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GETTING READY FOR WORK

YOUTH TRANSITION AND THE GUIDEPOSTS FOR SUCCESS

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>> CHRISTINA GORDLEY: Hello. I'm Christina Gordley and senior policy analyst with the Council of State Governments. Welcome to invite to the fourth webinar in our series in the recognition of the 30th an verse of the Americans with Disabilities Act. This past July 26th marked the 30th anniversary of the Americans with Disabilities Act and was the most comprehensive legislation in history. The ADA addressed areas such as employment, state and local government requirements, public accommodations, and telecommunications.

To celebrate this landmark legislation, the Council of State Governments in partnership with the US Department of Labors State Exchange of Employment and Disability or SEED is hosting a six‑part webinar series. We've already explored topics looking at the creation and principals of the ADA, the state as a model employer and transition to employment for youths and young adults. Those recordings and materials are available at our website. SEED.CSG.org. We're discussing stay at work/return to work policies and programs. Before we get started, I would like to draw your attention to a few House keeping items. There's closed captioning available. You can use the link available in the chat.

To reduce noise during the conversation, all participants will be muted during the webinar. We also ask that you please turn off your camera at this time, if possible.

The webinar will be available to view on our website with transcript and slides. The slides are available in accessible on our website. If you have any questions for our panelist or in general, please submit them through the chat feature. If you have technical difficulties or if you have a question about Zoom, please use the chat feature to type a question and CSG staff will get back to you as soon as possible.

As you utilize the chat for dialogue between participants and panelists, we ask you to keep the chat discussion on topic, as we will be monitoring the chat discussion. And we appreciate your cooperation to keep the dialogue free from any solicitation or disruptive commentary. Without further delay, let's get started with our program.

Next slide. I have the pleasure to introduce our moderator and presenters. Dr. Kathy Sheppard‑Jones serves at the executive director at the University of Kentucky's Human Development Institute. She is faculty at University of Kentucky's College of Education, teaching and researching on inclusive workforce, diversity, and quality of life. She's also responsible for several projects in collaboration with the Kentucky Office of Vocational rehabilitation, the Kentucky division of developmental and intellectual disabilities. The Kentucky Department of Medicaid and rehabilitation Services Administration. She's a member of stay at work/return to work and the Kentucky RETAIN leadership team. Her other interests including mental health, substance use disorders, resiliency and transition from school to work in post‑secondary education. Dr. Sheppard‑Jones has received the young professionals award for contributions to the field of developmental disability. She will present and moderate our discussion today.

Vickie Kennedy joins us and she's the assistant director for the state of Washington's Department of Labor industries since 2013. She's been with the workers' compensation field for more than 45 years. She sits on the Board of Directors for the international association of industrial accidents and boards and commissions. And also chairs the IAIABC's disabilities management and return to work committee. She recently joined other workers' compensation experts for the workers' compensation benchmarking study. She's been recognized as an exceptional leader as a 2016 recipient of the government's leadership in management award and a 2017 agent of change award with Washington's Department of Labor and industries. Formally she was a director's chief policy advisor and worked closely with agency leadership, external stakeholders and legislators on workers' compensation policy and approaches to improve Washington's system for employers and injured works. She was also. Assemblywoman Nily Rozic as she represents New York's 24th district upon her election in 2012, Assemblywoman Rozic became the youngest woman in state legislator and the first woman every to represent the 24th district. She serves on the way and means, labor, energy, corrections, and commissions and consumer affairs and protection committees. She is the chair of the State Assembly's state federal relations and a member of the black Puerto Rican and the Puerto Rican task force in Queens and Albany she's an outspoken advocate for immigrant communities and students N.2015 she was named as a rising star on city and state's annual list of next generation of political leaders for New York state politics as a young elected official. Nily was selected as one of the Jewish week's under 36. She has been a featured speaker at the running starts women ignite's political mobilization conference, Bella leadership institute, Sadie gnash leadership project, or the six‑conference and at the American association of university women's elect her campus women win executive. She was a finalist Emily list Gabriel's Gifford's rising star award. She participated in the class of 2017 under the Institute for local and state governance as well as governing magazine's women and government class of 2017. A graduate of New York University, Nily calls fresh meadows home. Thank you for joining us. And we're excited to gather all these leaders in the field in the State capital as we look at stay at work/return to work telework and inclusive practices. I'll turn it over to you Dr. Sheppard‑Jones.

>> KATHY SHEPPARD‑JONES: Thank you. It is truly an honor to be with you and part of this esteemed panel. Not only are the topics of stay at work/return to work and work disability important in light of 30 years of the Americans with Disabilities Act, but also as we're preparing to head into October and national disability awareness month. The content is even more critical today as we recognize the need for an inclusive and diverse workforce as we move forward together.

I am so proud to have been part of the leadership team that developed the stay at work/return to work toolkit that was launched in 2018. It truly is a great tool and collection of policy strategies.

State's operation lies stay at work/return to work policies in a variety of ways. The panel that's joining us today will speak to these shortly. Over the next few minutes, I will hope to set the stage for our time together and share details about some of the work that's happening in Kentucky. It's important for you to know my vantage point for this work and the lens with which I view stay at work/return to work. In Kentucky for me that is from the Human Development Institute at the University of Kentucky. We are a university center for excellence in education research and service. And we're part of a national network of 67 USIDs a we know. They bridge university to community. As they all have different strength, they operate with a common goal where people with disabilities are full and equal members of their communities.

USIDs are administered within a university. Here in Kentucky we're fortunate to have strong and longstanding partnerships across state government and with business and industry and communities.

Next slide. So today we're talking about work disability from a legal perspective. The Americans with Disabilities Act of 1990 our ADA gives us good underpinning of disability as we think about the reasons why employees may be at risk of exiting the workforce. The ADA defines disability as a physical or mental impairment that substantially limits one or more major life activities, a person with a record or history of such an impairment or someone who is regarded as having an impairment. Major life activities include carrying one self seeing hearing, sleeping, walking, standing, lifting, bending, speaking, learning, concentrating, thinking, communicating, and working.

Next slide. I would assert, however, that stay at work/return to work gives us an opportunity to consider disability from a social model. In this model disability only occurs within the context of society and environment. For sure people still experience impairments but are only disabled when their environment is not accessible to them.

Here's an example. I have a mobility impairment myself. But that in and of itself is not disabling. I use a wheelchair to get around. If I'm able to do all the things that I need and want to do during the day, yes, I still have an impairment, but I don't consider myself disabled. However, if I couldn't get to a classroom to give a lecture because there are stairs and no accessible parking, if my work station was not accessible to me, then my impairment becomes a disability.

So consider that for a moment. The social model of disability is contextual and environmental. It puts the onus or the responsibility on the environment and not the person. So the picture on this slide shows a van with an access ramp that is out into an access aisle and another vehicle that has parked in that access aisle thereby removing the clear entry to exit or enter the vehicle.

I want to highlight this point just to get us thinking about those things that disable employees from being able to successfully stay at or return to work.

Next slide. So the impact of COVID gives us an another way to consider stay at work/return to work. When we talk about the barriers that workers are facing right now, they revolve around isolation, loneliness that many of us are feeling just through the disruptions to our routine, concerns about access to healthcare, quality education for our children, and employment and economic self‑sufficiency. If we look at each of these areas individually, they also represent the historic and long lived disparities that have been experienced by people with disabilities.

We know that employment, education, and health outcomes for people with disabilities have lagged behind people without disabilities for generations. Quality of life indicators in general show that people with disabilities are more lonely and less satisfied with their life than those without disabilities.

I mention this because right now these concerns are being expressed by people who would not have previously been considered to have a disability but who are themselves feeling wholly disabled by our environment. While there's some devastating experiences that people are going through right now, we're also in a time where we can reassess what it means to have an inclusive workforce. Because people are experiencing employment‑related issues that may lead to their disengagement from the workforce. Therefore, understanding stay at work/return to work policies and strategies is more salient now than ever before.

Next slide. Each year millions of workers experience on and off the job illness or injury. If a worker leaves their job because of illness or injury the odds of returning to work drop to 50% after the 12th week after illness or injury onset. After a year the chance of them returning to work decreases to almost zero.

Now these workers may be moving from short‑term to long‑term disability culminating at the federal disability Social Security disability insurance SSDI roles and often are never returning to the workforce.

We know this negatively impacts economic outlook for States, employers that face employee turnover from those vacant positions, loss of productivity and decreased output. The main driver to employers and society are those numbers of days, weeks, month, and even years that are lost to disability. It's also a public health crisis that arising from household economic instability and results in disparities across life outcomes including health and the ones that I mentioned previously.

States and employers have a huge financial interest in returning injured and ill workers to their jobs as soon as possible and maintaining those workers with disabilities with on the job accommodations as needed to reduce that turnover.

Next slide. Being off work for an injury or illness disrupts people's lives, we know this. In Kentucky we see issues revolving around community resources and needs that people have. What we find is that so often it's not the impairment, it's those social factors around the impairment that become the most disabling. If you have to be off work for a surgery and you're in a no pay status, you can't afford child care. You can't afford groceries. You may be having trouble with transportation and making your rent payment. A paycheck to paycheck existence is a delicate cake as a colleague said. It can crumble if one of the ingredients is missing.

Next slide. This does not have to the narrative. Let's flip this. Research indicates that with modest assistance, many employees who left the workforce could have returned to work. State and federal governments benefit from a strong workforce. State economies expand, fiscal health improves through increasing tax revenue, lower liabilities from state and social Social Security programs including workers' compensation, SSDI, SSI, Medicare and Medicaid. Next slide.

Employers experience benefits that include reducing staff turnover, which is widely known as the most costly personnel experience for employers. Avoidable turnover costs can cost employers from one‑third to 100% of a worker's annual salary in hiring a replacement if that worker leaves.

Also, employers benefit from improved productivity, processes, morale, profits that go with a fully staffed organization. In Kentucky we found universal design to be a strategy that can be extremely beneficial in stay at work/return to work and I'll speak to that in a moment.

Employers can spending less on workers' compensation benefits and premiums or private disability insurance. It just makes sense. Next slide.

We certainly know that employees who participate in stay at work and return to work are benefitting in maintaining their work identity and everything that goes along with that, including the ability to continue to pay those bills and maintain their economic self‑sufficiency. They'll experience increased health program reduce relapse or reinjury or developing secondary conditions that can become more impairing than the initial injury or illness itself. I've spoken of quality of life. That's also aligned with reducing overall stress on the family.

Next slide, please. And as outlined in the stay at work/return to work toolkit, there are many programs that can be used by states. We'll be talking more about these with our panel. These include return to work, such as modified duty, part‑time work, or alternative work, and disability benefits programs like paying at a proportion of disability benefits while an employee may be returning to work and earning less while making that transition. Along with actions that are taken by states to subsidize employers for getting those employees back on the job, things like tax credits for job modifications, discounts on insurance and the like.

Next slide. There are programs for State employees and State vocational rehabilitation programs. There's also wellness and injury prevention programs that can be employer driven. Ultimately we know that states vary in their approaches. We also know that for an employee who retains a work disability there are multiple systems that are involved and play a major role in the work outcome for that individual.

Next slide. So I'm really excited to get to talk just for a moment about RETAIN implementation because this is one current model for implementation of stay at work/return to work. It is through the retaining employment and talent after injury or illness network demonstration projects. This effort is funded by the US Department of Labor office of disability employment policy in collaboration with the training administration and the Social Security administration. Through RETAIN there are currently eight state teams that include multiple systems partners who are implementing and evaluating early intervention strategies. Remember how I mentioned that early intervention is the key to keeping employees in the workforce? These strategies are being undertaken by eight states. So grants were awarded in Kentucky, Ohio, Washington, Kansas, California, Vermont, Minnesota, and Connecticut. Yes.

Next slide. In Kentucky the Kentucky Department of Workforce investment was awarded $3.5 million for this multisystems change demonstration grant. The University of Kentucky and the council for state governments are part of Kentucky's efforts. The project is working across healthcare, across employers, and public health to provide supports to individuals who experience an off the job injury or illness. We're focusing on nonwork‑related injuries and illnesses in Kentucky because they are actually eight times more common than those injuries that are experienced on the job.

So in a state with a large proportion of people with disabilities, we need to remember that disability represents a characteristic of workforce. But the disability is not an outcome. To make sustainable change we know that it's not just about helping individual employees, it's about shifting our frame of reference and what it means to work and to have a disability. And that means that we have to do this across sectors. And we have to do it across systems. As such, we're really fortunate to have partners representing a variety of systems across different sectors of state government, across agencies and cabinets. We have those strong connections and leaders who recognize that this work is transformational, and that we will succeed if we do this together in partnership.

There is a long list of partners for Kentucky RETAIN on this slide.

Next, please. So I mentioned the reduced likelihood of a person returning to full employment. That drops significantly the longer they're off work, right? So as such, we need to use early intervention strategies that emphasize vocational case management, assistive technology, peer support, and universal design and training to help educate systems and individuals on a stay at work/return to work focus.

Next slide. Just before this webinar this afternoon, I got a message about a new hotel in the state of New York that is being certified as the first universally designed hotel. I'm fascinated by this. Because universal design is an area where we use a broad set of strategies around how we design spaces, places, and policies that make them usable to the broadest array of people.

I feel like universal design has even broader implications right now for all of the workers who have shifted to remote work status. Universal design has been around for decades, and it's expanded in its meaning.

When we use universal design at the beginning, at the outset, we may actually eliminate the need to use accommodations because if a space is created with accessibility from the get go, it's less likely that it's going to need retrofitting after the fact. I'm not saying we don't need to provide accommodations for qualified employees who need them, because of course we do and we will. But universal design can be a way that we consider everything that we do, our approach to policies that we develop, thinking about the broadest array of people from the very beginning.

Next slide. So this slide introduces a bit of a snapshot for Kentucky. There's a graphic of how RETAIN is in full ‑‑ larger state picture. That first icon is actually a graph that gives a sense of the number of disability‑related initiatives in the commonwealth. It's a lot. Take my word for it. It was a larger slide by itself, and it was overwhelming.

RETAIN is one piece of disability inclusive initiatives in the commonwealth. These grant and contract funded efforts align with our state's workforce strategic plan. We have leadership across cabinets, business and education are working to operationalize Kentucky's plan to bolster workforce participation, increase educational attainment, engage employers, and align organizations and resources. All of This supports a more inclusive and diverse workforce.

Next slide, I'm going to move quickly now. I want to emphasize to you that your role and the path that your state takes makes a difference. A focus that emphasizes work as an expectation for all is a great starting point along with aligning with employment first efforts.

Next slide. This last slide I have is just a list of some cross‑state resources that include vocational rehabilitation centers for independent living, state assistive technology projects, the Job Accommodation Network, which is at West Virginia University, and reaches out providing technical assistance to all states, along with my ‑‑ what's close to my heart, the University Centers for Excellence in Disability.

All right. I want to shift gears now. I think we have a quick poll we want to get your input. Ready? Okay. So the question is, what types of stay at work/return to work policies are you interested in implementing in your state? Are you interested in return to work programs, disability benefits programs, private sector subsidy and incentive programs, employee incentive programs, or other?

Many options. All right. We'll give this another couple of moments for people to interact with this poll. I have to say return to work have taken a lead in the polling. Clearly, I think what this does show for us is there is interest in a variety of areas as well. Clearly I think we're showing that folks are interested also in multiple areas. So all right.

With that, if I may, I'm going to now transition over and turn to our panel. We know that the state of Washington has some very innovative models of stay at work/return to work policies and programs. We refer to them often in Kentucky and the great work that's being done. Assistant director Kennedy, thank you so much nor being here. Can you share with us how the vocational recovery and the stay at work program works in Washington?

>> VICTORIA KENNEDY: Thanks, Kathy. I hope if I refer to you as Kathy. Please refer to me as Vickie, Victoria feels formal to me. Thank you for allowing me to talk about what's taking place in Washington. I anticipate folks on the line are expecting what I'll talk about is our stay at work program or the centers for occupational health and education. But that's not my focus today.

Why not? Because really these are tools that are only most effective with a culture change like we have successfully instituted in the state of Washington. There's three things that I want the listeners to remember by the end of this talk. One of them is what is work disability? The second one is how can work disability be prevented? And why worker‑centric?

One of the things that you'll hear from me as a workers' compensation administrator is that I refer to my customers or my ‑‑ our clients as workers. This is significantly important in my view. Because these individuals entered our system as workers. That was their identity. That's an identity that we want to hear them, see them maintain. We don't want their disability or their impairment to become their primary identity, which I think is a risk when someone's injured on the job.

So as you hear me talk, I'll refer to workers. Another thing that I want to clarify, others that are in the workers' compensation programs or systems are very familiar with some of our programs, meaning workers' compensation programs generally, might be assuming that my reference to worker sent Rick is just another label for worker or claim advocacy. That's an approach that's gained a lot of traction in the last several years. But while an advocacy program can be a great foundation for a worker‑centric model, they really aren't the same thing.

From what I understand of the worker claim advocacy model, it's really focused on customer experience and assisting the worker through the complexities of a workers' compensation system. While these are certainly important and they're part of a worker‑centric model, worker‑centric really goes beyond that and focuses on identifying and understanding the worker's goals, whether return to work is even important to them. And what needs to happen to move them toward those goals. It's about motivational interviewing techniques, behavioral modification, and most importantly putting the worker in the lead role.

I'll explain why a bit later. As many people know, Washington is a relatively unique workers' compensation system. We are one of only four exclusive state funds remaining in the United States. The others are in North Dakota, Wyoming, and Ohio. So really Washington and Ohio are the big remaining exclusive state funds.

We often hear in Washington that the changes that we've put in are only possible in an exclusive state fund system. I really think that's an excuse. It's not true. What we've done can be accomplished by any employer, any insurer, any jurisdiction or system willing to put the energy into change their culture.

So what culture places did we put in place? We trained our claim managers differently, teaching them not to take an investigative or an adjudicative approach, but really work on building a relationship with their injured workers, identify their barriers, focus on their role in the system as being one to return to work.

The next thing we did is address delays and when we utilize vocational professionals in our system. Really starting that as what I think a lot of people call early intervention, we are now calling vocational recovery and engaging them much, much sooner before that long‑term disability really sets in. And shifting them from part of the adjudication model, part of helping us determine whether a worker's entitled to benefits and moving to vocational recovery and a service oriented model.

Finally, we've piloted and implemented vocational recovery services, a work disability worker‑centric approach to clear the path to return to work.

Next slide. Thanks. I think for some jurisdictions, for some insurers, I want to cut right to the chase here. What's it mean for the workers' compensation policy holders? What's the so what? We often hear people ask, well, how does this saving a system money? We're focused on worker outcomes. The mantra that we like to use is improving worker outcomes happens to save money while saving the quality of life for our injured workers.

What you see here is the shift in our outcomes. The new processes we like to call it in early 2014 is really when we began making referrals for services to vocational professionals much, much earlier in the process, hundreds of days earlier, before the worker was really thinking of themselves as long‑term disabled. And over time, as those earlier we ran out of control of any testing or piloting of it and encouraged people to approach workers much differently in a more engaging service oriented way. We began to see huge increases in our return to work outcomes.

And for many being able to validate for them that they were still able to work at their job of injury, even if there was no job to go to, that's not the ideal outcome we're looking for. We want to see more of the red line, if you will, shift to the green. But that's still a work in process.

Interestingly, a significant decrease in those workers who needed return to work, which I'm sorry, retraining, which is a significant benefit, but Frankly adults being re‑trained is only effective maybe half the time, no matter what system you're in. So if we can achieve a return to work rather than retraining, that's to the benefit of everyone.

Finally, much reduction in the number of workers found able to work at some prior still that they had. A highly contentious, highly litigated outcome that creates a lot of unnecessary cost in the system. What these numbers represent for us is for a worker who was injured in 2019 compared to one who is injured in 2012 or 2013, about 900 of them will no longer become long‑term disabled, and the dollars savings to our system is roughly $2 billion in reduced benefit liabilities. So that's really the ROI bottom line.

Next slide, please. So I mentioned the importance of work disability and really understanding what it is. If you're here thinking I'm going to talk about medical disability, I'm not. But this quote comes from medical professionals, the AMA, the American Medical Association has recognized that injured workers continue off work for reasons that have nothing to do with the injury or impairment itself. I think many of us in workers' comp have seen data validating this, that often a medical condition will resolve itself much more quickly and have shorter duration when it's outside of the workers' compensation system. And yet the medical treatment is likely the same. That tells us that what we're dealing with isn't a medical disability issue. It is a work disability issue.

Next slide, please. So what is work disability? This is a definition that we often refer to in our system, and it reinforces the fact that little, if anything, relates to the worker's medical condition when you're talking about work disability.

This definition includes some really critically important words. First of all, work disability is time away from work. And in that way it is separate from the medical condition. And work disability is the result of a decision by a worker. This is where I think so many systems miss the mark because they focus first on creating return to work opportunities through things that are available to an employer like our stay at work incentives or our preferred worker financial incentives. But what they fail to recognize is that the worker has to choose return to work in order for these tools to be the most effectively used.

Next slide. Work disability is not only a separate condition, but it develops over time. Kathy, you referred to a few of the things that we're dealing with now in the pandemic that contribute to the development of work disability and injured workers, whether we're in a pandemic or not. The pandemic has simply made those worse. Things like isolation, fear of returning to work, lack of support from employers, or the worker having to focus to deal with pressures like unpaid bills or worse yet having to continue to prove or defend their disability to an insurer or program administrator.

But these issues, interestingly can be addressed through supporting services that aren't medical or clinical in nature. Next slide.

I want to spend a little bit ‑‑ Kathy also mentioned some of the health risks of those who aren't working. And this dives into a little bit more detail on what those are. And this is why frankly as government organizations and administrators we need to care about this. The impacts of work disability or worklessness are great, not just for the individual but also for employers and for society at large.

Unaddressed work disability or worklessness is literally harmful of the there's higher rates of cardiovascular disease, of lung cancer, of respiratory infections. In fact, large populations of some Scandinavian countries have a doubling of mortality rates among those not working. Dr. Waddle wrote long‑term worklessness is one of the greatest risks to health in our society. It is more dangerous than the most dangerous jobs in the construction industry or in the North Sea working on an oil rig, for example. Too often we not only fail to protect our patients from long‑term worklessness, we sometimes actually push them into it inadvertently.

Really what he's saying is that medical providers sometimes unknowingly actually cause workers to suffer from work disability.

Next slide, please. So this is just a brief outline of some of the individual risk elements of work disability. I think one of the most important things to point out, again, talking about a worklessness model, the most significant is the low expectations of return to work. And that's one of the things that our vocational recovery model is intended to address.

When you think about these particular risk elements and other evidence that's available, I just want to give a shoutout to Centrix Disability Management Services who used this evidence to outline four principles of work disability prevention. Preventing unnecessary delay, preventing confusing process often through workers' comp, preventing unclear return to work expectations in plans and pathways.

Next slide. I mentioned ‑‑ I apologize, we have such a short amount of time. I feel like I'm just giving some teasers out there. But hopefully it will prime more interest in this topic. But I mentioned that medical providers can cause unnecessary work disability. Yes, they absolutely can. Again, this is coming from the medical community itself. It was published by ACOEM, the American College of Occupational and Environmental Medicine, and they outline three types of work absence. The one area that we're incapable of addressing through our work prevention model are those absences that are medically necessary. This really means only those situations where a worker is risking arm to themselves or others by being at work.

So much of the work disability that occurs is medically discretionary or medically unnecessary. Next slide, please.

You've already seen this slide once, and I bring it up again, because it's such an important message. Now I want to focus a lot on why worker sent Rick. This is just a reminder that work disability is a decision by a worker to return to work.

Next slide. Again, ACOEM addressed this in their 2006 publication, which I believe is in the process of being updated now. I don't imagine they're going to step away from some of this prior information. But the medical community, through ACOEM, recognized that the least contentious, the easiest way to gain the return to work outcome is through the worker's personal decision. But so many of our systems, particularly workers' compensation, and I say that as one, of course, the one I'm most familiar with, focuses on adjudicating entitlement to benefits and often utilizes a whole series of processes, systems, and structures outlined here as different escalation levels that can ultimately force return to work on a worker, but in the process they've increased friction cost, increased litigation, contentiousness and controversy, when they really might have been quite successful just focusing on the personal decision of the worker and trying to clear a pathway for that.

Next slide, please. What does worker‑centric mean, this is what we outline for our system. The concept is really to support our vocational community, our claim managers in making it easier to enable or make injured workers employable at gainful employment. That's the mantra of our statutory structure. We're focused on return to work throughout our law. And we want to build that foundation, that case for ushering in worker‑centric work disability prevention model.

As a result we have now what we call vocational recovery services that are the first service that a worker will experience in our system with a vocational professional that's very focused on engaging them on activating them, on learning what their goals and needs are so that we clear that pathway to return to work. And that we're engaging them much more quickly in the process to reduce unnecessary delays and unnecessary durations.

You'll notice I'm addressing some of the very principles of work disability prevention when I even talk about what vocational recovery services are.

Next slide. I did mention when we started and I know this is important to this conversation that there are certainly some programs, some incentives that we have available. And these are best taken advantage of when you have a work worker‑centric vocational recovery model. I view these as supporting systems and policies so they become tools for our vocational providers as they provide vocational recovery services to our injured workers. The centers for the occupational health and education are great testing grounds for occupational health best practices. That's their focus. They help coordinate the engagement of medical providers with the vocational provider so that there is an alignment, if you will, of the worker's medical recovery and their vocational recovery.

The stay at work program and the preferred worker program, both financial incentives for either the employer of injury or other employers are great tools for a vocational provider to use as they work with an injured worker on what their goals and needs are to return to work. And then take that evidence to work with an employer to develop a return to work opportunity for that worker that aligns with that worker's return to work plan and their goals. And they can use those incentives to entice that employer to open their doors to return to work knowing that so many employers are small. And it's really their financial bottom line that they're initially focused on.

They learn over time the value of bringing those workers back to work. But initially they've got to first see that bottom line because often they live day‑to‑day when it comes to their financial situation.

So that is a very quick outline of what we're doing. It's probably worth hours of discussion. We're passionate about it. But that's where we've effectively seen improvement in our return to work outcomes.

>> KATHY SHEPPARD‑JONES: I was enthusiastically nodding and cheering you on Vickie. Your insights and experiences really illustrate the impact and influence of not only multiple systems but specifically looking at medical providers themselves and stay at work and return to work. I really appreciate your worker‑centric definition.

Now we're going to shift gears and talk about stay at work/return to work from a legislative perspective. Thank you to Assemblywoman Rozic for joining us to talk about telework legislation, flexible work schedules, and inclusive employment practices from the legislator's perspective. All right. I know that you've been very active in this space for the State and the city of New York as well. Can you give us a bit of an explanation of New York telework expansion and the goal of the legislation that's been proposed?

>> NILY ROZIC: I also want to say thank you to CSG for putting this together. I don't have a fancy PowerPoint or anything like that but I did want to talk about the New York telework expansion act. It's specific to municipal employees and would require that agencies establish a program to allow employees to perform basically a portion, if not all of their responsibilities through telework. It's part of this larger effort that I've been (Audio breaking up) introduce flexible work practices in the workplace.

I've been thinking about this for a long time but certainly during a pandemic, it is something that everyone has been exposed to and ‑‑ in 2017 I passed similar legislation that would take the next step towards implementing flexible arrangements by requiring an analysis that can be used to expand flexible arrangements within state agencies.

We can't really go out into the private sector, so we decided to start with what we know, government. And based on data and personal experience and how I run my office, I'm a big believer that when flexible work schedules are allowed it actually increases both worker quality of life and their productivity. We know that flexible work schedules are needed to provide this healthy work life balance. If you can figure that out, let me know.

Whether that means caring for loved ones or working around your kids' schedules or shifting work hours, we know that the best way to do that is to establish flexible work schedules. And I believe that telework is the next form of that. During a pandemic, I guess especially during the pandemic, I've had constituents write to me about their concerns about returning to work, there's a fear of feeling unsafe in workplaces that might not be meeting certain standards. That can be addressed through telework because it allows employees to carry out their duties in the safety of their own homes.

This is something I'm proud to sponsor in New York. But if you are from a different state, I certainly would encourage you to call your local legislator or contact your local legislator in some way and ask them to do a similar kind of bill or legislation. I'm going to drop it into the chat so you can see what it looks like. But feel free to spread the word. It's certainly a model for the next iteration of return to work policies that we're seeing across the country.

>> KATHY SHEPPARD‑JONES: Thanks for illustrating how other states can work to make work more flexible. Are there other concerns that you're hearing from your constituents?

>> I think it's generally that they have a lot to balance and a lot to deal with. I think that also for cities like New York City who don't necessarily want to get on a subway or on the train and commute for hours anymore. Teleworking is the answer to that.

>> KATHY SHEPPARD‑JONES: These are all things we can work with for sure. Guess what? It's time for another poll. We're going to go ahead and ask for everybody's thoughts and input on this poll question about what types of stay at work/return to work policies have you have been successful in our state? These could be around return to work programs, worker‑centric approaches, the private sector subsidy and incentive programs, employee incentive programs, telework policies, or other.

We should have some Jeopardy music playing or something. But we've got about a third of folks have voted. So we'll wait for a few more minutes here. Telework is definitely one that seems to be hitting home for people right now along with return to work programs. Okay. We'll leave this up for another few moments, see if anything changes if the will of the people have shifted.

It appears that telework policies would be the number one that have been successful in your state. Very timely right now for sure. Assemblywoman Rozic or Vickie, do either of you have thoughts about that poll?

>> VICTORIA KENNEDY: I would have one comment, Kathy. We certainly are encouraging a lot of telework in our agency. And I think it does a couple of things. Certainly it gives us the kind of flexibility to address the issues in the pandemic. I also think from a perspective of those with some kind of an impairment it opens doors for them, because that impairment is no longer an issue for them travelling to or participating in an office environment.

So I think that's a real positive there. Also interestingly, I think it has given our claim managers a better sense of what our injured worker population experience is, the isolation they're dealing with. And we've talked about the fact that you all are struggling with this today and think about the workers that you serve who have the issues of an on the job injury or illness layered on top of that.

And I think it's helped increase their empathy for the people that they work with every day.

>> KATHY SHEPPARD‑JONES: Really good point, thank you. Assemblywoman Rozic, we have a question for you. Can you tell us what inspired you to file telework legislation and what you believe has done for the state? Along with that, how can we make sure that telework policies are inclusive?

>> NILY ROZIC: I used to commute to work for an hour and a half each way. And now my commute is all of seven minutes. So very lucky and fortunate. I think that as a millennial, as a young person, my productivity was certainly plummeting. And I did not want to spend three hours going to make sense. I think people need to have options especially if you're my generation, you're taking care of elderly parents and kids at the same time and (Audio breaking up) should be the standard. It shouldn't be a perk. It should be a standard that everyone abides by. And if they can't, they should work towards.

We've seen a lot of big companies opt in to doing telework and flexible work schedules. And I think that state after state we've seen more legislation introduced working towards that same kind of system. It just makes sense. And I think it's what consumers and workers are looking forward to or looking for in their employers.

>> KATHY SHEPPARD‑JONES: I think particularly now in the midst of COVID‑19, we're also seeing so many government employees who are shifting to telework around the country. There are advantages for people with disabilities clearly. I know in Kentucky a largely rural state where transportation has been a barrier forever, particularly in rural communities, that understanding and appreciation for telework really is in some ways helping to level that playing field. Of course, it means that we need to have Internet capability and accessibility for everyone, which is, of course, its own issue. But truly this is a time where we can be enjoying some innovations and positives.

>> NILY ROZIC: Right. What people always say about a crisis, there's also opportunity there. I think that the pandemic has brought many issues to light including relooking at the way workplaces function or don't function and trying to make them better for everyone.

>> KATHY SHEPPARD‑JONES: For sure. Just speaking for myself, I'll say that during the pandemic, I have found more aspects of my community much more accessible to me. I can get curbside takeaway from my favorite restaurants which maybe aren't as accessible as would be easy for me. I can do all of my grocery shopping on my own, not having to worry about having to ask anybody to get something off of a high shelf. It's brought to my vehicle. It's fascinating and fabulous. And I can get a drive‑thru flu shot. It's been really interesting to see how quickly communities can respond.

Vickie, do you want to have a chance to add to this?

>> VICTORIA KENNEDY: I don't know if I have any more, Kathy, other than what I've already said. I think you bring out some excellent points. I've certainly had similar experiences and I've always been a fan of flexible, customizable work schedules, telework. But the workers' compensation on some of these changes, if you will in the workplace. But we have definitely had to do it ‑‑ I think it's a positive thing overall for just allowing our people to find a better work/life balance generally.

>> KATHY SHEPPARD‑JONES: For sure. And building on that, do you see the landscape of stay at work and return to work changing as a result of COVID‑19 and where we go from here in the postCOVID‑19 era?

>> VICTORIA KENNEDY: You sort of popped in and out on me, Kathy. But I think you were asking whether this changes some of the stay at work/return to work policies or considerations going forward.

A couple of things you remind me of. First of all, we have always had a lot of concern, I would say, from some of the employer community about how telework might actually increase workers' compensation claims. I think it's a fear about people having unsafe environments in their homes, tripping hazards, and so on.

But with so many businesses, certainly not just government, doing what they can to have people teleworking, it's given us a chance interestingly to watch the data and be able to tell employers actually we're not seeing any change in claims when it comes from those that might be happening off site off of the employer's job site. So that's been a helpful reinforcement.

I think for vocational professionals that are working with our injured workers on trying to find some innovative approaches to return to work, it gives them one more tool to get employers to think about how they might accommodate a worker's needs, whether it's on a temporary or permanent basis, to bring them back to work. It's ‑‑ people wouldn't really talk about telework as one of the options. They usually are left to modifying the work site, the person's office and so on. Now, I think their eyes are open to, wait, there's another opportunity here and figuring out how to use that, especially knowing that if we get an employer and a worker involved and we have an agreed to plan, then there's those incentive payments for the employer that are pretty significant that will match their wages (Audio breaking up) or reimburse them 50% of their wages for the ‑‑ that's a significant bene.

>> KATHY SHEPPARD‑JONES: For certain it is. And someone wrote and said it's also just, I think really reflects some of the innovations that are possible. And it sounds like the data is bearing that out, which is also really important for us. Assemblywoman, would you have other thoughts sort of on where we're going from here?

>> NILY ROZIC: I think that, if anything, the pandemic has proven that, you know, it doesn't matter when you get the work done as long as the work gets done. Teleworking is an option for both employers and employees. I would say this, if there's going to be vacancy rates of office buildings commercial real estate will take a hit. But there are also unintended consequences like environmental and energy benefits like we're not spending as much time commuting in cars or using electricity and lights in big sky scraper billionings. It's a very New York City ten trick way of looking at it. It's a return ‑‑

>> KATHY SHEPPARD‑JONES: I think that reflects a huge array of what we're going to be seeing down the road as well.

Just one final question to both of you. From your perspective in your state if you're giving advice to those from other states who are interested in implementing new stay at work/return to work programs and policies or enhancing what's already there, how would you advise that they start and engage in this issue?

>> VICTORIA KENNEDY: I can tell you from my perspective we have learned a lot of lessons over the last, I would say, five‑ish years. And some of our culture change has been easy and some of it has been extremely difficult. I'd say we've exposed to many of our stakeholders that the needs of workers they hadn't thought of about before.

For example, I think about even an attorney who had a long‑term claim, and our claim manager was really adept at learning a different way of talking to a worker and trying to identify what their goals were, what do they really want to do. And in this conversation, the attorney had to admit when their worker said, well, I want to return to work, the attorney said, I never knew that's what my client wanted.

So just shifting the thinking of our people to, whether it's a doctor, whether it's the claim manager, whether it's the worker's attorney, whether it's the employer, to really learn what the worker's goals are. And it's not a question of when are you returning to work? That causes people to simply dig in. If that worker is not ready in their recovery to even think about that. It's really taking things step by step, learning what the worker's goals are, and moving them closer to it by making those pathways clear, by helping them understand and work through the complexities of a system, helping them learn how to be their own advocate, don't wait for someone to call you to schedule a PT appointment. Why don't you call and say I have this referral to schedule my PT appointment. Getting them to look out for themselves while we're working with them to clear that path to return to work.

I think that any of the stay at work programs and return to work programs will be so much more effective if people think about that kind of a culture change and doing it incrementally. We're undoing for our system 20 years of focusing in a different way. So it doesn't come easily. But piloting some things, being ready to be nimble and flexible, and adjust when you need to as you're learning along the way, that's the most important thing. I think to us we're doing the right thing. The data is bearing that out. And people are gradually coming along with us.

It's very gratifying to see and hearing some wonderful success stories of workers that are back to work that a few years ago people knew were headed to long‑term disability. But through a lot of creativity and worker‑centric approaches, they're back with the workforce now.

>> KATHY SHEPPARD‑JONES: Assemblywoman Rozic, do you have anything to add.

>> NILY ROZIC: Reiterate what I said before, which is look to your state legislators, ask them to introduce bills, focus on flexible work schedules and teleworking, working from home. Sometimes the best ideas come from personal experience. And I think this is certainly the case. And the way we started in New York was we partnered with our local municipal controller, and he put together a report about how it would impact the local economy and the benefits to flexible work schedules and telework. From there, from that report we were able to extrapolate a lot of different legislative ideas. I think that partnering with an organization like CSG or local city or state agency is one way to get started.

>> KATHY SHEPPARD‑JONES: Thank you. Yeah. Really recognizing that it's about sharing the information, the benefits, and being our own best advocates in the work but still recognizing that this does require a paradigm shift as well for many, and to be successful, be participant driven goes a long, long way.

This has been really good conversation. I want to thank you both. And I think we're going to move into some audience questions now. The time is going by really quickly. And I have a question here that comes in for Vickie. It says that that she speaks about a worker‑centric return to work program which absolutely makes sense when dealing with on the job injuries because ‑‑ oops, it just disappeared on me ‑‑ because the motivation and the decision to return to work falls on the employee, especially when there are set guidelines and rules due to the workers' compensation. However, when an injury occurs off the job, would the dynamics of return to work shift more so? Is that more of an employer‑centric model? If so, what would be your suggestions in motivating the employer to bring an injured worker back to work if it's nonwork‑related?

>> VICTORIA KENNEDY: So interesting question, Kathy. I would say that first of all, I'm going to back to the data I mentioned where nonoccupational injuries and illnesses actually result in quicker return to work overall than it does in the workers' compensation system. I think a lot of people blame that on the fact that the worker is entitled to benefits under workers' compensation. I don't think that's the reason.

I think it is the complexity (Audio breaking up) because they really don't know how to work in the system, so they wait for things to happen to them rather than them being able to work through the system easily themselves.

But work disability is not limited to workers' compensation. It's any time someone is not working. And our belief is, although I'll admit that my lens is from a workers' comp perspective, but I think the approaches that we're taking about assisting workers toward a return to work is valid, no matter what system you're in.

I don't know that disability programs generally provide that kind of help or support to a worker. If I think about large employers, this is something that they could certainly do by ensuring that their workers know, before they're ever hurt, whether it's on the job or off the job, we want you. We have programs set up to bring you back. We're here to help you. That goes a long way in helping people know they've got support when that's needed, if it happens to them. Those things alone are great morale boosts for the workforce generally.

People ‑‑ I would contend are going to pay more attention to safety when they know that their employer cares about them if something does happen. I think those all work together.

I highly doubt if you're focused on the worker's needs and goals ‑‑ because no matter how someone is hurt, most people want to go back to work. But that can wane quickly when they don't see any opportunity in front of them. So I think that the vocational recovery worker‑centric model can work for anyone who is suffering from work disability, no matter what the cause may be.

>> KATHY SHEPPARD‑JONES: Thank you. Yes, I think that just brings to light just the whole notion around workplace culture. You mentioned morale for all employees and the benefits that brings. Thank you.

And we have another question that I'll pose to both of you. Are there low costs, stay at work/return to work policies that states can implement now given the economic impacts of COVID‑19 on the states?

>> VICTORIA KENNEDY: I'm struggling a little bit, because any time you need legislation, that can take some time to implement and set up generally. So I'm not sure I really have a good answer. But certainly look to what your system offers today and how you're able to enhance those things and whether or not there's a way to be innovative and creative within your current statutory mandate. I think there's ‑‑ I say this generally about our workers' compensation laws all the time of the there are two ways you can look at it. You can look at the laws and the rules as sort of a protective fence, a barrier to going outside of the rules or you can look within those for creative ways to even translate or interpret them differently. We certainly did that with vocational recovery. We did not change our statutory language. But we interpreted it in a different way by looking at it through a worker‑centric lens rather than an adjudicative one.

So our underlying legal mandate is unchanged. But our approach is significantly different within the (?) of that statute. We're certainly looking at some things internally for the workers' comp system during the pandemic. Again, I think they're going to take law changes. For example, how might we use the workers' compensation funds to ‑‑ this is somewhat related to return to work ‑‑ to help smaller employers with the costs of personal protective equipment to bring workers back to work. Those aren't injured workers, but they are certainly people suffering from work disability because they're staying at home waiting for the businesses to reopen. That's one example of an area we're looking into it. But again it would probably take legislative action to do it.

>> KATHY SHEPPARD‑JONES: Thank you very much. Good information. I believe we've lost Assemblywoman Rozic, but we are coming down to the end of our time together.

I've got one more question that's come in regarding evidence (Audio breaking up) engagement strategies with employer and medical provider that are necessary for both occupational and (Audio breaking up) disability scenarios. Why is it important for the employer to bring the working back to work? What concerns them the most? And what needs to happen? Multipart question.

>> VICTORIA KENNEDY: So I think that ‑‑ so this question is coming from my return to work partnership's chief. So he and I, I would say, work very closely on these efforts. And while I have years of experience in our workers' compensation he is a provider from the outside world as a provider within our system. So I'm really reading into what he's saying is that ‑‑ when you think about engaging the worker and focusing on the worker's needs, one of the things I didn't say but certainly is implied in all of the slides and all the resources I gave, our approach is very evidences informed. We view these as evidence informed strategies and evidence informed best practices, but they're not limited to just engaging the work. The same kind of approach works as you engage the employer or the medical provider.

So you ask a worker, why is it important for you to return to work to gain a look into their goals and needs? But when you approach the employer, you ask the same kind of question. Why is it important for you to bring Johnny back to work? And get the employer to be thinking along the lines. What concerns them about bringing the worker back to work?

And when you're able to connect the employer and the worker and you have then a plan, it's very easy to have the same kind of engagement with a medical provider, because if you don't do that, how does the medical provider decide whether or not Johnny can come back to work? The medical provider asks the Johnny, can you go back to work? If you haven't set those things up for success, Johnny's likely to say no, I'm afraid to get hurt again. I don't like my supervisor, I'm worried about how he's going to treat me when I come back to work. I'm putting words in his mouth but Ryan is doing is building on what I said in ways to apply this beyond just the worker‑centric model.

>> KATHY SHEPPARD‑JONES: Truly amplifying the ability for success by having a worker‑driven team approach in which the employer and the healthcare providers are on the same page; otherwise, there are so many exit ramps. That's, I think, really powerful words for us to conclude with this afternoon.

I just want to thank CSG and our panelists today, Vickie Kennedy in Washington, and Assemblywoman Nily Rozic in New York. I'll turn it back over to Dina Klimkina.

>> Dina Klimkina: Thank you so much. I'm the program manager of CSG policy team of the on behalf of the Council of State Governments I want to say thank you to our speakers and our incredible moderator and the State Exchange of Employment and Disability for your time and dedication for this really important issue. Thank you to everyone who attended and participated as well. We had some great questions. So we would love for you to join us for the rest of our ADA celebration webinar series. So we're bringing together policy makers, industry experts, and leaders in the field and we'll continue to discuss a series of programs and that enhance disability employment policy in your states.

In this series two webinars are remaining. Webinar 5 is accessible transportation and workplace technology on October 15th. We have great speakers lined up from Texas as well as Comcast and a few others. Webinar 6 will be ensuring disability perspective in state policy making. So how do we ensure that perspective is permeated throughout all of legislation.

We'll also be hosting a number of CSG national conferences. Go to our website, the link is also in the chat to hear about upcoming events. So sessions will focus on the effects COVID‑19 on transition aged youth and young adults with disabilities. We'll have a disability etiquette training and telework adapting to the COVID‑19 economy. We ask that you also take a moment to fill out the survey following the webinar. We would love to hear your thoughts on the session. If you're interested in receiving CRC credits for this event, please leave your email in the survey. That's how we will send you your certificate.

Next slide. So if you'd like to learn more about our work or connect with one of our speakers or receive technical assistance, please contact myself or Christina Gordley. We work closely with the Council of State Governments and happy to provide you with anything you may need.

Next slide, we would also like to remind everybody that October is the 7 V anniversary of the national disability employment awareness month. This year's theme is increasing access and opportunity. If you're looking to improve state policy, please let us know. We'll hope that you'll join us in celebrating.

Next slide. Thank you to everyone for attending. Once again, if you have any questions, please feel free to let us know. Thanks again to our speakers. Have a wonderful day, everybody.

(Webinar concluded at 12:24 PM CT)

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