

**Department of Human Services
Office of Rehabilitation Services
State Rehabilitation Council**

**Meeting Minutes March 10, 2009
4:00 P.M. – 6:00 P.M.**

Department of Labor and Training ~ 1511 Pontiac Avenue ~ Cranston, RI 02920

Present from the Council: Janice Belasco, Dr. Kate McCarthy-Barnett, Rocco Bruno, Stephen Brunero, Cynthia Cote, Linda Deschenes, Dr. Judith Drew, Jeanne Giroux, Anne LeClerc, Gary Levine, Lucille Massemينو, Dr. Mona Dorsinville-Phanor, Vincent Rossi, Catherine Sansonetti, J. David Sienko, Juan Troncoso, Mary Wambach

Present from the VR Agency: Ronald Racine

Guest: Dr. Jose Polanco

1. Call to Order - The Chair called the meeting to order at 4:10 P.M. Introductions of membership and guests followed.

2. Additions/Deletions to Agenda - Addition regarding upcoming events with the State Legislature.

3. Approval of Minutes - The minutes were approved for the February 10, 2009 meeting.

Motion

J. Belasco made a motion seconded by L. Massemينو and approved with abstentions by Dr. J. Drew, J. Giroux, and C. Sansonetti, to accept the minutes from the February 10, 2009 meeting.

4. Chair's Report - D. Sienko

The Chair reminded the membership that this is the time of year that the Council starts to work on assisting in the development of the State Plan and then moving forward with the Public Hearing for the Plan. We have also identified Co-chairs for all the committees. This will work well because it allows for two (2) people to work in cooperation on planning; not all the work falls on a single Chair.

There was some confusion about the Nominating & Leadership Development committee Co-chairs and L. Massemينو will confirm this with D. DiOrio and then let N. Baker and D. Sienko know.

Silvermoon Mars' grandfather passed away, and we want to extend our condolences to her for her loss.

It is also the time that the State Legislature is in session. N. Baker sent out an email about the legislative meeting today on House Bill 5641, however their website went down and the meeting was cancelled, unfortunately no one knew this until we all got there. After waiting for some time we asked when they would reintroduce this hearing but they could not tell us at this time.

Let me tell you what I know about House Bill 5641. Representatives Kenneth Carter, Eileen S. Naughton, and Thomas C. Slater introduced the bill. In essence what it does is amend the law that created the Office of Health and Human Services. If passed the bill would consolidate all of the health and human service agencies under the Secretary for Health and Human Services. This bill could have implications for the Vocational Rehabilitation Program (ORS). However, of equal concern are the divisions the bill would create under the

Office of Health and Human Services. It would shift a lot of power to the Secretary of Health and Human Services, which would result in decisions that used to be made by the body of the Legislature now going through just one person. There would be no legislative oversight. It also fails to address where fifteen (15) departments and their services would be held. It is not clear if ORS falls under any one of the divisions to be consolidated. And the lack of specificity in the bill relating to employment supports for citizens with disabilities is very troubling. It appears that the bill is not well thought out and the timing of such drastic changes would not serve people with disabilities very effectively.

This is one of those bills that makes people a little uneasy. Beyond the fact that this will give a large amount of power to one person, and there has been no coherent plan to consolidate these offices, it has not been shared with the public explaining how things will be done. Instead it is kind of setting up a structure before getting any feedback.

Discussion

M. Wambach: This is very concerning. One effect if this planned consolidation goes through, the people who are currently in authority positions in departments are probably going to retire. We don't have enough qualified people right now because of the retirements and cutbacks and this is going to add to the situation even more.

D. Sienko: It is worrying because it gives the Secretary the ability to appoint heads of agencies instead of the State Legislature so some might retire because of this. I did talk to Lorna Ricci and Bob Cooper. Bob shared with me their testimony. (Which was distributed to the membership). They both echoed our concerns and worry that the public is already being served ineffectively and now the State wants to go through a major restructuring without any feedback. It is poor timing to do this. Troublingly for this Council, we have no indication or plan as to what will happen with ORS. And since we just got some positions filled it seems poorly conceived and very badly timed to consider breaking up the Agency.

M. Wambach: Can we make a motion to act to carry a written comment on this bill?

D. Sienko: Yes, I would like the Council to consider written testimony on this bill, echoing what Bob Cooper has written. And secondly to express what kind of effects this would have for people with disabilities.

Dr. K. McCarthy-Barnett: Having something in writing that was voted on is critical at this point in time.

L. Masechino: There is much that is neglected in this planned bill. We are only scratching the surface since it is just coming up, but overall it does not look well thought out.

J. Troncoso: We can't be silent here. This has negative, wide-reaching implications to those we serve.

A. LeClerc: It didn't have a functional area for Medicaid or the Global Waiver. And the Governor's Commission didn't address the entire piece.

Dr. J. Drew: I find it striking that Rep. Naughton co-sponsored this bill. I am curious to find out how this was crafted because she has always been a supporter of us.

D. Sienko: I have a great deal of respect for Rep. Naughton and think she is inspired to be like Paul Sherlock. I wonder if she just saw the word 'disability' and signed on to it thinking it was a beneficial bill. A conversation may be a good thing with her to make sure we get further information. We should try to reach out to her but we need to keep focused on the timing on this so the motion could have that in it. Our fundamental problem is that without further information, we cannot support it.

M. Wambach: What is the understanding that we need? We need more information from Rep. Naughton, so I make a motion that we seek out more information and write a letter that we do not support this until we have further information.

D. Sienko: The motion will authorize preparation of testimony to address the deficiencies and timing of the legislation, and a comment regarding Medicaid because it does not clearly define the Medicaid function, separating elderly from long term care, and if we can find an appropriate way to say that we take issue with someone being in a position to hire people without broader public input. Although it does say, "...input subject to the advice and concern of the Senate". Maybe it is fair to say this means Senate approval, although it is unclear.

C. Sansonetti: I think we should stay away from the one person hiring and stick with the problems in addressing the departments.

The membership agreed with this.

R. Racine: Last night the [Governor's Advisory Council for the Blind](#) met and they worked out a letter. The Chair sent it out today. His concern was that the various agencies would be stuck in areas in a piecemeal way. I will pass this on to you through N. Baker.

Dr. J. Drew: I think it is important that we respond as a Council but individual emails and notes from our members are going to also help.

D. Sienko: That would be a parallel action.

M. Wambach: If you prepare something for the Council and then give it to everyone that way we can have talking points in front of us. We'll have the reports from the Governor's Commission and Advisory Council as well.

Motion

The motion put forth by M. Wambach and revised by D. Sienko was unanimously approved with abstentions from ORS personnel. The motion authorizes preparation of testimony to address the deficiencies and timing of the legislation of House Bill 5641, with an additional comment regarding Medicaid function, separating elderly from long term care.

5. ORS Director's Report - S. Brunero

[American Recovery and Reinvestment Plan](#) - We have gotten some more information with a few more details and it looks like we'll be getting one point seven (1.7) million for Vocational Rehabilitation in Rhode Island to help individuals with disabilities prepare for and sustain gainful employment. The State is setting up separate accounts to track the money being spent. We welcome the money; we really would like to get more staff. In order to improve our programs we need to have the staff supporting us. Right now we have less staff than we had five (5) years ago.

The Omnibus Spending Bill - Was sent back to the House last week. This bill has the funding for the VR programs. We believe it will pass but are cautiously waiting.

State Budget - As we speak the Governor is giving his budget presentation. We have talked about the House Bill 5641 just now and I have my own concerns and listening to you, now understand yours. There was talk before of splitting up the Agency and I don't think that is a good idea. I wish you all well with the endeavor to write testimony.

Personnel - We have hired a new Deputy Administrator, Kathleen Grygiel. Seventy-five (75%) percent of the positions we have appointed have come from within the Agency. We are getting very well qualified staff. We have three (3) new support staff starting.

D. Sienko: Any word on the supplemental budget?

S. Brunero: I think we will hear more after tonight's speech. There has been a reduction in the state workforce, twenty (20%) percent less than one (1) year ago. If there is going to be changes in retirement packages there will be more employees leaving. Folks who have many years as State Employees, could be impacted. And if there is a change in the structure of the departments, as was mentioned earlier, more would probably retire. We have lost seventeen hundred (1,700) state employees due to these cuts and changes thus far.

ORS/SRC Annual Report - The report is done and copies have been sent to the membership and our partners.

J. Belasco: The report was so well done. You added success stories this year that really showed the actual effects of the services at ORS on the consumers. One of my goals, on this Council, was for ORS to really highlight the success stories and this year you clearly did a wonderful job showing them.

S. Brunero: Thank you so much but the SRC deserves credit. With your guidance we have improved over the years. Also, Sharon DiPinto really does a good job putting it together in-house.

6. Guest Speaker Program - Dr. Jose Polanco

Private solo practice, Edgewood Medical LLC
251 Park Avenue
Cranston, Rhode Island 02905

Dr. Polanco is a 1998 graduate of the SUNY Medical School in Brooklyn, New York. He completed his residency in Internal Medicine at RI Hospital, Providence, RI in 2001. Dr. Polanco was Medical Director of the Notre Dame Ambulatory Center in Central Falls, RI. His research interests are in Health Literacy. Dr Jose Polanco is Board Certified in Internal Medicine, Clinical Assistant Professor of Medicine, and Brown School of Medicine certified.

I received my Doctorate in Brooklyn New York at the State University of New York Health Science Center. Most of my experiences have been with underserved, uninsured Latino populations. So I have some basic ideas, a general sense, as to what this Council does. For me when disability and employment are mentioned together, I think of a lot people. But what matters is how you define a disability and what it means to the individual and community. Different groups use different definitions so it becomes important to know who is giving the meaning of a disability. In the past year I have been doing the disability determination physicals, mostly muscular skeletal exams and some simple psychiatric testing. I base my recommendation based on the physical and cumulative records of the patients. But the legal limits are often not the same as a person's perceived abilities or disabilities. That goes back to the definition of disability.

If you look at the Latinos who are working and disabled the picture of need becomes clearer. We only have the 2000 census to go by and we know that this is out of date. But we know that the Rhode Island Latino population will double from 2000 to 2020. Disabled are defined in the census by type of disability, then by age group. In the primary working class, Hispanic 16 yrs – 64 yrs, thirty-three (33,000) thousand are disabled or have disabilities. Then they further broke it down by employment and self care limitations. Employment disability equals thirty-nine (39%) percent, Self Care Limitations and getting out of homes was thirty (30%) percent. You can see that we have a lot of people who need help.

We need to ask what are some of the ways that this population can be targeted for employment? Health care centers are the first place to reach out. Most of the folks are going to utilize health care facilities. Other places such as civic organizations and churches are areas that can be targeted to try to get more Latinos into the Vocational Rehabilitation (VR) system.

D. Sienko: Just to give you a brief background of this Council. We advise ORS to help them work with consumers with disabilities. ORS has different departments, [Disability Determination](#), [VR](#), and [Services for the Blind and Visually Impaired](#). One of the things we have been charged by the Federal Government to do is to outreach to minority and underserved populations. You are giving us new ideas as to how to reach out. One of the things I have struggled with is to learn how Latinos deal with disabilities. It struck me that in this culture a disability was a very private and personal matter and not something you traditionally talk to government about. Could you talk a little bit about that?

Dr. Polanco: Sure, I see both sides of the dilemma, but coming from that culture, I have the luxury of understanding both sides. You are correct, in the Latino culture they do not want to be labeled, they are private and they do not want outside people telling them what to do. Eighty (80%) percent of my practice is Latino. Connection with these people is critical and difficult. For someone coming from the outside, they almost always need to have someone from the inside helping them. It is so important to have that connection. I can't tell you how many people I know who are at home and don't know what agencies and services are out there to help them. Another thing that would greatly help this situation to get better is cultural competency training.

D. Sienko: Do you have a feeling where would be the best results to reach out to Latinos who have limited resources in Rhode Island?

Dr. Polanco: [Progress Latino](#), The Center for Hispanic Policy and Advocacy ([CHisPA](#)), community centers. [Casey Foundation](#), health centers like [Providence Community Health Center](#). They go there for help of all kinds

Dr. J. Drew: ORS is reaching out to get more people in the Latino community to be Rehabilitation Counselors. What is the best way to recruit?

J. Troncoso: Now more community groups are going into the high schools and talking about what is available for the students to go to university and what they can study. A lot of families do not know the system and how to go about getting into college. It is a good approach to get them interested at the high school level.

Dr. Polanco: I recruited five (5) doctors that were bilingual. I had to get creative and write to places all over the country to get them. It is still difficult. Brown University only just started an exchange program.

Dr. M. Dorsinville-Phanor: Many Hispanic and other folks from other cultures hold very advanced degrees but are not working yet. Another way to find them is from people in the medical community, physicians and psychologists.

M. Wambach: I know that there are many different groups from different Latino countries. Aside from language what do you recommend that we can do to extend a welcome to get families to come for assistance when they need it?

Dr. Polanco: Language is very important. In general for attracting different groups and where you have events is important. Events have to be in the community in places that they know; that is where you will have the best success.

A. LeClerc: Are there internship programs at ORS for high school students?

S. Brunero: There is a [State Internship Program](#) that Robert Gemma runs from the State House and we have used it before.

The Council thanks Dr. Polanco for his presentation and the useful information. It was an honor to have him at our meeting and he is welcome to attend whenever he can!

7. RIPTA Transportation Inventory and Coordination Project - A. LeClerc

The Rhode Island Public Transit Authority (RIPTA) put in for grant money to assist the State in undertaking a statewide assessment of existing and needed financial resources, program requirements and costs, and transportation solutions. The project will be designed to meet the following goals: inventory, policy, transportation providers, ongoing coordination, and reporting a summary. Other states have looked into this to try and get a handle on what they are spending and where they have gaps. We want to find out where money is going; who is eligible, where are the gaps, and what can we do with the money we have. Hopefully we will get information to look at the big picture.

(Handed out a RIPTA overview of a study that will be happening shortly).

D. Sienko: Please include this in the committee reports as we move forward.

8. Committee Reports - Were tabled due to lack of time.

9. Public Comment - None

10. Adjournment - The meeting was adjourned at 6:00 P.M.

Respectfully Submitted,



Nancy L. Baker, Staff
State Rehabilitation Council