at myself as a person in
19 extreme pain, looking at hip replacement surgery, and
20 there was probably no way I could go back to work. I
21 would be on Social Security. It would change my
22 life-style.
23 I remember sitting on my couch in my
24 living room crying because my career was at an end.
25 That's not the case, and on the average I contribute

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1 $15,000 in taxes back to the federal government and
2 the State of Michigan on a yearly basis.
3 And I hold a state-level job, and I
4 think I'm a productive, capable person; and that's
5 just one example. So I'm going to speak to you not
6 only for the people that are out there, but from my
7 own heart.
8 The statewide independent living
9 council is a governor-appointed council made up of 18
10 people, the majority of who -- and it's more than just
11 a 50 percent majority -- who have disabilities. We
12 also have six ex-officio members on this silk (sic)
13 who represent the state departments that provide
14 services to people with disabilities.
15 I characterize this silk as a forum
16 for the discussion and debate of public policies
17 issues impacting the lives of people with disabilities
18 issues, and we advise the Governor and the state
19 departments on its findings.
20 Employment is an issue. Employment
21 is something that people with disabilities need to be
22 as self-sufficient as possible, as productive,
23 independent and in charge of their own lives.
24 As I said, over the past three years
25 we've been involved in a project, which, actually, the

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1 Michigan Rehabilitation Advisory Council in this silk
2 initiated, where we do town hall meetings.
3 And the thinking behind the town hall
4 meetings -- I'm a great fan of Dr. Quinn, Medicine
5 Woman, and I saw how they had town hall meetings and
6 everybody turned out. And I said, how do you have a
7 town hall meeting where everybody turns out, where
8 people want to tell you what they have on their minds.
9 The first thing you have to do is get
10 rid of these things, and then we threatened to cut all
11 the ties off the guys that wore suits, and the women
12 couldn't wear -- I'm not going to do that today.
13 But that's how we set up our town
14 hall meetings, and it was neat, because when we
15 started them, we had a lot of people that turned out.
16 And we said, you are the disability experts. You have
17 had disabilities, you have experience in your family.
18 You tell us. What do people with disabilities need?
19 The Michigan silk, in collaboration
20 with the two designated state units, which is the
21 Michigan Commission for the Blind, and you just heard
22 Director Cannon speak; the Michigan Jobs Commission
23 Rehabilitation Services, and that's Director Davis and
24 its independent living partners, who joined with our
25 designated state units and the independent partners.

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1 And we put together a Michigan State
2 plan for independent living. We're drafting our next
3 three-year plan, and we've been out across the state.
4 In addition to the town hall
5 meetings, we've been holding IL partnership meetings
6 with our partners and saying, what are the main
7 concerns? What are the things you want us to
8 address? And time and time again employment is the
9 main concern.
10 Over the past two years, several
11 themes have emerged in discussions around employment.
12 One of the things that we found is that the word
13 transition, although it applies to youth in school,
14 youth transition, there's also a life transition issue
15 or concept that's an important consideration in the
16 employment of people with disabilities.
17 While transition services for youth
18 is a major and important emphasis, these other life
19 transitions have to be considered, as well.
20 For people with significant
21 disabilities, the aging process poses many
22 challenges. Suddenly, the job which has enabled the
23 person to gain increased self-sufficiency and
24 self-worth, is jeopardized. I happened to be going
25 through this.

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1 We're finding that the person with a
2 significant disability is now living longer and is
3 faced with an added stress of a body going through the
4 aging process along with the disability.
5 We need to consider job longevity
6 expectations. Perhaps a person with a disability
7 retires at an earlier age than the "norm" at 62, 65 or
8 even 70. Counselors must be able to provide and put
9 in place supports to assist a person through this kind
10 of life transition.
11 There needs it be an increased
12 awareness of the impact of adding employment to the
13 life of a person with a significant disability. You
14 need to understand what it means to go to work. A job
15 may mean the person puts themselves at risk every time
16 they leave their home. This can include falls, assault
17 and battery, because they're vulnerable, decubiti,
18 increased fatigue, susceptibility to illness, are just
19 a few things.
20 The person with a significant
21 disability must make employment a priority if they're
22 to be successful, and this may mean eliminating family
23 activities, church involvement, leisure and recreation
24 time that most of us take for granted.
25 While these things do not preclude a

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1 person with a disability working, they must be taken
2 into consideration if we are to impact an unemployment
3 rate of over 70 percent, and I do use that 70 percent.
4 I think that sometimes we have to get
5 into our counselor position and impose a value of
6 everybody needs to work. And while I subscribe to
7 that and I think that that's important, we have to
8 understand the cost to the individual in doing that,
9 and I feel very strongly about that, and I hear that
10 from people.
11 What does it mean to the individual
12 who is quadriplegic, who is using a wheelchair to go
13 to work? He's going to leave his house and he may not
14 be sure he's going to return to his house in the same
15 condition he left it. These are survival issues that
16 we need to keep upward most when we're dealing people
17 with disabilities.
18 People with disabilities must have
19 healthcare coverage. Going to work can mean reduction
20 or elimination of benefits. We need to find a way to
21 remedy that.
22 Why, in heaven's name, if a person is
23 surviving and has the things they need to survive,
24 food, clothing, shelter and healthcare, would they
25 jeopardized that by going to work, when they're

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1 afraid -- I'm addressing a fear that a person with a
2 disability feels, and I'm addressing it as a person
3 with a disability myself.
4 When I walk out my door in the
5 wintertime, I don't know if I'm going to walk back in
6 that night. That is an ever-constant fear. When you
7 add up all those things together, it is a daunting
8 challenge to take on a job, and we need to know that.
9 And we need to keep that in our minds as we work with
10 people.
11 Personal assistance services has to
12 be available to people who have significant
13 disabilities, who want to go to work. I can't tell
14 you the number of people I know who are competent,
15 highly qualified, productive Type A personalities.
16 I'm thinking of one person who's on
17 our council, who needs a personal assistant to help
18 that person got out of bed in the morning, get
19 dressed, get fed, and get to work.
20 We have a personal assistance
21 services reimbursement program here in Michigan that's
22 administered by the Michigan Rehabilitation Services,
23 and it's held in two centers for independent living in
24 this state; and it's proved the success and the value
25 of having personal assistance.

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1 Transportation continues to be a high
2 concern of people with disabilities. Whether you ask
3 people in the urban areas of Wayne County or the huge
4 rural area of the Upper Peninsula, you find that
5 finding a way to access the community to go to work
6 continues to be a major concern.
7 In Detroit, it may be that there's no
8 public transportation that's available. It may not be
9 accessible. It may not be coming on time. In
10 Marquette, it may be that the walks don't get
11 shoveled, so I can't get out of my house. Available
12 transportation is not always accessible and even I
13 have found that to be true.
14 The system doesn't serve people with
15 significant disabilities, as well. This is a comment
16 that we heard in one of our town hall meetings. We
17 need to have more people employed in the system who
18 have disabilities themselves, in order to affect the
19 systems change we need, to impact a 70 percent
20 unemployment rate and I'd like to address that.
21 Maybe it's not 70 percent. And
22 forgive me, but, I think our current unemployment rate
23 in the state -- and, perhaps, the strike with GM has
24 changed these figures -- but the last time I heard it
25 was getting down around 3.5 percent. I can't imagine

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1 the people with disabilities have that kind of
2 unemployment rate.
3 And I have used the word obscene. We
4 had a discussion about that the other day, and
5 somebody said, that's very strong, Pat. You'd better
6 be careful. You might want to use objectionable. And
7 I thought about it for a long time, and I said, no,
8 it's obscene, that people with disabilities have the
9 kind of unemployment rate that they do, and that we
10 are running around being so excited about a 3.5
11 unemployment rate.
12 Every time I hear that, I think we're
13 being excluded, we're being isolated, we're being kept
14 from whatever it is that allows the rest of the people
15 in this state to enjoy that kind of unemployment.
16 Independent living is a key component
17 of the employment. It is not an add-on. It's not an
18 afterthought. It's not something that you pull out
19 and use when you need it.
20 A person who has a significant
21 disability has to understand in his own mind that he
22 has value and worth and that he can go to work and
23 amount to something, and that's where independent
24 living starts to work.
25 I ran an independent living center.

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1 I started one up in Midland. I can't tell you the
2 number of people that I met with disabilities, who did
3 not see employment as part of their life-style. They
4 had been excluded for so long from the mainstream of
5 American society, that they could not see employment
6 as an option.
7 And where we started to work, and
8 very often where I got involved, is talking with them
9 initially, you can do it. You can get a job. Did you
10 ever think about that?
11 Centers for independent living are
12 organizations made up and run by people with
13 disabilities helping other people with disabilities
14 become more self-sufficient, take control of their
15 lives, and this includes having and keeping a job.
16 They know what it is to be successful and they help
17 others achieve this.
18 Employees of centers for independent
19 living are members of the workforce, and they can
20 assist and support others in becoming employed. And
21 sometimes for a person with a disability, that might
22 be their first step into the workforce, is working at
23 a center for independent living. And their experience
24 with disability credentials them for working with
25 other people with disabilities.

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1 The compilation of town hall meeting
2 input that I'm giving you -- first of all, I want to
3 qualify this. I have been reminded many times over
4 that this is not a statistically valid report. That's
5 okay with me, because what it is is what people with
6 disabilities, their friends, their advocates,
7 professionals, have told us, and that counts for me.
8 My strength is not statistics. I've
9 never had a course in it, but what does count is going
10 out and hearing what people with disabilities tell
11 me. I don't care if they're self-selected. I think
12 if somebody has the interest in coming to a meeting
13 and telling me or a group what they need to be
14 independent, then that qualifies them as having some
15 expertise.
16 The first part of it are basic
17 demographics. When we did the town hall meetings, we
18 had five different disability issues including
19 employment, transportation, assisted technology,
20 personal and family supports and independent living
21 services.
22 For this purpose, in speaking on
23 employment, I've included independent living issues,
24 employment and transportation. If you go to the bar
25 graphs, you will find that out of 275 people that we

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1 talked with, 275 people thought that people with
2 disabilities in their area needed help in finding
3 available jobs.
4 They needed help in finding what jobs
5 were right for them. They knew they didn't have the
6 skills, education or training that they needed for
7 good jobs. They needed transportation to get to work
8 and on and on.
9 The comments about transportation,
10 people needed their own car. They needed public
11 transportation to get them to work. If you have a job
12 and you can't get to work -- I lived up in Midland
13 County. I travel a lot up into the Upper Peninsula.
14 If you live 30 miles from a job, and that's not
15 uncommon, how in the Sam Hill do you get to the job?
16 I get in my car every day and drive
17 18 miles. If I didn't have that car, I wouldn't be
18 going to work, or I'd have to find some place in town
19 and hope that public transportation could get me
20 there. It's likely it would in Lansing, because they
21 have a pretty good system, but that's not the case in
22 all areas of the state.
23 If you can't sleep at night, and you
24 want some good reading, then I'd suggest you read from
25 pages 15 on. You might put this in your bathroom.

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1 These are what people actually told us. We gave them
2 detailed surveys, which were yes or no, or check a
3 blank or a box.
4 But we also did focus groups within
5 the town hall meeting, where a group of eight to ten
6 people would come together around an issue like
7 employment. And we would allow them -- allow, I hate
8 that. We would encourage them and enable them and
9 facilitate them in putting their comments up on a flip
10 chart, and what you see here are the comments off the
11 flip chart.
12 They told us what works well. I
13 thought what was real interesting here, we didn't have
14 whiners. We had people that said, you know, in our
15 community this works well. And they said, but in our
16 community these are the barriers, and in our community
17 this is what needs to be improved.
18 And I remember going over these
19 comments a year ago and trying to do some
20 compilation. It was 10:30 at night. I was home in my
21 little kitchen office. And I was actually brought to
22 tears by a comment that was, we want to be part of the
23 solution, not the problem, and that was a direct quote
24 from a person that had attended a town hall meeting.
25 That's the kind of stuff we saw. We

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1 didn't see a lot of people whining and saying, give us
2 this and give us that. Just give us the opportunity.
3 Give us the things we need to be productive and
4 self-sufficient.
5 That wraps up my comments. I want to
6 thank you very much for the opportunity to be here. It
7 was really pretty great when I got into this stuff,
8 and, yes, I did want to be here.
9 MR. HWANG: Thank you, Ms. Cudahy.
10 MS. CUDAHY: Questions. No
11 questions?
12 MR. BULKOWSKI: The question I'd have,
13 Pat, is, how is minority outreach included in the
14 state IL plan?
15 MS. CUDAHY: When we do the town hall
16 meetings, we outreach to the minority populations. I
17 will tell you that has been difficult. In the
18 demographics here, the ethnic groups, you will see
19 Caucasian is the highest, African/American next. We
20 have not been real successful with American Indian,
21 Asian.
22 As people self-identify to come to
23 town hall meetings, many cultural groups don't see
24 themselves as part of that process, and that's an area
25 we really need to hone in on.

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1 American Indian, particularly is
2 challenging, because they have a system of their own,
3 and trying to get into that system actually has to be
4 done by the members of the Native/American community.
5 You can't do this as a white, middle class person, you
6 know, has a job, and is living downstate. I'm
7 thinking of the Indians in the Upper Peninsula.
8 In the plan itself, those are the
9 things, looking back on the comments that we've gotten
10 for people, that we're still developing that part of
11 our next three-year plan, and there will be a lot of
12 attention to that, because I see that as a significant
13 need.
14 Now, I haven't answered your
15 question. I wish I could answer it better.
16 MR. BULKOWSKI: Okay. Thanks.
17 MR. HWANG: Mr. Martin.
18 MR. MARTIN: Independent living, I
19 really don't understand fully what it means. Who are
20 these? Are they providers that assist disabled
21 persons?
22 MS. CUDAHY: The Rehabilitation Act,
23 Title 7 of the Rehabilitation Act, puts into place
24 centers for independent living that are run by people
25 with disabilities. You have to have a majority of

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1 people with disabilities on the board and in the
2 staff.
3 We have ten centers for independent
4 living in Michigan currently, and we're bringing on
5 board another two centers. They provide four core
6 services, skills training, advocacy and referral, peer
7 counseling or mentoring and --
8 MR. BULKOWSKI: Information and
9 referral.
10 MS. CUDAHY: -- information and
11 referral.
12 So there are four core services. They
13 help people with disabilities become successful at
14 managing their own lives. They help them become more
15 self-sufficient. They help them become as independent
16 as they want to be.
17 It is not a living arrangement --
18 when I had a center up in Midland, we'd get calls
19 every now and then, people wanted to drop people off.
20 And I lived in horror, that maybe some day I'd come to
21 work in the morning and there would be a couple of
22 people that had been left on the doorstep.
23 But, no, it's actually using the
24 principle of consumer driven.
25 Those of us who have disabilities,

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1 know what it takes to be independent. We know what we
2 need in services and supports. And so bringing that
3 into the equation when you're designing services for
4 people with disabilities, greatly enhances the
5 opportunity to be successful at that.
6 MR. MARTIN: So the centers would help
7 in identifying services?
8 MS. CUDAHY: They do systems change in
9 a number of different ways. They're community based,
10 so it depends on what your particular community needs.
11 When I worked in Midland, we were
12 involved in a community supported living arrangements
13 grant. We sat on three boards of community mental
14 health in the area, and I can measure the systems
15 change, because people sitting on that board would say
16 to me -- they'd make a statement about how they dealt
17 with a person with a disability, and then they'd say,
18 oh, no, I can't say it that way.
19 Because we constantly tried to
20 present the person with the disability as driving
21 their own services, having person-centered services,
22 the person with a disability being in charge of what's
23 being done to them, so to speak.
24 MR. MARTIN: Thank you.
25 MR. HWANG: Thank you very much.

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1 MR. MINARIK: Thank you very much.
2 MR. HWANG: I'd like to recognize
3 Greta Wu of Peckham Industries.
4 Let's take a three-minute break, if
5 you don't mind, Ms. Wu, three or four minutes.
6 (Whereupon, a brief recess
7 was taken.)
8 MR. HWANG: Let's reconvene.
9 Recognizing Greta Wu of Peckham Industries and Jean
10 Golden of Capital Area --
11 MS. CRONK: I'm June Cronk.
12 MR. HWANG: Oh, June?
13 MS. CRONK: Cronk, C-r-o-n-k.
14 MR. HWANG: Excuse me.
15 MS. WU: Should I get started?
16 Good afternoon. I'm Greta Wu. I'm
17 the service director at Peckham Industries. Peckham
18 is a community rehabilitation organization in the
19 Lansing area, and this organization started back in
20 1976. So we've been in operation for about 22 years
21 now.
22 Originally, we started out as a
23 vocational rehabilitation program. Over the years, we
24 gradually expand and develop additional programs.
25 Today Peckham is a community rehab organization

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1 serving over twenty-five hundred people a year and
2 with a staff of about 160.
3 We're serving a very very wide range
4 of individuals. We have about 59 percent of our
5 individuals that we serve who are people with
6 disabilities, and the rest are people without
7 disabilities, or without a documented disability.
8 Our primary function still remains at
9 helping to maximize an individual's potential to be
10 self-sufficient in our community, to be a contributing
11 community member of our societies.
12 Our main focus is in the vocational
13 area. We train. We assess. We provide vocational
14 evaluation for people who need to determine their
15 vocational directions and develop these strategies,
16 how to achieve their vocational goals.
17 Over the years, we also recognize
18 that there are other piece of it that is a very
19 integral part of vocational success, which would be
20 housing, which would be other support that's necessary
21 to help a person to become successful.
22 So in addition to the vocational
23 evaluation that we provide, we provide employability
24 skills, training, helping a person to obtain basic
25 work skills, how to be good workers, from the basic

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1 things such at attendance, punctualities, how to
2 problem solve in work situation, how to be effective
3 in communicating with your co-workers, with your
4 supervisors, how to address your personal issues, so
5 you do not have to let your personal issues negatively
6 impact your work performance, how do you develop your
7 upward mobilities in the futures.
8 So we're developing a different level
9 of employment program, provide a different level of
10 support for people that need that particular type of
11 program.
12 We do job placements. We provide
13 housing, recognizing many people have very
14 unsatisfactory living situations. A few years back we
15 obtained HUD housing funding to provide housing for
16 people with disabilities. We now have 44 units that
17 we work within the HUD guideline.
18 We select candidates for the housing,
19 and then we work with them, and we find many people,
20 even with a lot of support, agencies like center for
21 independent living and local community health. We
22 also have rehab services in some other agencies.
23 There's still a whole lot of work to be done for a
24 person to be actually involved in the community.
25 We then went to get another grant to

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1 provide community support services, so these people
2 will live in the housing units, so people will have
3 the support to add encouragements and assets, to reach
4 them, to go to school, to want to go to school, to
5 want to utilize public transportation.
6 We also encouraging people to do
7 volunteer work, because we feel strongly that if you
8 can give, it's going to help with your self-esteem a
9 lot more. So we're tying to produce the housing.
10 Then we heard about consumers telling
11 us that people with very severe developmental
12 disabilities and psychiatric disabilities, wanting
13 more opportunity. They were very underemployed, and
14 not having many good job choices.
15 In fact, in 1984 and '85 we worked
16 with Michigan Rehab Services in our local community
17 and mental health to provide some of the probably
18 first supporting programs at a time of pretty
19 forefront, to provide community placements for people
20 with very severe mental health concerns and working
21 individually at different places.
22 We place people at hotel,
23 housekeeping, fast food restaurants. We also place
24 people as a state worker, computer programmers, lab
25 technicians, and we also have people who work in the

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1 college academic settings.

2 So there's a lot of opportunities for

3 people, if there is that particular support. And

4 also, not a support from the professional staff who

5 deal with the daily support, but also the community,

6 the institutional support from big corporation, from

7 the universities, from your local businesses.

8 We do a lot of community

9 cultivation. We go out, we organize job developers

10 meeting with the local employers. We call it 50/50

11 Clubs, because we want to make sure the employer is 50

12 percent of the investment, that we have 50 percent of

13 the investment.

14 We showcase the people that we serve,

15 and we try a lot of public relations efforts to

16 hopefully let people understand people with

17 disabilities also having a lot to offer.

18 Organizational wide at Peckham, we

19 also strategically, to develop a lot of job options to

20 people. I understand earlier many individual mention

21 about the choices, individual wants more choices. The

22 customers services is a very very important piece.

23 For the last 20 years we try very

24 hard to listen to all customers we have. Our primary

25 customers are people with disabilities. They say they

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1 want job choices. They want to work in different type
2 of environment.
3 So we develop industrial expertise,
4 so those are the first steps. We have to have some
5 credibilities with the industries, so we went out, we
6 secure work contracts, nice contracts. We have today,
7 we are a regular supplier to all the big three auto
8 companies.
9 Matter of fact, the last five years
10 we had earned four times, within the last five years,
11 to be the worldwide supplier of the year for GM, which
12 we think is a very high honor. We were the only one
13 private, nonprofit organization receiving that kind of
14 honor.
15 But that honor is to our workers.
16 They make a statement to our community, if an
17 organization like Peckham, which is worker, employees
18 are people with disability or people facing vocational
19 barrier can become competitive, can provide quality
20 work, that's the statement that we saw our business
21 community coming in general history here. We are very
22 proud of doing that.
23 We also provide services. We sew
24 garments for our government in the military division.
25 We make a lot of garments. And in the meantime, we

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1 produce a lot of underwear.
2 But we also provide tremendous
3 training opportunity for our workers. There are quite
4 a few companies in town that couldn't wait to get our
5 trained sewers to be on their payroll, because they
6 know, this is a people that will provide great quality
7 work because the military, you are aware of, they have
8 a very very very tight quality standards. If our
9 people can meet that, they certainly can meet anyone
10 else's standards.
11 So many times people may say, well,
12 we have organization, sometimes that be labeled as a
13 workshop. Not everyone is at a workshop. I think
14 every organization is their own environment, their own
15 niche. But what we believe at Peckham is a good
16 organization should have a variety of choices.
17 You have people that have not been
18 successful. They need a nurturing environment to
19 develop their skills, and they can move on, and we
20 provide that. But we do not stop there. When a
21 person really has gained their skills, we push them
22 forward, now you need to move on to bigger and better
23 jobs.
24 Currently, I can share with you some
25 of the services we provide and the tie you have with

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1 MRS. The Michigan Rehab Services refer a lot of
2 people to Peckham. They do vocational assessment. If
3 the person doesn't have a vocational goal, we help
4 them to determine that. If they are ready to go right
5 into the job market after we decided what the official
6 goal, already it's desirable by the person and also
7 it's realistic.
8 We will help the person, perhaps it
9 was Michigan Rehab Services together to find a job in
10 the community and provide necessary support if you
11 need it. Not everybody need support. Some people
12 only need some vocational guidance.
13 Some people need extensive support.
14 Some people need training before they can actually go
15 out into the job market, because they don't have the
16 basic work concept. So if they need the basic
17 training, we will train them within Peckham's
18 environment.
19 Some people also said, we don't want
20 to work in your workshop. Then we develop community
21 base training program. We will locate employer who
22 are willing to work with us to provide the training.
23 We provide hands-on to the individual with MRS's
24 financial support. Then a person will have a chance
25 to gain access to the job of their desire.

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1 And for people who need some job
2 seeking skills training, we will also provide direct
3 placement training.
4 We also have a group of people --
5 because they didn't have very successful experience
6 before, they are very afraid of going out to work.
7 Then they have a choice of continuing employment at
8 Peckham. If they can progress to a near competitive
9 level, they actually earning competitive wage plus
10 fringe benefits.
11 Remember, this program we call a
12 transitional employment services, because we do not
13 want people to feel comfortable and not looking at
14 upward mobilities.
15 Every six months we will be reviewing
16 all these worker's productivities and work skills. If
17 they are ready to move away from Peckham, we will
18 assist them.
19 If they need some additional support
20 to be able to make that leap, then we'll refer them
21 back to Michigan Rehab Services and say this person is
22 now ready for the next level challenges. Please help
23 us so we can work together to help the person to
24 upgrade their employment.
25 So this is the kind of basic working

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1 mechanism that Michigan Rehab Services refer people to
2 Peckham for services, and there are also times where
3 the person can utilize the Michigan Rehab Services at
4 appropriate timing. And we may also make a reversal
5 type of referral to provide services.
6 We also have a recent effort and
7 that's to deal with the integration part. Many people
8 feel that they identify themselves as being disabled
9 by affiliation, let's say, with Michigan Rehab
10 Services or with Peckham Vocational Industries.
11 In this town everybody knows what
12 that means. Some people didn't like that, so in
13 response to those comments from our consumer, we
14 strategically kind of position ourselves to do things
15 that can kind of have have an employee environment of
16 our people.
17 This year we start providing services
18 for unemployed worker. We are now working under
19 Michigan Job Commission to register all the
20 unemployment workers' resume' into Michigan talent
21 bank. That means not only workers with -- not only
22 unemployment workers with disability, everybody who is
23 unemployed.
24 And in addition, we also register the
25 employer into the bank, so we can do the job match

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1 with that employer as the job seekers. The job
2 seekers also could be assets to the position open
3 list, and we feel very good about being able to do
4 that, because then our people can come through the
5 internet just like anybody else. You do not feel
6 there's a potential to screen out.
7 So that was some of the area that we
8 thought would be very happy be able to address our
9 consumers' needs. And certainly, over the years, we
10 have been working very closely with Michigan Rehab
11 Services in developing different programs, many of the
12 different programs.
13 Without the financial support of the
14 Michigan Rehab Services, without the ideas,
15 discussion, brainstorming, partnership with the
16 counselors from Michigan Rehab Services, many of this
17 wonderful program would not be happening.
18 But I just kind of want to share
19 that. We have very good management planning and a
20 resource allocation. A good community rehab program
21 can really leverage a lot of nice services for people
22 with disabilities.
23 MS. CRONK: She's a hard act to
24 follow. Being last has its advantages and
25 disadvantage.

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1 I sat here today and I certainly
2 learned a lot. I listened to so many people talking
3 about the severely disabled, and until I heard Robert
4 Davis speak of the severely disabled and people on SSI
5 and SSDI, I didn't realize I wasn't one of them.
6 And then I heard Pat Cudahy speak
7 about people with disabilities and their bodies aging,
8 and I knew I was one of those.
9 However, Pat told you about
10 everything that was to tell about independent living,
11 but I want to add, if you don't mind, my spin on it.
12 I've been affiliated with the Lansing
13 Center for Independent Living for about 18 years. I
14 started out as a volunteer there in peer support,
15 mentoring folks with disabilities.
16 Then I went on the board and
17 continued to do the peer support and the mentoring,
18 and subsequently became the chairman of the board for
19 about four years and during that period of time Jean
20 Golden came on as our director and managed to expand
21 our center significantly, and also expand our vision
22 significantly.
23 But at the same time that I was
24 working with people, helping them come to grips with
25 their disabilities, I was being nurtured by the people

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1 at the center so three years ago when Jean asked me to
2 come on board there for some special project, I was
3 very happy to do it, because I nurtured those folks
4 there, and they had nurtured me, and we still do that.
5 And centers of independent living are
6 very warm places with people who are committed to
7 helping people with disabilities.
8 We are in the same building as the
9 Lansing District Office of MRS, and they refer a lot
10 of people over to us for many reasons, people who need
11 help with housing, people who need help with
12 transportation, people who need help with the Family
13 Independence Agency. That's one of my specialties or
14 with Social Security, which is another one of my
15 specialties, or just people who have a lot of problems
16 finding healthcare, finding a place to live, trying to
17 get their ducks in a row, so at some point they can be
18 employable.
19 And we worked with those people. We
20 take their problems one by one, help them solve them,
21 and we advocate for them with FIA or with whatever
22 department or whatever agency they need help with, and
23 usually it's FIA or Social Security. And at the same
24 time, they're working with Michigan Rehab Services.
25 I have to tell you that Michigan

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1 Rehab Services, the Lansing District Office -- and
2 that's the only office I had any personal knowledge
3 about -- serves people with all kinds of disabilities.
4 They serve a population that we have
5 heard very little about today except from Mr. Davis,
6 and that is the alcohol and addiction population. We
7 don't hear anybody talking about those, and that's a
8 population that's growing, people that need help, that
9 need treatment.
10 They have a wonderful screening
11 mechanism or assessment mechanism to find these folk
12 at MRS and to get them into treatment. Some of them
13 they also refer to us to help with some of their other
14 problems or to help them find an AA group or another
15 place that they can get treatment.
16 That population is rarely spoken
17 about, and yet, they fill our prisons. They fill our
18 streets, and they are very needy, and I really have to
19 applaud MRS for the job they're doing.
20 I want to tell you one more thing
21 today. You're talking about numbers. Mr. Davis spoke
22 of 1.7 million people with disabilities or chronic
23 illness in the State of Michigan.
24 There was a research done in
25 Michigan, and it came out in Lansing State Journal in

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1 the spring, I think, that 1.7 million people in the
2 State of Michigan had a serious disability or illness,
3 and/or chronic illness that interfered with their
4 daily living activities.
5 We don't know how many of those
6 people were over 65, and, you know, the older I get,
7 the less old 65 looks. And certainly, I don't want to
8 quit when I'm 65, but we do know that there is that
9 number.
10 But I will also tell you that there
11 are people with disabilities who are not going to go
12 to MRS. There are people with disabilities, who, in
13 their, when their illness began, they had no
14 healthcare resources. And during the period that they
15 sought disability with state and/or the federal
16 government, they lost everything they had.
17 They had to go to clinics. They
18 scraped, relatives helped them. They begged,
19 borrowed, stole whatever they had to do to keep
20 themselves together. They lost their homes. They
21 lost their cars. Some of them lost their pets.
22 I've seen it I've work for Social
23 Security lawyers for six and a half years. When they
24 finally got their Social Security and their Medicare,
25 do you think those people are going to give up the

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1 security of that to pursue employment in a system that
2 has every disincentive you can think of for them not
3 to work?
4 If you go to work, you lose your
5 Social Security after 12 months, if you earn over $500
6 a month. That's substantial gainful activity. This
7 isn't a single Congressman or bureaucrat that could
8 live on $500 a month.
9 You'd lose your Medicare after a
10 certain amount of time. If you're on Medicaid, you'd
11 lose that. And if you have subsidized housing, it
12 interferes with that. You can't get your
13 medications. You can't get your medical care, and you
14 should give up what you've got for that? It's not
15 going to happen.
16 You need to be aware there is a whole
17 system of disincentives in place for people with
18 disabilities if they want to go with work, and they
19 have to overcome that, and that's one of the things
20 that MRS is working against, as well.
21 MS. WU: May I add one more point?
22 From my daily experience, just from
23 what June just mentioned, at Peckham we work very
24 closely with our local refugee organization, so we
25 have a large number of refugee coming into Peckham

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1 using Peckham's manufacturing facility as the first
2 step in their orientation into the American work
3 cultures.
4 From our experiences, sometimes we
5 spot disability related issue. We may be able to
6 identify how to help. With the refugee population,
7 many times you encounter a lot of resistance. The
8 family not wanting to recognizing it, they don't want
9 to seek help.
10 It's almost a kind of issue that they
11 do not want to discuss. It's unspoken issue. They do
12 not want to seek help. Even when we offer to help,
13 they say, no, we can take care of.
14 But we know the family structure and
15 everything change as the immigration. The immigrants
16 get assimilated into this culture, and that will
17 become a problem. Their brothers and their sister may
18 not be able to care of someone who has disability as
19 they used to back in the homeland, and that could be a
20 real problem.
21 Particularly with mental health, the
22 concern is a very very big stigma, and we work with
23 individuals on a daily basis. We are having hard time
24 to encourage them to discuss about it, to work on
25 those issues. I couldn't imagine how you're going to

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1 get to reach by Michigan Rehab Services or other
2 organization or agency that serving people with
3 disabilities.
4 We cannot ignore that, because they
5 are there. We have to figure out ways to reach out
6 and serve that particular group, because I think many
7 people have the potential, but they're staying home
8 because the family doesn't want to deal with it.
9 MR. HWANG: Do your agencies have
10 performance requirements that you have to meet from
11 the Michigan Rehab?
12 MS. WU: Yes. I wouldn't say it would
13 be very specific performance, but we have to report
14 our outcome. If the persons that require service from
15 us is for vocational recommendation, at the end of
16 each program, the referring counselor will give us
17 feedback. They will evaluate each services that's
18 provided.
19 They also evaluate how well our
20 successful placement rates is going to be.
21 They also evaluate us on not
22 consumer's input on our services. From our end, we
23 also provide information on what our consumers say
24 about our services, each individual that will be
25 serving by us by our services and we do provide this

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1 information.

2 MS. CRONK: Our agency has a couple of

3 contracts, I believe, with the local district office

4 of MRS that have expected outcomes at the end of the

5 fiscal year and a report and numbers and all of those

6 things that they expect at the end of the year, are in

7 place. And I expect if they aren't satisfactory, then

8 they don't renew the contract.

9 For just our regular services, they

10 just refer them over there and we do what we can do,

11 and that's not an issue at that point.

12 MS. OLIVAREZ-MASON: What is the

13 breakdown of Peckham of your staff? What is the

14 breakdown of minorities?

15 MS. WU: Staff members or the consumer

16 we serve?

17 MS. OLIVAREZ-MASON: No, the staff.

18 MS. WU: I'm sorry, I did not bring

19 the statistics for you. I could provide it later.

20 It actually is a very interesting

21 thing is at Peckham, we probably are the most diverse

22 organization or business or whatever you call it, in

23 the whole City of Lansing.

24 From the top of my head, I remember

25 the most recent pool number is, the persons we served,

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1 there's a 51 percent of minority race. Only 59 is the
2 majority, but I couldn't give you any further
3 breakdown for the Hispanics or the Asian. I know
4 Asian is probably going to be about 20 percent, which
5 is, off the top of my head, at least minimum of that
6 rate.
7 The staff member, again, you can look
8 at me and know we have a very interesting people of
9 different background, because many times we tend to
10 promote, we think. And because of our relationship
11 with different community organization, we actually, in
12 our management staff, we have quite a few people from
13 the different race. So I could provide that after the
14 meeting.
15 MR. BULKOWSKI: To kind of follow up
16 on what the Chairperson had asked, the contracts that
17 you have with Michigan Rehab Services, do you know if
18 those are competitive contracts? Is there somebody
19 else out in the community that's going to do this? If
20 you don't meet the standards and the local district
21 manager says you're out, who else is out there? And
22 is that a reality?
23 MS. WU: You know, actually, I really
24 wouldn't call it a contract. It's some kind of
25 agreement that we will provide services to their

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1 clients. Typically they do not make commitments, how
2 many clients are we going to refer client. They did
3 not make any commitments to us. We only refer clients
4 to you for, say, services.
5 I would say 10 years or 20 years
6 back, that's probably not the same story at those
7 times, the only the available game in town. So pretty
8 much, if that's the kind of service they're looking
9 for that particular person, they come to Peckham.
10 But today MRI is shifting their
11 philosophy. They want to go out and make choices for
12 their consumer, which we agree with that concept.
13 They want to use a different kind of vendor for
14 services. They have choices, so there is competition
15 there.
16 I would say Peckham is larger
17 organization. We are seeing, we are witness to
18 smaller service provider in our community that's
19 popping up.
20 So I'm saying there's a natural check
21 and balances. If they feel particular agency may
22 provide a more appropriate service for the person,
23 they naturally going to chose that. They did not make
24 any commitment for services at Peckham's door at all.
25 MR. HWANG: Another question.

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1 MS. HaAJLUNI: Is Peckham
2 Industries -- do you receive any funding from the
3 federal government and state government?
4 MS. WU: Yes. Right.
5 MS. HaAJLUNI: Or is this entirely
6 private nonprofit?
7 MS. WU: Well, Peckham is a private,
8 nonprofit organization. So the service that we
9 provide mostly are fee for services, so only when they
10 send us clients, then we will charge for the fee.
11 And most other things, we will pretty
12 much have to earn every dollar, every dollar that is
13 our organization's revenue.
14 MR. MARTIN: In terms of the
15 population, are you at capacity? Is there a waiting
16 list for your services?
17 MS. WU: We currently have no waiting
18 list. Actually, we have never had any waiting list.
19 This is a difficult question to answer.
20 They are certain programs that you
21 only staff to a certain level, and you have to
22 cultivate the referral pool so you have a continuous
23 flow. But I would say there isn't any reason for
24 anyone to wait or for anyone waiting to come to our
25 program.

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1 MR. MARTIN: In terms of the
2 manufacturing and custodial services, how are those
3 disabled persons compensated?
4 MS. WU: They will be paid -- on the
5 custodial work, they will be paid -- for most of the
6 worker, we currently have about 160 full-time
7 positions that's out with the community cleaning,
8 different office settings. Some are office settings;
9 some are private businesses.
10 That 160 custodial workers, about 150
11 pay competitive wage plus fringe benefit which
12 includes the health insurance. There are about eight
13 workers are being paid on a deviated wage, because
14 they are significantly lower than the required
15 productivity level.
16 For them it is a choice to work in
17 the community, so we will have to perform time study
18 in setting the standards according to the Department
19 of Labor, and we have to do the time study at the
20 minimum of six months to determine the person making
21 progress and adjust the wage rate for the particular
22 time study result.
23 So there is a prevailing wage we set
24 for the custodial job. If a person's time study
25 perform at 50 percent, we will pay that person 50

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1 percent from the time study from the prevailing wage.
2 However, 160 workers out of 150 are
3 being paid a competitive rate. Only the 10 individual
4 are being paid efficiency rate basis.
5 In the manufacturing operation, we
6 have similar way. The manufacturing, you are able to
7 use the piece-rate system to measure a person's
8 productively level, so anybody that's performing at --
9 industrial rate, again, that's following with the U.S.
10 Department of Labor's guideline.
11 MR. MARTIN: Is that Davis Bacon or
12 some other area?
13 MS. WU: I beg your pardon?
14 MR. MARTIN: Davis Bacon, the
15 prevailing wages, the Davis Bacon Act, or is there
16 something --
17 MS. WU: I'm not sure what the name of
18 the act, but we follow whatever guideline that the
19 Department of Labor gave us that we follow the time
20 study procedure, and we used the performance
21 measurement, three stations set up to conduct time
22 studies.
23 So if a person's performing at about
24 near competitive, which would mean about 80 percent,
25 around 80 percent of competitive norm, that person

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1 will be paid a guaranteed, guaranteed minimum wage
2 plus piece, because we have many people actually
3 performing higher than that standards.
4 So whichever rate -- some people, if
5 you pay them as a piece-rate basis, actually that
6 comes out higher than minimum wage.
7 But that group, people who have near
8 competitive work speeds, they will be paid a
9 guaranteed minimum wage plus piece rate, plus
10 insurance, the fringe benefit package.
11 Now, for people who are
12 significant -- aren't significant, they will be paid
13 on the piece-rate basis, and as they improve, the
14 rates going to be changed.
15 MR. HWANG: Ms. Thomson.
16 MS. THOMAS: How many employees do you
17 have?
18 MS. WU: You mean the workers that
19 we're training in our manufacturing facility?
20 MS. THOMAS: It sounds like you had
21 160 people doing custodial work.
22 MS. WU: Right. Um-hum.
23 MS. THOMAS: And this is all they can
24 do is custodial work?
25 MS. WU: No.

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1 MS. THOMAS: Do you train them for
2 other things?
3 MS. WU: Yes, exactly. We're talking
4 about choices and we're talking about first step.
5 This is the group of people -- remember, when Michigan
6 Rehab Services refer us a person, if the person
7 expressed interest --
8 MS. THOMAS: Okay. Okay. I don't
9 want to cut you off, but I don't want to take you to a
10 the long thing either. The piecework deal, what is
11 that?
12 MS. WU: The piecework?
13 MS. THOMAS: Yeah, that's what you
14 said.
15 MS. WU: In most of the manufactured
16 environment, you have a set of standards so you know
17 how well your workers perform. Many many of the
18 industries, they are certain standards, so you know
19 for this job a worker ought to be performing at how
20 many pieces an hour as a way to measure your workers'
21 productivities.
22 Being a vocational rehab
23 organization, we are allowed to follow the U.S.
24 Department of Labor's regulation to gave a wage.
25 To people who don't have the required

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1 productivity to be employed by other employers, we are
2 able to provide the training opportunity when they are
3 too slow to work with them, to improve their speeds,
4 improve the work behaviors, improve the basic work
5 skills.
6 Hopefully, we get their speeds up,
7 get them ready. They'll be able to pursue employment
8 hopefully outside of a rehab organization. Because
9 the mainstream, the job coming into this, the ultimate
10 goal for most of our people, that's what we shoot for.
11 Back to your questions on the
12 custodial work, that is intermediate step for many
13 people. At least we hope for many people is
14 intermediate step, to gain successful work
15 experiences, to of something to put on your resume'
16 and your job application.
17 MS. THOMAS: Okay. Help me out. Is
18 this a business that you run and you have people
19 coming in that work for you to do this, and then after
20 they are trained in, they go find a job some place
21 else?
22 MS. WU: Yes. It's kind of
23 complicated. We play a dealer role. We are
24 rehabilitation organization first. However, to be able
25 to provide good realistic training program -- we're

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1 going to teach a person skills. It's much better
2 teaching them with a real job.
3 You can't teach really in a classroom
4 setting, so we use our manufacturing facilities. We
5 use some of the custodial work. Sometimes we'll do it
6 in community. Somebody who has the training, one who
7 has the training to be lab technician, but have some
8 deficits area to be worked out --
9 MS. THOMAS: Does your company qualify
10 to train people as lab technicians?
11 MS. WU: No, we have not, we
12 definitely have not.
13 MR. HOLLIDAY: They work like Focus
14 Hope.
15 MS. THOMAS: Oh, I'm sorry. They
16 train.
17 MR. HOLLIDAY: They train them, and
18 they also have people that are doing productive work
19 and they get paid.
20 MS. WU: So we have a realistic work
21 environment to provide training. So to have a
22 realistic work, we have to be kind of the employer and
23 also service provider. And that's kind of why our
24 company mission, we call ourself a blend, a unique
25 blend of human service agencies and businesses.

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1 MR. HOLLIDAY: That's a great
2 organization.
3 MR. KOBRAK: I'm going to take you
4 back to the comment you made that the people are kind
5 of caught in all of these services that they're
6 getting, income and the various health and other
7 services, that they're not going to be able to afford
8 to lose if they go to work. It's really a dilemma;
9 isn't it?
10 MS. CRONK: Absolutely. It's a Catch
11 22.
12 MR. KOBRAK: So my question to you,
13 you've obviously done a lot of thinking about it, and
14 it's particularly important to minority people --
15 MS. CRONK: Absolutely.
16 MR. KOBRAK: -- who have more to
17 lose. What's the way out, from a policy standpoint.
18 MS. CRONK: First off, we need to do
19 away with that substantial gainful activity thing with
20 Social Security and do something more realistically
21 like they do people who are retired. You can earn up
22 to $8,000 once you're 62, and after you earn over
23 that, you lose $1 out of every three you earn above
24 that.
25 Something more realistic than a five

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1 hundred dollar substantial gainful activity level is
2 an absolute necessity.
3 Secondly, folks need to be able to
4 keep their Medicare, and they need to -- since many
5 employers now -- a lot of folks can't work full-time,
6 so they're not going to get benefits offered to them.
7 We need to have some mechanism so
8 that they, in addition to their Medicare for
9 hospitalization, they will have a way of accessing
10 prescription drugs, because for myself, prescription
11 drugs keep me alive. And there are many people like
12 me in the community.
13 And if we don't have access to our
14 prescription drugs, we don't stay alive and we don't
15 state out of the hospital.
16 So those are the three things we need
17 to put into place, is get rid of that silly SJA of
18 $500 a month and do it the way they do with the
19 retirement income. Let them keep Medicare and maybe
20 pay a portion to keep it and then find some mechanism
21 to people who can't work full-time and get benefits,
22 can find a means of keeping prescription drug
23 benefits.
24 MR. HWANG: Any last questions? Thank
25 you very much.

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1 MR. MARTIN: Thank you.
2 MR. MINARIK: Let's break for five.
3 MR. HWANG: Okay. We're now at the
4 public session --
5 MR. MINARIK: Break for five.
6 (Whereupon, a brief recess
7 was taken.)
8 MR. HWANG: We're now at our public
9 session. I'd like to recognize Mr. Duncan Wyeth.
10 Welcome.
11 MR. WYETH: Good afternoon.
12 MR. HWANG: Mr. Wyeth, if you would
13 spell your name for the reporter, please.
14 MR. WYETH: W-y-e-t-h.
15 Just so you know a little bit about
16 my background, I'm currently the specialists in
17 consumer customer relation for the State Rehab Agency,
18 formally the director of the client assistance program
19 before we externalized that program over protection
20 and advocacy. And I also serve as the Governor's
21 appointment and vice-chair of the State Developmental
22 Disabilities Council.
23 As I listened to the groups today and
24 different individuals presented, there were a number
25 of issues that came up that I wanted the opportunity

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1 to address, because I think you and your role and
2 state civil rights body, all too often, I think we
3 have failed to effectively link the disability
4 movement with the civil rights movement.
5 And on the national level, I've
6 always been very impressed by Ralph Needs (phonetic),
7 who is the executive director of the leadership
8 conference, because I think he was one of the very
9 first individuals on the national level to recognize
10 the struggle for disability rights is, in fact, a
11 civil rights issue.
12 The one thing that I as a white male
13 have in common with an Asian woman or African/American
14 male is that each of us has experienced the social
15 process of stigma, and that stigma has been the result
16 of a single characteristic, either our gender or our
17 race or our disability. And that single
18 characteristic has in our culture a halo effect on
19 social lives and in our educational environment and
20 our work environment.
21 So that stigma is the common
22 denominator in our respecting our struggles for civil
23 rights.
24 In the language of the street, we
25 talk about dissing (sic) my singing or dissing this or

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1 dissing that. I would suggest that what we do is we
2 dis (sic) the abilities of the people who happen to
3 experience a disability in their life.
4 And the focus tends to be all to
5 often in the medical realm or in the social realm, the
6 focus becomes the disability rather than the ability.
7 And I think the best way for me to illustrate that --
8 I'm always amused by the discussion
9 of severity. It's kind of like the medieval
10 discussion about the number of angels that can dance
11 on the head of a pin. In my own life, I have cerebral
12 palsy. It affects my balance, my walking, my fine
13 motor control. But when I go to bed at night to
14 sleep, I experience absolutely no handicap or
15 disability because of my cerebral palsy.
16 In my work environment as an advocate
17 for persons with disabilities, I would suggest to you
18 that my cerebral palsy is a significant advantage.
19 Just as you, sir, if you were director of an Asian
20 study center, I would suspect that you're Asian
21 heritage would be a real asset in that area.
22 So my disability experience is an
23 asset in my area, but I also assure you if you were
24 wheeled into a hospital surgical room, and you looked
25 up and me and saw a slight tremor in my hands, and I

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1 informed you that I was about to do the brain surgery
2 that you need, that you would look at me as probably
3 rather severely disabled at that point.
4 Severity is a very relative term.
5 There are no absolutes in terms of severity. I would
6 suggest to you that Shaquille O'Neal is severely
7 disabled when it comes to being a jockey.
8 We all have characteristics, and the
9 real issue is not whether or not that characteristic
10 is, in of itself, severe. The issue is whether or not
11 the social and physical environment that we're in
12 causes that characteristic to interact with that
13 environment in such a way as to present a
14 disadvantage.
15 One of the issues that we're trying
16 to impress, you raised the question earlier about
17 several times today, about the number of people
18 needing services, and the number of people actually
19 being served by the rehab system.
20 Historically we have developed in
21 this country, a number of disability specific
22 programs, rehabilitation, special education, etc., to
23 respond to the fact that historically people with
24 disabilities were either underserved or unserved in
25 our culture.

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1 So we have developed a whole series
2 of specialized programs to deal with squeaks in the
3 hall, specialized programs to specifically remedy that
4 underservice on nonservice.
5 I would suggest that in 1998, those
6 specialized programs have, in fact, themselves at
7 times become a barrier to further progress, and in the
8 employment area we see that now, where all too often,
9 if somebody with a disability wheels in, walks in or
10 contacts an employment service and identifies himself
11 as having a disability, that employment service
12 automatically says, oh, you need to go to
13 rehabilitation or vocational rehabilitation.
14 What I think we need to be about in
15 this country, when people with the disabilities, is
16 the same thing we've done with other minorities, and
17 that is to change the system so that persons with
18 disabilities will be fully included in the mainstream
19 service delivery.
20 One of the reasons rehabilitation or
21 the state rehab agency cannot serve all the people out
22 there with employment disabilities right now, is
23 because the rest of our system does not adequately
24 serve those -- let's take me.
25 Coming out of a family with a father

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1 who was a college professor and mother who was an
2 elementary school teacher, yes, I was a client of
3 Michigan Rehabilitation Services, and I received very
4 good services from the agency. But there were other
5 options available to me.
6 And for many people with disabilities
7 there are other options available to them, but those
8 options aren't necessarily currently equipped to
9 address those issues.
10 Mr. Davis talked about an effort
11 that's ongoing right now to work with the Jobs
12 Commission to talk about ways that the whole range of
13 employment services in Michigan might better integrate
14 persons with disabilities, so that the state agency,
15 rather than becoming the first service delivery system
16 for persons with disabilities, might be just one
17 component of employment services.
18 And the component that would focus on
19 those individuals who may need specialized services to
20 the many people with disabilities, when appropriately
21 accommodated, should be able to receive those services
22 across the board.
23 We are in a situation right now, I
24 think you who deal with civil rights on a daily basis,
25 know that we're dealing with a number of backlashes in

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1 the country right now, backlash in terms of racial
2 issues and gender issues and also disability issues.
3 There are numerous efforts in the
4 Congress within the last two years, to restrict the
5 coverage of the Americans with Disabilities Act. And
6 it's kind of ironic that that backlash in the
7 disability or the civil rights area is coming at the
8 very same time that we're experiencing a major crunch
9 in terms of qualified employees, that there are jobs
10 going begging in our society.
11 And as I look around the room and
12 many of us age out of the workforce, that that
13 pressure on the system to provide qualified employees
14 theoretically should open opportunities for
15 minorities, including persons with disabilities, but
16 we have a counterbalance to that, in that we have a
17 backlash in terms of the provision of services and
18 supports to many of those minority groups to move into
19 the labor market.
20 We have talked today several times
21 about somebody completing, successfully completing a
22 rehab program, and being "successfully rehabed." For
23 me, that's kind of strange, because my definition of
24 rehab is to restore to the original condition, and I'm
25 not too sure my mother would be enthusiastic about

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1 that, since my disability occurred during labor. So
2 rehab for me is going to put me back in the womb.
3 And I think sometimes we get caught
4 in assumption that if somebody completes a training
5 program and is successfully placed in employment for
6 60, 90 days or six months, that they are,
7 therefore, "rehabed."
8 We should know now that work is a
9 lifelong experience, and that many of us are going to
10 change jobs four or five times in a lifetime, that
11 rehab, therefore, in my mind, never has a beginning
12 and an end, unless we talk about birth and death, that
13 there's a likelihood that there's going to be a
14 recurring need for intervention, sometimes specialized
15 and sometimes general, to ensure that persons with
16 disabilities can complete effectively in the
17 marketplace.
18 I did want to make one other comment,
19 too, and that's a comment about the issue of
20 customers. One of my concerns as a person with a
21 disability is, I think one of the most important
22 outcomes of successful civil rights legislation, and
23 successful civil rights legislation implementation, is
24 that there will be systems change.
25 And all too often, I think in our

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1 current job training programs we end up doing some
2 really good individualized service delivery and
3 training, but we never quite get to the point of
4 affecting significant systems change.
5 And now I'm circling right back to
6 where I began, and that is, that if we continue to
7 have segregated programs that are seen as the primary
8 system for a given minority either racial or gender or
9 disability, we never quite break out of that
10 paradigm.
11 We always end up delivering
12 individualized services rather than changing the
13 system, so that the system philosophically, as well as
14 functionally, changes to accommodate that wide range
15 of diversity.
16 And I think the challenge for us is
17 to look beyond -- is to look at our current programs
18 and see how those programs can more effectively affect
19 a systems change.
20 One of the inherent conflicts we have
21 right now in the rehab program from a civil rights
22 perspective -- that's what I'm talking about here --
23 that we have an important piece of legislation in the
24 Americans with Disabilities Act. The Americans with
25 Disabilities Act specifically is a nondiscrimination,

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1 civil rights piece of legislation designed to change
2 the way America does business.
3 But for the state rehab agencies
4 across this country, one of their primary customers
5 are, in fact, businesses, which means that the trained
6 rehab professional has an inherent conflict in their
7 job, because at the very moment that rehab
8 professionals across this country could have a
9 significant impact on this system in terms of changing
10 it and in terms of actualization of ADA, there is an
11 inherent drag on this system to do this.
12 Here's an example. If I'm working
13 with you as a business, and I'm working with you to
14 place my customer with a disability, I have an
15 inherent disincentive to also talk to you about how
16 you are not in compliance with the ADA, and that works
17 against systems change in terms of the environment
18 becoming more user friendly, more employment friendly
19 for persons with a disability.
20 And I think one of the big challenges
21 that we have in the rehabilitation system, and what I
22 think today was all about, is finding, how do we link
23 and marry the rehabilitation delivery system with the
24 civil rights efforts in this country?
25 We have to find creative ways to move

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1 beyond those inherent conflicts between customers, and
2 to bridge those various customers so that we do a
3 better job in implementing the civil right legislation
4 environment.
5 MR. HWANG: Thank you for your
6 comments. Any questions?
7 MR. BULKOWSKI: If I could just ask
8 one. Thank you, Duncan.
9 You're working with MJC and making
10 sure all services are open to families with
11 disabilities. Are you also working with FIA, Family
12 Independence Agency in all the Project Zero stuff
13 that's going on?
14 The word I hear is, that folks that
15 are moving off of welfare are being encouraged highly
16 to move off welfare. And a person with a disability
17 who is also on welfare attempts to get those added
18 jobs or employment services, they're automatically
19 exempted and told, you're not eligible for FIA's help
20 to get a job. Go see MRS. Are you aware of that and
21 are you working with FIA to say --
22 MR. WYETH: I'm aware of that inherent
23 conflict in our public policy. That was what June was
24 talking about earlier in terms of disincentives.
25 We live in a culture that puts a very

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1 high premium on employment. Almost every one of us,
2 if asked on the streets, what do you do in life, we'll
3 first and foremost talk about our job. We won't start
4 off by saying, I'm a mother, a wife, I'm a father, I'm
5 a husband, I'm a, you know, I'm a deacon at the church
6 or whatever.
7 We inherently define our value in
8 this society in terms of what we do in field of work,
9 so this is a critical area to self-concept and how we
10 value people in our society.
11 But then we turn around and
12 promulgate a public policy that says work is very
13 important. We want everybody to have the opportunity
14 to work, but by the way, if you have a disability,
15 you're exempt from the programs.
16 We have conflicting programs. We
17 have two million dollar national program over here
18 designed for vocational rehab, designed to get people
19 with disabilities into work. And then we have another
20 major social welfare-to-work program. We're basically
21 saying, you've exempted them.
22 And for a person with disability that
23 creates a lot of mixed messages.
24 MR. MARTIN: What amendments to ADA
25 are being proposed to congress?

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1 MR. WYETH: Congress, currently there
2 are some major efforts underway in Congress to water
3 down some of the transportation accessibility issues,
4 that there are members of Congress who are arguing
5 that that creates an undue hardship on the
6 transportation industry to put lifts in buses and
7 fixed rail systems and stations accessible.
8 But you've also heard today how
9 critical transportation to employment, so once again,
10 it's a backlash issue being presented and with the
11 issue of economic saving and economic relief, that the
12 bottom line is, it still ends up excluding people from
13 participation in the mainstream side.
14 MR. HWANG: Any other questions?
15 MR. KOBRAK: Just one final comment,
16 and that is for you and a number of the others in this
17 room. The quality of the testimony today, the
18 knowledge, the insights, the concern, are as high as
19 any issue that I've heard discussed before this panel
20 over the last seven or eight years.
21 You're clearly, as a group of
22 individuals, going to be part of the solution of a lot
23 of this. I was very impressed.
24 MR. WYETH: I did want to make one
25 comment.

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1 You had asked the question earlier
2 when Mr. Davis was up here about the direct financial
3 payments that come to the state as a result of the
4 rehab program. And he and I were talking later, and
5 there is one such issue.
6 Currently, if a state rehab agency
7 successfully counsels, trains, and places a person
8 with a disability, and that person, as a result of
9 that placement, is removed from being a recipient of
10 Social Security payments, the Social Security
11 Administration reimburses the state agency for the
12 cost of that rehabilitation.
13 So there is a direct financial
14 payment to the state, and that's not just Michigan.
15 It's across the board. There is a direct financial
16 payment for a successful rehabilitation. And,
17 obviously, that is done because that's cost effective
18 in the long-term, to get someone off of Social
19 Security payments and into a situation of being a tax
20 payer. Thank you.
21 MR. HWANG: Any other people to
22 comment? We stand adjourned.
23 (Proceedings concluded at 4:25 p.m.)
24
25

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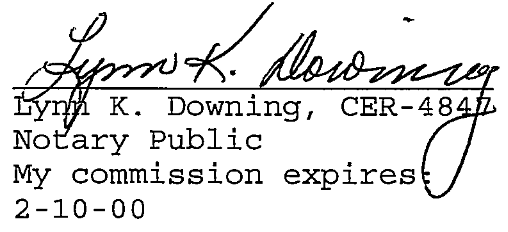
CERTIFICATE OF RECORDER

STATE OF MICHIGAN)
ss
COUNTY OF INGHAM)

I, Lynn K. Downing, hereby certify that on the date and at the place hereinbefore set forth, I reported with audiotapes and stenographically the proceedings held in the matter hereinbefore set forth; and that the testimony so recorded was subsequently transcribed under by direction and supervision, and that the foregoing is a full, true and accurate transcript of my original tape recordings and stenographic notes.

DATE: July 22, 1998



Lynn K. Downing, CER-4847
Notary Public
My commission expires:
2-10-00

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REMARKS OF ELIZABETH O'HARA,
EXECUTIVE DIRECTOR OF THE MICHIGAN ASSOCIATION
OF CENTERS FOR INDEPENDENT LIVING (MACIL)
BEFORE THE MICHIGAN ADVISORY COMMITTEE
TO THE UNITED STATES COMMISSION ON CIVIL RIGHTS
JUNE 25, 1998

I WOULD LIKE TO THANK THE MICHIGAN ADVISORY COMMITTEE FOR THIS OPPORTUNITY TO COMMENT ON THE TOPIC OF REHABILITATION SERVICES TO MICHIGAN RESIDENTS WITH DISABILITIES. IT IS OUR UNDERSTANDING THAT THE PRINCIPAL FOCUS OF THE COMMITTEE'S FACT-FINDING EFFORT IS THE GEOGRAPHIC AREA OF EATON, INGHAM AND CLINTON COUNTIES, AND I NOTE THAT YOU HAVE REPRESENTATIVES OF LOCAL DISABILITY ORGANIZATIONS SCHEDULED TO SPEAK THIS AFTERNOON. AS THE EXECUTIVE DIRECTOR OF A STATEWIDE ASSOCIATION , I WILL CONFINE MY REMARKS TO A FEW GENERAL OBSERVATIONS.

MACIL REPRESENTS TEN FULLY DEVELOPED CENTERS FOR INDEPENDENT LIVING IN COMMUNITIES THROUGHOUT THE SOUTHERN HALF OF THE LOWER PENINSULA. THE ASSOCIATION IS ALSO PROVIDING TECHNICAL ASSISTANCE TO NEWLY DEVELOPING CILS. THE FOUNDATION OF CIL PLANNING, POLICY AND OPERATIONS IS THE INDEPENDENT LIVING PHILOSOPHY: THAT DISABILITY IS A NATURAL PART OF THE HUMAN EXPERIENCE; THAT PEOPLE WITH DISABILITIES HAVE A RIGHT TO LIVE AND WORK IN THE MOST INDEPENDENT AND SOCIALLY INTEGRATED

SETTING AS POSSIBLE; THAT IT IS NOT THE INDIVIDUAL WITH A DISABILITY THAT NEEDS TO BE FIXED, BUT THE LARGER ENVIRONMENT WHICH POSES BARRIERS TO OPPORTUNITY AND TO INTEGRATION INTO THE COMMUNITY; AND THAT THE PEOPLE IN THE BEST POSITION TO UNDERSTAND, ADDRESS, AND ULTIMATELY RESOLVE DISABILITY ISSUES ARE THOSE WHO ARE FACING THEM THEMSELVES.

IT IS FOR THIS REASON THAT CILS ARE GOVERNED AND STAFFED BY PEOPLE WITH DISABILITIES. THE GOVERNING BOARD OF THE MICHIGAN ASSOCIATION OF CILS IS COMPOSED PRINCIPALLY OF EXECUTIVE DIRECTORS OF CILS, A MAJORITY OF WHOM HAVE DISABILITIES. THEY MANAGE BUDGETS RANGING IN SIZE FROM SEVERAL HUNDRED THOUSAND TO A MILLION DOLLARS, AND SUPERVISE STAFF RANGING FROM LESS THAN A DOZEN, TO SEVERAL DOZEN. SOME OF THESE DIRECTORS HAVE BEEN TOLD IN THE PAST THAT THEY WERE ESSENTIALLY UNEMPLOYABLE DUE TO THEIR DISABILITIES. THEY WERE TOLD THIS BY PROFESSIONALS IN THE VARIOUS FIELDS OF DISABILITY SERVICES--SPECIAL EDUCATION, VOCATIONAL REHABILITATION, MENTAL HEALTH.

ED ROBERTS, WHO IS GENERALLY REGARDED AS THE FOUNDER OF THE INDEPENDENT LIVING MOVEMENT, WAS TOLD BY VOCATIONAL

REHABILITATION STAFF IN CALIFORNIA THAT HE WAS UNEMPLOYABLE. HE LATER BECAME DIRECTOR OF THAT DEPARTMENT. THE IRONY OF THAT STORY IS GREATLY ENJOYED WITHIN THE DISABILITY COMMUNITY; HOWEVER, THERE IS NOTHING FUNNY ABOUT THE LOSS OF OPPORTUNITY DUE TO THE LOW EXPECTATIONS OF "PROFESSIONAL" SERVICE PROVIDERS, AND THERE IS WIDESPREAD PERCEPTION THAT CHANGES IN ATTITUDE ARE HAPPENING ALL TOO SLOWLY.

MICHIGAN JOBS COMMISSION - REHABILITATION SERVICES IS A VALUED PARTNER OF THE INDEPENDENT LIVING MOVEMENT. WE APPLAUD RECENT INITIATIVES OF MJC/RS TO PROMOTE A CUSTOMER-DRIVEN SERVICE DELIVERY SYSTEM. WE ALSO STRONGLY SUPPORT EFFORTS AT THE STATE LEVEL TO IMPROVE THE RESPONSIVENESS OF WORKFORCE DEVELOPMENT BOARDS TO PEOPLE WITH DISABILITIES, AND WE HAVE PLEDGED TO WORK WITH BOB DAVIS, DIRECTOR OF REHABILITATION SERVICES, TO ASSURE THAT THERE IS TRULY "NO WRONG DOOR" FOR THOSE SEEKING ACCESS TO EMPLOYMENT SERVICES. LOCAL CENTERS FOR INDEPENDENT LIVING CAN PROVIDE SUBSTANTIAL HELP IN THE FORM OF COORDINATING SUPPORTS NECESSARY FOR JOB-READINESS, PROVIDING TECHNICAL ASSISTANCE TO EMPLOYERS IN THE AREA OF JOB ACCOMMODATIONS, AND EVEN, WHERE NECESSARY, IN

ASSURING THAT THE EMPLOYMENT SERVICES THEMSELVES ARE ACCESSIBLE TO CONSUMERS.

THERE ARE TWO AREAS IN WHICH THE ASSOCIATION SEES A PARTICULAR NEED FOR PROGRESS. FIRST, AS A REPRESENTATIVE OF CONSUMER-DRIVEN ORGANIZATIONS, WE CONTINUE TO BE DISAPPOINTED THAT RECRUITMENT BY REHABILITATION SERVICES RESULTS IN SO FEW STAFF WITH DISABILITIES. WE KNOW THAT MJC/RS SHARES OUR CONCERN IN THIS AREA, AND WE ARE READY TO WORK WITH THEM IN ANY WAY WE CAN TO ADDRESS THIS ISSUE.

SECONDLY, WE THINK THAT A GREATER UNDERSTANDING OF INDEPENDENT LIVING PRINCIPLES BY REHAB PROFESSIONALS WOULD GREATLY ENHANCE PROGRAM EFFECTIVENESS. PEOPLE WITH DISABILITIES, ESPECIALLY SEVERE DISABILITIES, NEED CERTAIN KINDS OF SUPPORTS IN ORDER TO LIVE AND WORK INDEPENDENTLY--WHETHER IT BE PERSONAL ATTENDANT SERVICES, ACCESSIBLE PUBLIC TRANSPORTATION, ASSISTIVE TECHNOLOGY, A RAMP AT THEIR FRONT DOOR, OR EVEN BASIC INFORMATION ON THEIR RIGHTS. A GENUINE COMMITMENT TO THE EMPLOYMENT GOALS OF PEOPLE WITH SEVERE DISABILITIES WILL, WE BELIEVE, MOTIVATE THE REHAB PROFESSIONAL TOWARDS PROBLEM-SOLVING IN PARTNERSHIP WITH THE CONSUMER.

PREOCCUPATION WITH THE COSTS OF SUPPORT SERVICES--THE "GATE-KEEPING" MENTALITY--WILL RESULT IN LOST OPPORTUNITIES, KEEPING CONSUMERS IN THEIR STATE OF DEPENDENCY AND INCREASING COSTS FOR TAXPAYERS OVER THE LONG RUN. WE CAN CITE AMPLE EVIDENCE OF THIS--FOR EXAMPLE, A JUST-COMPLETED STUDY OF THE "PERSONAL ATTENDANTS SERVICES REIMBURSEMENT FOR EMPLOYMENT PROGRAM" (PASREP), ADMINISTERED BY MICHIGAN CILS, HAS SHOWN THAT STATE FUNDS EXPENDED ON ATTENDANT SERVICES NECESSARY TO MAINTAINING PEOPLE IN EMPLOYMENT MORE THAN PAY FOR THEMSELVES IN THEIR RETURN TO THE TAXPAYER.

I OFFER THESE POINTS OF VIEW AS A REPRESENTATIVE OF GRASSROOTS CONSUMER-DRIVEN ORGANIZATIONS COMMITTED TO SYSTEMS CHANGE. WE WILL NOT ACHIEVE THAT CHANGE UNTIL EACH AND EVERY PROFESSION WHICH TOUCHES THE LIVES OF PEOPLE WITH DISABILITIES ACCEPTS AND RESPECTS THEIR RIGHT TO PARTICIPATE FULLY IN SOCIETY, TO HAVE CHOICES AND TO TAKE RISKS.

WE ARE SO USED TO COMPARTMENTALIZING WHAT WE CALL DISABILITY SERVICES. WE LABEL PEOPLE AND TRY TO RELEGATE THEIR NEEDS TO VARIOUS SEGMENTS OF THE BUREAUCRACY. THEN WE BECOME FRUSTRATED WHEN WE REALIZE THAT THEY CAN'T REACH

THEIR EMPLOYMENT GOALS BECAUSE THE JOB TRAINING SITE IS INACCESSIBLE, OR THEY CAN'T GET ACCESS TO THEIR MEDICAID SERVICES BECAUSE PUBLIC TRANSPORTATION IS INADEQUATE, OR WE CAN'T KEEP THEIR FAMILY TOGETHER BECAUSE AFFORDABLE, ACCESSIBLE HOUSING IS SIMPLY UNAVAILABLE.

WE WILL NOT HAVE ACCESSIBLE BUILDINGS UNTIL ARCHITECTS AND DEVELOPERS UNDERSTAND AND ADOPT THE PRINCIPALS OF UNIVERSAL DESIGN. WE WILL NOT HAVE A PROPERLY FUNCTIONING JOB MARKET UNTIL ALL OF OUR HUMAN RESOURCES ARE USED EFFICIENTLY, BY A CORPORATE AMERICA THAT FOCUSES ON ABILITY. WE WILL NOT HAVE ADEQUATE HEALTH CARE UNTIL DOCTORS AND INSURANCE COMPANIES UNDERSTAND WHAT IT TAKES TO ASSURE QUALITY OF LIFE FOR PEOPLE WITH DISABILITIES.

EACH OF THE TEN FULL-SERVICE CILS IN THE STATE HAS A WORKING RELATIONSHIP WITH DISTRICT OFFICES OF MICHIGAN JOBS COMMISSION/REHABILITATION SERVICES. WE HAVE BEEN WORKING WITH BOB DAVIS TO ENSURE A CONTINUING DIALOGUE ON OUR SHARED MISSION. I WANT TO EXTEND MY PERSONAL THANKS TO BOB FOR HIS WILLINGNESS TO CONFRONT ISSUES HEAD-ON, AND HIS VERY CONSTRUCTIVE APPROACH TOWARDS THE RESOLUTION OF DIFFERENCES.

I AM OPTIMISTIC THAT THIS PARTNERSHIP WILL ACHIEVE A GREAT DEAL OVER THE NEXT FEW YEARS, IN TERMS OF BOTH SERVICE DELIVERY AND THE PUBLIC DIALOGUE ON DISABILITY ISSUES.

THANK YOU VERY MUCH FOR THIS OPPORTUNITY TO PARTICIPATE IN TODAY'S HEARING.