



A Global Disability Resource and Advocacy Center

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DATE: March 3, 2019

TO: Senate Committee on Human Services

Re: IDSP POLICY POSITION (SB 707 With
One Recommendation)

ISSUER:

W. Kirt Toombs, MMDS, Chief Executive Officer, Eastern Oregon Center for Independent Living's (EOCIL) – Institute for Disability Studies and Policy (IDSP)

ISSUER BACKGROUND:

Eastern Oregon Center for Independent Living (EOCIL) is a global cross-disability resource and advocacy center that promotes independent living and equal access for all persons with disabilities. EOCIL has two primary functions:

1. To operate the Institute for Disability Studies and Policy (IDSP). Through the IDSP's core research and policy officers, the IDSP provides original and scholarly actionable research for disability

systems change to enhance independent living, equitable access to services and resources, and universal human rights;

2. To provide peer-based services to people with disabilities living in eastern Oregon. Based in Ontario, Oregon, with additional offices in Pendleton and The Dalles, EOCIL serves consumers in 13 central and eastern Oregon counties: Baker, Gilliam, Grant, Harney, Hood River, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco and Wheeler.

The IDSP is the location for disability research, education, and advocacy. The Institute provides actionable research that is disseminated to centers for independent living, other disabled persons' organizations (DPOs), and non-governmental organizations (NGOs).

The IDSP is an integral part of EOCIL and operates as the center's research and policy analysis entity. The IDSP intends to provide recommendations on behalf of Oregonians with disabilities.

IDSP POLICY POSITION FOR SB 707:

SB 707 establishes Youth Suicide Intervention and Prevention Advisory Committee. Directs advisory committee to report to Director of Oregon Health Authority each biennium with assessment on implementation of Youth Suicide Intervention and Prevention Plan and recommendations for administrative and legislative improvements. Directs Oregon Health Authority, in consultation with Youth Suicide Intervention and Prevention Coordinator and Youth Suicide Intervention and Prevention Advisory Committee, to report to Legislative Assembly regarding recommendations for legislative changes to address service gaps in youth suicide prevention, intervention and post-suicide activities. Directs Youth Suicide Intervention and Prevention Coordinator to consult with Youth Suicide Intervention and Prevention Advisory Committee regarding updates to Youth Suicide Intervention and Prevention Plan.

EOCIL's IDSP finds SB 707 would benefit students with disabilities with one recommendation.

1. EOCIL's IDSP recommends the Director of the Oregon Health Authority be directed to appoint a representative from Oregon's Independent Living

Program to the Youth Suicide Intervention and Prevention Advisory Committee.

Oregon's Independent Living Program is disability culturally responsive and provide protection and advocacy to individuals with disabilities. Youth with disabilities should be represented by Oregon's Independent Living Program.

Youth with disabilities and their parents are not aware of the State Independent Living Council (SILC) or Centers for Independent Living (CILs). Youth with disabilities are not aware of the role they have in the cross-disability independent living movement including, but not limited to, serving as a member of the SILC, participating in the development of the State Plan for Independent Living (SPIL), and having access to peer-based disability advocacy and support services.

Furthermore, Oregon's State Plan for Independent Living requires coordination between the Oregon Health Authority with Oregon's Independent Living Program, specifically, Oregon SILC and CILs¹.

The SILC is a Governor appointed body, offering people with disabilities control over the design of Oregon's Independent Living program services. The SILC is responsible for the development, implementation, and evaluation of the State Plan for Independent Living (SPIL) for Oregon's cross-disability Independent Living Program².

Centers for Independent Living (CILs) promote a philosophy of independent living, including a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual and system advocacy, in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities, and the

¹ State Independent Living Council (SILC) (2017). State Plan for Independent Living (SPIL) for Oregon for 2017 – 2019 (1.5 Cooperation, Coordination, and Working Relationships Among Various Entities).

² State Independent Living Council (SILC). https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SILC/Pages/about_us.aspx

integration and full inclusion of individuals with disabilities into the mainstream of American society.³

EOCIL's IDSP emphasizes OREGON DISABILITY STATISTICAL SNAPSHOT to support the urgency of why the Director of the Oregon Health Authority should be directed to appoint a representative from Oregon's Independent Living Program.

1. Adults with disabilities are more likely to report food insecurity; 17% of individuals report food insecurity; compared to 4% of their nondisabled peers
2. Positive youth development (PYD) is a significant protective factor for emotional well-being among youth. Youth without a disability are more likely to meet the benchmark for PYD; Positive youth development benchmark achievement by 35% among 11th graders with disabilities; compared to 68% of their nondisabled peers
3. Youth with disabilities are more likely to attempt suicide. 16% of youth with disabilities experienced suicide attempts among 11th grade youth; compared to 3% of their nondisabled peers.
4. EDUCATION (OREGON):
 - Narrative: Youth with disabilities are still falling through the gaps; CILS and their youth peer mentoring day, educational conferences, etc.
 - 5% of students with disabilities dropped out in 2016; compared to just 3% of their nondisabled peers
 - 4.7% Hispanic with disabilities dropout rate
 - 88% of girls and 75% of boys within the OYA have a diagnosed mental health disability
 - Adults living with a disability are less likely to have graduated from college; 15% of individuals with disabilities graduate college; compared to 32% of their nondisabled peers

³ 113th Congress of the United States of America (2013 – 2014). Workforce Innovation and Opportunity Act.

Mini-narrative: The overall socioeconomic cost of imprisonment, compared with CIL funding, is far higher.

5. SUICIDE (OREGON):

- Narrative: Mental health issues are a major concern; CILs provide peer-to-peer counseling/mentoring, mental health programs (HP – success), etc.
- 762 total suicides in 2017
- Cost \$740 million – work loss and lifetime medical costs
- 13th highest in nation
- 8th leading cause of death (statewide)
- 2nd leading cause of death for ages 15-34 (statewide)
- 3rd leading cause of death for ages 10-14 (statewide)
- 3rd leading cause of death for ages 35-44 (statewide)
- The highest suicide rates occurred among males aged 75 years and older, while among females the highest rate occurred among 45-54
- Narrative: Major concern is youth with disabilities/mental health issues; Boys are 4x more likely to commit suicide than girls; CILs are being innovative in reaching YwDs – i.e. leadership conferences, educational trainings, etc.
 - 71,805 YwDs (statewide); 13.8% of youth population
 - 97 youth suicides – 2014
 - 90 youth suicides – 2015
 - 98 youth suicides – 2016 (3 were in Malheur Co.; 11&10 in Multno./Washington Cos.; 11 in Lane)
 - 3-4% higher than the national average

6. ADVERSE CHILDHOOD EXPERIENCES (ACEs)⁴

- Early childhood experiences influence the developing brain, and adversity/trauma during sensitive periods of development can create toxic stress and interrupt normal brain development. Adverse childhood experiences (ACEs) are a root cause of many social, emotional, physical, and cognitive impairments that lead to increased incidence of developmental delays and other problems

⁴ Oregon Health Authority

in childhood⁵, as well as adult health risk behaviors (e.g. smoking, alcoholism), mental illness (e.g. depression and suicide), diseases (e.g. heart disease, cancer, diabetes), disability, and premature mortality.⁶ Understanding the prevalence and impact of ACEs can inform efforts to prevent trauma and promote individual, family and community resilience; as well as to create trauma informed systems and services.

- 12% of individuals with disabilities were sexually abused during childhood; compared to 4% of their nondisabled peers
- 36% of individuals with disabilities were physically abused during childhood; compared to 17% of their nondisabled peers
- 36% of individuals with disabilities in Oregon are more likely to have lower incomes; compared to 18% of their nondisabled peers

SYNOPSIS OF OREGON INDEPENDENT LIVING PROGRAM:

1. Oregon's Statewide Independent Living Council
500 Summer Street NE E-87
Salem, Oregon 97301
2. Oregon has 7 CILs providing five core services in 22 counties:
 - Abilitree (Deschutes, Crook and Jefferson Counties);
 - EOCIL (Baker, Gilliam, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa and Wheeler Counties);
 - HASL (Jackson and Josephine Counties);
 - ILR (Multnomah, Washington and Clackamas Counties);
 - LILA (Lane County);
 - SPOKES (Klamath Falls and Lake Counties)
 - UVDN (Douglas County)⁷.

⁵ <http://46y5eh11fhgw3ve3ytpwxt9r.wpengine.netdna-cdn.com/wp-content/uploads/2015/05/inbrief-adversity-1.pdf>

⁶ Felitti, Anda, Nordenberg et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study AM J of Prev Med, 1998

⁷ State Independent Living Council (SILC) (2017). State Plan for Independent Living (SPIL) for Oregon for 2017 – 2019 (pp. 40 – 44).

3. Oregon's CILs provide limited APD – ADRC contract specific services in 14 counties:
- EOCIL (Hood River, Sherman and Wasco Counties);
 - HASL (Curry County);
 - ILR (Clatsop, Columbia, Tillamook Counties);
 - LILA (Benton, Lincoln, Linn, Marion, Yamhill and Polk Counties);
 - UVDN (Coos County)⁸.

⁸ The Oregon Department of Human Services Aging and People with Disabilities (2016). Oregon CILs Service Area IR/IA Numbers 2016.

CENTERS FOR INDEPENDENT LIVING MAKE COMMUNITY LIVING POSSIBLE

WHAT IS COMMUNITY LIVING?

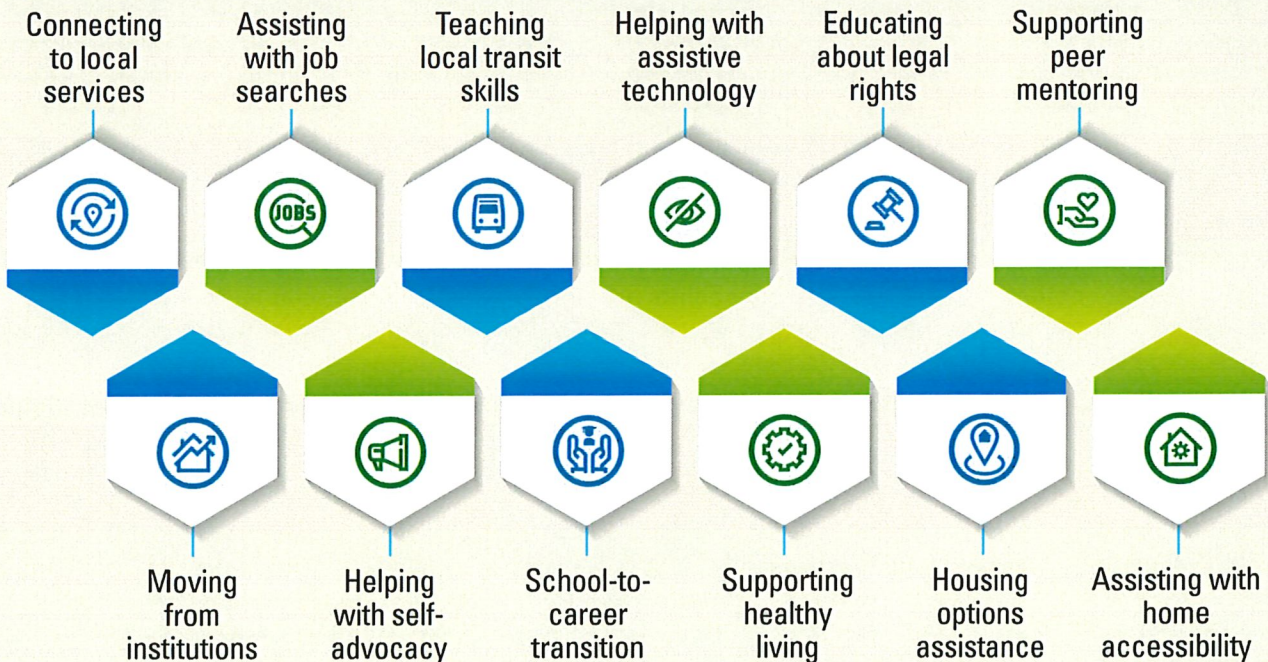
People with disabilities and older adults have the same opportunities as everyone else to:

- Choose for themselves where to live
- Earn a living
- Lead the lives they want
- Make decisions about their lives

WHY COMMUNITY LIVING?

-  People prefer it
-  It usually costs less
-  It's a legal right
-  Everyone benefits when everyone can contribute

HOW DO INDEPENDENT LIVING PROGRAMS HELP?



ADMINISTRATION OF COMMUNITY LIVING (ACL) INFORMATION ON INDEPENDENT LIVING PROGRAM:

Independent living can be considered a movement, a philosophy, or specific programs. In the context of ACL, independent living programs are supported through funding authorized by the Rehabilitation Act of 1973, as amended (The Act). Title VII, chapter 1 of the Act states the current purpose of the program is to “promote a philosophy of independent living including a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual and system advocacy, in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities, and the integration and full inclusion of individuals with disabilities into the mainstream of American society.”

In July 2014, the Workforce Innovation and Opportunity Act (WIOA) was signed into law, transferring the Independent Living programs, the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), and the Assistive Technology programs to ACL. WIOA also included statutory changes that affect independent living programs, including the addition of new core services (transition), shifts in the process of developing and adopting state plans and changes in the functions of the SILC.

ROLES:

The Statewide Independent Living Council is an independent entity responsible to monitor, review, and evaluate the implementation of the State Plan for Independent Living.

CILs:

Federal: Rehabilitation Act of 1973 as amended by WIOA, TITLE VII— INDEPENDENT LIVING SERVICES AND CENTERS FOR INDEPENDENT LIVING CHAPTER 1—INDIVIDUALS WITH SIGNIFICANT DISABILITIES: PART A—GENERAL PROVISIONS SEC. 701. PURPOSE. The purpose of this chapter is to promote a philosophy of independent living, including a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual and system advocacy, in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities, and the integration and full inclusion of individuals with disabilities into the mainstream of American society...;

Centers for Independent Living are consumer-controlled, community-based, cross-disability, nonresidential private non-profit agency that is designed and operated within a local community by individuals with disabilities, and provides an array of independent living services.

The State Plan for Independent Living must designate the DSE. Under WIOA, the SPIL is jointly developed by the chairperson of the Statewide Independent Living Council, and the directors of the Centers for Independent Living in the state, after receiving public input from individuals with disabilities and other stakeholders throughout the state. The SPIL is signed by the chair of the Statewide Independent Living Council (SILC or Council), acting on behalf of and at the direction of the Council and at least 51 percent of the directors of the centers for independent living in the state. The SPIL is also signed by the director of the DSE. By signing the SPIL, the director of the DSE agrees to execute the responsibilities of the DSE identified in the law. The responsibilities are:

- Receive, account for, and disburse funds received by the state based on the SPIL;
- Provide administrative support services for a program under part B, and a program under part C in a case in which the program is administered by the state under section 723;
- Keep such records and afford such access to such records as the Administrator (of ACL) finds to be necessary with respect to the programs;
- Submit such additional information or provide such assurances as the Administrator may require with respect to the programs; and
- Retain not more than 5% of the funds received by the State for any fiscal year under Part B for the performance of the services outlined in paragraphs (1) through (4). See Section 704 (c) of the Rehabilitation Act, as amended, 29 U.S.C. 796c(c).

SPIL:

Sec. 704(a) of The Rehabilitation Act, as amended requires the review and revision of the State Plan for Independent Living, not less than once every three years, to ensure the existence of appropriate planning, financial support and

coordination, and other assistance to appropriately address, on a statewide and comprehensive basis, needs in the state for—

(A) the provision of independent living services in the state;

(B) the development and support of a statewide network of centers for independent living; and

(C) working relationships and collaboration between—

(i) centers for independent living; and

(ii)(I) entities carrying out programs that provide independent living services, including those serving older individuals;

(II) other community-based organizations that provide or coordinate the provision of housing, transportation, employment, information and referral assistance, services, and supports for individuals with significant disabilities; and

(III) entities carrying out other programs providing services for individuals with disabilities.

CILs:

Federal: Rehabilitation Act of 1973 as amended by WIOA, TITLE VII— INDEPENDENT LIVING SERVICES AND CENTERS FOR INDEPENDENT LIVING CHAPTER 1—INDIVIDUALS WITH SIGNIFICANT DISABILITIES: PART A—GENERAL PROVISIONS SEC. 701. PURPOSE. The purpose of this chapter is to promote a philosophy of independent living, including a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual and system advocacy, in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities, and the integration and full inclusion of individuals with disabilities into the mainstream of American society...;

(2) CENTER FOR INDEPENDENT LIVING.—The term “center for independent living” means a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency for individuals with significant disabilities (regardless of age or income) that— (A) is designed and operated within a local community by individuals with disabilities; and (B) provides an array of

independent living services, including, at a minimum, independent living core services as defined in section 7(17);

(3) CONSUMER CONTROL. —The term “consumer control” means, with respect to a center for independent living, that the center vests power and authority in individuals with disabilities, in terms of the management, staffing, decision making, operation, and provisions of services, of the center⁹.

STATE AND FEDERAL MANDATES OF OREGON CILs:

CILs are federally mandated to jointly develop, implement, and evaluate Oregon’s 3-year State Plan for Independent Living (SPIL) with the State Independent Living Council (SILC) and Oregon Vocational Rehabilitation Services (OVRs). The 3-year plan is submitted to, and approved by, the Administration of Community Living (ACL).

Additionally, CILs are required to:

4. Provide the following services to Oregonians with disabilities statewide:
 - Information and referrals,
 - peer-counseling,
 - independent living skills training,
 - individual advocacy and systems advocacy
 - transitioning services (services that facilitate transition from nursing homes and other institutions to the community, provide assistance to those at risk of entering institutions, and **facilitate transition of youth to postsecondary life**;
5. Centers also may provide, among other services: psychological counseling, assistance in securing housing or shelter, personal assistance services, transportation referral and assistance, physical therapy, mobility training, rehabilitation technology, recreation, and other services necessary to improve the ability of individuals with significant disabilities to function independently in their family or community and/or to continue employment¹⁰.

⁹ 113th Congress of the United States of America (2013 – 2014). Workforce Innovation and Opportunity Act.

¹⁰ 113th Congress of the United States of America (2013 – 2014). Workforce Innovation and Opportunity Act.