
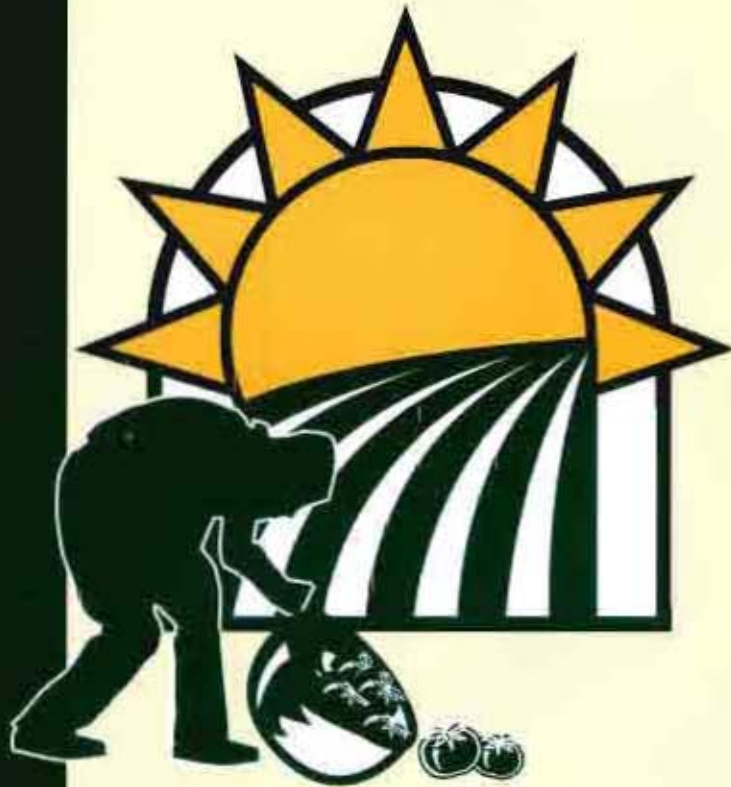


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WHEN A FARMWORKER HAS A DISABILITY



A GUIDE FOR PROVIDERS
with Handouts for Farmworkers

H133A90039

1997



WHEN A FARMWORKER HAS A DISABILITY

A GUIDE FOR PROVIDERS *with Handouts for Farmworkers*

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Chapter 1

When A Farmworker Has A Disability: A Guide for Providers

Introduction

Each year, thousands of farmworker families leave their homes to follow the crops. They tend, pick, and process the fresh fruits and vegetables that ultimately end up on every table in America. They don't earn much for their labor, and they lack benefits like sick leave and workers compensation that most workers take for granted. Their poverty and the frequent migration related to their work make finding health care a challenge to these families.

These same conditions also challenge the health professionals who serve farmworkers. Recognizing that farmworker health is critically affected by discrimination, poverty, homelessness or poor living conditions, stress, and a host of other factors not generally considered to be health related, migrant health centers are called upon to act as advocates for farmworkers who need other services such as emergency food and/or clothing, transportation, or referrals to legal aid, Migrant Head Start, mental health services, substance abuse treatment, and other social services. That migrant health centers are able to continue as farmworker advocates in the face of managed care pressures and budget cuts is testimony to the creativity and dedication of the individuals and organizations that make up our public health system.

When A Farmworker Has a Disability: A Guide for Providers with Handouts for Farmworkers was written with those health professionals in mind. The same barriers that inhibit farmworkers' access to health care services—low income, illiteracy, lack of insurance, constant mobility, lack of transportation, language and/or cultural issues, and many more—may combine to make services for farmworkers or their family members who are disabled seem impossible to obtain.

This guide was developed by Berkeley Planning Associates and the National Center for Farmworker Health. It begins with a detailed discussion for health care providers on disability issues and resources, followed by chapters on a variety of disability-related topics. Each chapter contains background materials for providers to use, a resource list specific to the topic, and patient handouts which can be copied and distributed to farmworker clients. It is our hope that *When A Farmworker Has a Disability: A Guide for Providers with Handouts for Farmworkers* will assist health care providers in their role as advocates for farmworkers with disabilities.

What is a Disability?

There are many different definitions of disability. In these materials, we are using a **functional** definition of disability. By this we mean **something that interferes with major life activities**, such as moving, talking, seeing, hearing, etc. For adults, this means anything that interferes with their ability to work (i.e., that causes them to change the kind or amount of work they previously did) or to perform activities like housekeeping or parenting. For children, this means anything that interferes with their ability to play, learn, or interact with other children or adults. We use a functional definition because it is the most general definition of disability.

Programs for people with disabilities may use different definitions of disability in determining eligibility. For instance, to get services from the developmental disabilities service system, a person usually has to have mental retardation or some other defined condition. To get services from the mental health system, one must usually have a psychiatric disability. To receive disability income from Social Security (SSI or SSDI), a person must have a condition that prevents him or her from engaging in “substantial gainful activity” (which Social Security also defines) and that is expected to last for at least a year or result in death (see Chapter 4). So there is not just one thing called “disability.”

One way to assist patients is to help them find out what services they are eligible for locally, based on the different definitions used by various service agencies.

Visible and Invisible Disabilities

Very often, when people hear the word “disability,” the image that comes to mind is that of someone with a visible physical disability (for instance, someone who uses a wheelchair), or someone who has a sensory disability (for instance, a blind person who uses a white cane or guide dog, or a deaf person who uses sign language). The truth is that many disabilities are not readily apparent from looking at or speaking to a person. Many chronic health conditions—such as diabetes, heart disease, AIDS, and epilepsy—cause functional limitations that can become disabilities. Psychiatric disabilities such as depression or anxiety disorders are generally not visible, either. People with cognitive disabilities generally look like others—the major exception to this rule is Down Syndrome, which gives people a distinctive look. Many people with mental retardation or traumatic brain injuries do not look “different.” However, each one of these disabilities can adversely affect a person’s ability to work.

An observer should never assume that it is possible to tell who has a disability by looking. Asking a series of questions about health conditions and limitations in major life activities is a much better way to determine whether someone might have a disability.

Range of Severity

Disabling conditions range in severity, from those that cause extreme limitations to those that are mild. Some people might have conditions that keep them from doing heavy physical activity (such as farm work), but allow them to keep house, parent, and work part-time at a clerical job. Others may need assistance with almost everything, including eating, bathing, and moving from place to place.

Some disabilities have **cycles** of greater and less severe impairment, where the condition is worse sometimes and more manageable at others. For instance, some psychiatric disabilities (such as anxiety) and some physical disabilities (such as multiple sclerosis) have this characteristic.

Sometimes people have **multiple** disabilities. For instance, an individual with cerebral palsy might experience physical impairment, a speech impediment, and a cognitive impairment. Another individual with the same condition might only experience mobility limitations. Some people may have unrelated multiple disabilities. For instance, a person might have post-polio syndrome that affects physical functioning, and an unrelated psychiatric disability such as depression.

Sometimes farmworkers may not understand that you can have a disability and still work. Beatriz Treviño did a study where she interviewed 15 farmworkers in Wisconsin who had severe and chronic health conditions that resulted in (often severe) functional limitations. However, none of her respondents considered themselves disabled, because they continued to work (although some had changed the amount or type of work they did). To them, being disabled meant not being able to work at all, and being totally dependent on others. Because most services for people with disabilities require that a person identify that way, it is important to help patients understand that there is a range of disability and that they can be called “disabled” and still work.

People who have been disabled for a long time have generally learned to adapt their activities to their disability. However, people who are newly disabled because of an accident or injury may need help learning what they can and cannot do, and how to adapt activities to their new level of functioning. With the right adaptive equipment and accommodations, people with disabilities can perform many activities.

Occupational therapists are the experts in this area. If possible, patients who have problems with physical functioning or performing activities of daily living should be referred to an occupational therapist.

Developmental and Acquired Disabilities

Some people are born with a disability or develop it in childhood. Because being disabled at an early age affects a person's development, these disabilities are called developmental disabilities. (We're not talking about the definition your state program might use here, but speaking functionally.) People who have had their disability since birth or from an early age generally think of it as just another personal characteristic, like eye color. (They might not think of the disability as the primary defining characteristic about themselves.) Many people with developmental disabilities have used adaptive equipment or adaptive strategies for a long time, and often know what accommodations they need in order to participate in an activity or use a service.

Adults who become disabled through accidents, injuries, or chronic health conditions often need a long period to adjust to the disability. A farmworker who has been physically mobile all his or her life and then becomes paraplegic after a car accident is faced with many challenges. She or he may have to adjust to using a wheelchair, new bowel and bladder habits, having a new occupation, new ways to stay active and healthy (and perhaps, if the accident was alcohol-related, learning how to live clean and sober). Periods of adjustment are different for each person. Often there is a period of grief for the loss of functioning. People who acquire disabilities need contact with and support from others who have been through the same process.

Your local Independent Living Center (see Resource section) can usually help find peer counseling and other services for disabled patients.

“Disabled” Doesn’t Equal “Unable”

Often people with disabilities do not identify themselves as disabled. Until very recently our society assumed that disabled people should be shunned—shut away—and should not participate in daily life. They were placed in institutions, deemed incurable by the medical profession, and often subjected to harsh treatment regimens. Under these circumstances, no wonder people did not want to be labeled disabled!

Like other minority groups, people with disabilities have experienced unwarranted discrimination and rejection. Reaction to such treatment led to the formation of a civil rights movement among people with disabilities, often called the “independent living movement.” The independent living movement advocates a new perspective on disability. One of the tenets of the independent living movement is that “problems” do not reside in persons with disabilities, but rather in the environment in which they are expected to function and the attitudes of others towards them. If the environment is appropriate, people with disabilities can participate in daily activities at work or with their families like anyone else. Some obvious examples of environmental adaptations (also called “accommodations”) that can allow people with disabilities to participate in society are ramps,

curb cuts, wide doorways, and accessible bathrooms for people who use wheelchairs. But there are many other adaptive strategies that are not so obvious, such as:

- braille signs and audio channels for people who are blind,
- closed captioning and sign language interpretation for people who are deaf,
- information available in alternative formats (such as braille, large print, or cassette tape) for people with visual impairments, learning disabilities, or cognitive disabilities,
- easy access to teletypewriters (TTYs) and universal relay systems for deaf people, and
- public transportation that is accessible to people with mobility impairments.

Many of these accommodations are becoming more universal since the passage of the Americans with Disabilities Act in 1990. They help people with disabilities live and work with their non-disabled peers.

Most farmworkers live in rural areas that are not on the cutting edge of disability culture and awareness. Curb cuts may be rare in your area, and TTYs rarer still. However, often the major barriers that people with disabilities face are negative attitudes.

Health care providers must examine their own attitudes about people with disabilities, because these attitudes will be conveyed to patients. If a provider has a positive attitude with the assumption that people with disabilities can live, work, and play like others who are not disabled, this attitude will be conveyed to patients and will help them cope.

Most health centers strive for cultural competency to make their facilities welcoming to people from different cultural groups, such as Latinos or Southeast Asians, who use their services. The same attitude of cultural competency should be extended in order to make services friendly to people with disabilities.

Language

One way that we express our attitudes toward people with disabilities is through the language we use. The independent living movement has taught us that language that might have been acceptable in the past can be dehumanizing. For example, the term “handicapped” is thought to derive from the image of a person with a cap in hand to ask for money, falsely implying that all people with disabilities must beg to support themselves. That is why the term “disabled” or “person with a disability” is preferred. Using respectful language can acknowledge the humanity of people with disabilities.

The best language is “people first” language. We don’t refer to people as “heart diseases” or “cancers”—why should we refer to them as “epileptics” or “schizophrenics”? Using “people first” language reminds us that the person is primary and the disability just one aspect of who that person is. Some examples of “people first” language are given below.

Instead of saying:

Retard, crazy person

Spastic

Wheelchair-bound

Crippled, handicapped

Child with problems

Slow learner, dyslexic

Say:

Person with mental retardation, or

Person with a psychiatric disability

Person with cerebral palsy

Uses a wheelchair

Disabled or person with a disability

Child with a disability

Child with a learning disability

Farmworkers with Disabilities Have Rights

All people with disabilities, including farmworkers, have rights under the Americans with Disabilities Act (ADA) of 1990, a federal civil rights law. Under the ADA, a person with a disability cannot be discriminated against by state or local government programs, or by private businesses or non-profit entities. (Protection against discrimination by federal agencies and federally-funded entities was already in place, under Sections 501, 503, and 504 of the Rehabilitation Act.) The ADA prohibits discrimination on the basis of disability in employment, commercial facilities, transportation, telecommunications, service provision by government agencies, and services provided to the public by private or non-profit entities (e.g., retail stores, restaurants, hotels, medical facilities, day care centers, recreation facilities).

The ADA’s definition of “person with a disability” is a three-pronged definition: 1) those with “a physical or mental impairment that substantially limits one or more major life activity” (like walking, seeing, hearing, learning, breathing, caring for oneself, etc); 2) those with “a record of having such a condition (such as people who have had cancer that has gone into remission or those with a history of mental disability); and 3) those “regarded as having” such a condition, even if it doesn’t limit a major life activity (such as people with facial disfigurements).

This means that farmworkers with disabilities have legal rights to equal treatment that may help them get service in agencies that might be otherwise inclined to discriminate against them for other reasons, such as their poverty, ethnicity, or lack of English-speaking skills. Health center staff can get additional information about the ADA and other federal anti-discrimination legislation affecting people with disabilities by contacting the organizations listed in the “Resources” section at the end of this chapter.

The ADA is a complaint-driven law. No consultant or government agency can certify that a program or business meets ADA requirements. The first place to start when a farmworker with a disability feels that she or he has been discriminated against is with the organization or entity

denying access, by making the organization aware of its duties under the law and requesting a modification. If the organization refuses, then the person with a disability has the right to file a private lawsuit or to file a complaint with the Department of Justice.

Clinic staff can help farmworkers with disabilities become aware of their rights, and help them negotiate accommodations when necessary.

Farmworkers with disabilities may fear that they will be discriminated against by the INS when they apply for citizenship, and try to hide their disabilities during their physical exams. However, disability is not a characteristic that prevents the INS from granting citizenship. Farmworkers with disabilities may be denied services later, however, if their disabilities are not noted in their medical records. Health care providers who perform citizenship physical exams should encourage farmworkers to be honest about their disabilities, and help them get connected with appropriate services.

General Disability Resources

National Rehabilitation Information Center (NARIC)

1-800-346-2742

(open 8:30 a.m. to 5:30 p.m., Eastern time, Monday through Friday)

The National Rehabilitation Information Center is a library and information center that focuses on information about disability and rehabilitation. It serves professionals, family members, researchers, educators, or anyone else who seeks information. Information specialists can answer a wide range of questions about specific disabilities and organizations. They can also provide individualized database searches and deliver photocopies of documents in their collection for a small fee.

Job Accommodation Network (JAN)

West Virginia University

P.O. Box 6080

Morgantown, WV 26506-6080

Accommodation Information: 1-800-526-7234 (voice/TTY)

ADA Information: 1-800-ADA-WORK (1-800-232-9675) (voice/TTY)

(304) 293-5407 (fax)

Internet: <http://janweb.icdi.wvu.edu/>

Calls are answered from 8 a.m. to 8 p.m. Eastern Time Monday through Thursday, and on Fridays from 8-5. Machines answer after-hours calls. If you have a workplace accommodation question or questions about the Americans with Disabilities Act (ADA), you can also send your question by e-mail to jan@jan.icdi.wvu.edu.

The Job Accommodation Network (JAN) is an international toll-free consulting service that provides information about job accommodations and the employability of people with functional limitations. Anyone may call JAN for information, including employers, people with disabilities, rehabilitation professionals, or advocates. Calls are answered by consultants who understand the functional limitations associated with disabilities and who have instant access to the most comprehensive and up-to-date information about accommodation methods, devices and strategies.

JAN's World Wide Web site provides a wealth of information and links to other resources, including extensive links to organizations and information about specific disabilities, at:

<http://janweb.icdi.wvu.edu/links/disspec.htm>

AgrAbility Projects

In 1997, there were 18 AgrAbility Projects serving 19 states (mostly midwestern and upper plains states). Each AgrAbility Project involves a state Cooperative Extension Service, a disability service organization, and other rural interests in collaborative activities with a common goal of helping farmers, ranchers, and agricultural workers with disabilities continue in their chosen occupation. Some states have more of an emphasis on services to farmworkers than others. Call the national number to see if there is a program in your state.

The AgrAbility National Training Program, established in 1991, provides nationally coordinated training, technical assistance, and information exchange. The national program is carried out cooperatively by Purdue University's Breaking New Ground Resource Center and the National Easter Seal Society. AgrAbility resources are devoted to supporting state AgrAbility projects and assisting individuals in agriculture with disabilities. The Breaking New Ground Resource Center has more than 50 disability related resources, manuals, and publications available to promote independence for farmers, ranchers, and agricultural workers with disabilities.

For more information, contact the Breaking New Ground Resource Center at 1-800-825-4264 or the National Easter Seal Society at (202) 347-3066, or visit the AgrAbility World Wide Web site at:

<http://aben.www.ecn.purdue.edu/ABEN/Extension/BNG/agrability project.html>.

How to Find Your Local Independent Living Center

The following organizations maintain directories of Independent Living Centers:

National Council on Independent Living (NCIL)

2111 Wilson Blvd., Suite 405
Arlington, VA 22201
703-525-3406 (voice)
703-525-3407 (TTY)

World Institute on Disability, Oakland, California

510-763-4100 (voice)
510-208-9493 (TTY)
510-763-4109 (fax)

Independent Living Research Utilization Institute, Houston, Texas

713-520-0232 (voice/TTY)
713-520-5784 (fax)

How to Get Information about the Americans with Disabilities Act

There are excellent sources of free information about the ADA available to the public, including:

Department of Justice:

ADA Information Line: 1-800-514-0301 (voice); 1-800-514-0383 (TTY)
Internet: <http://www.usdoj.gov/crt/ada/adahom1.htm>

The Department maintains an ADA Home Page at the URL above.

Disability and Business Technical Assistance Centers:

1-800-949-4232 (voice/TTY).

The National Institute for Disability and Rehabilitation Research funds ten regional technical assistance centers to assist businesses, governmental entities, and people with disabilities. The national number automatically connects you to the center in your region. These centers have written materials, answer questions by phone, and provide training sessions on the ADA.

Americans with Disabilities Information Hot Line:

1-800-466-4232 (voice); 1-800-644-2555 (TTY).

The Disability Rights Education and Defense Fund (DREDF) operates this ADA information line funded by the Department of Justice.

How to Use This Guide

Helping your patients with disability issues can be a daunting task, especially if you have had no training or education about disability. That is why we have written this guide as an overview of the most common topics about farmworkers (and farmworker children) and disability. However, it is only an overview. The topic of disability is vast, and there is an enormous amount of specialized information about any given disabling condition or treatment. The resources listed here should help you find more specific information when you need it. In addition, the operator at the National Center for Farmworker Health's Call for Health line (1-800-377-9968) will have access to disability resource materials. If you cannot find what you need by consulting the resources in this guide, call NCFH and the operator will attempt to assist you.

The remaining chapters of this guide cover eight specific topics:

- Job Training: Vocational Rehabilitation Services
- Job Training: JTPA
- Income Support
- Special Education for Children with Disabilities
- Adaptive Aids
- Developmental Disabilities Services
- Mental Health Services
- Substance Abuse Services

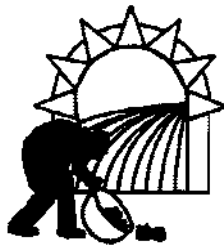
Each topic area follows a common outline: First, there is **background material** for the health care provider to read. These background sections usually cover the same material as the patient handout, but in greater detail.

At the end of each provider resource section is a listing of **resources** specific to that topic. These resource listings usually include a description of each resource and toll-free numbers, Internet addresses, and/or mailing addresses. All of the listings were current as of October 1997.

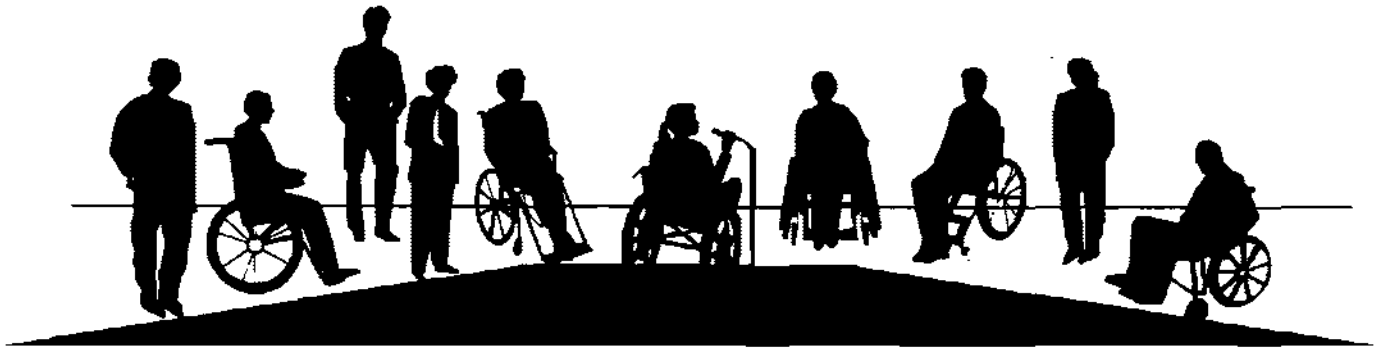


Following each provider resource section is a **reproducible patient handout, in both English and Spanish**. Each patient handout is marked with the symbol at left. These handouts have been written in simple language and are meant to give an overview of each topic. However, because disability is a complicated topic, patients with low literacy levels may need assistance in understanding this information. Providers may also have to verbally supplement the information in the handout, according to the needs of each individual patient. For instance, you might need to give a patient additional information that is contained in the provider resource section, or that you find out by calling one of the resource numbers.

We hope that you find this guide to be helpful as you assist farmworkers with disabilities.



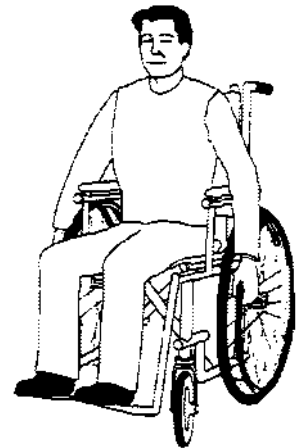
About Disability



What is a disability?

A disability is something that:

- ☞ keeps you from doing your usual kind of work,
- ☞ keeps you from doing as much work as you used to do, or
- ☞ keeps you or your child from doing daily activities, like walking, talking, and playing.



Disabilities can be things you notice when you look at or talk to someone, like having trouble walking, talking, seeing, or hearing.

Disabilities can also be invisible, like:

- ☞ a health condition that keeps you from doing some things (like diabetes, heart disease, or AIDS).
- ☞ having trouble learning.
- ☞ a mental health problem (like depression, anxiety, or mood swings).

How do children become disabled?

- ☞ By being born with a disability, like if they were born very early, or they were born with a birth defect, or their brain did not get enough oxygen while they were being born.
- ☞ From an accident or injury, like car wrecks, falls, or near-drownings.

How do adults become disabled?



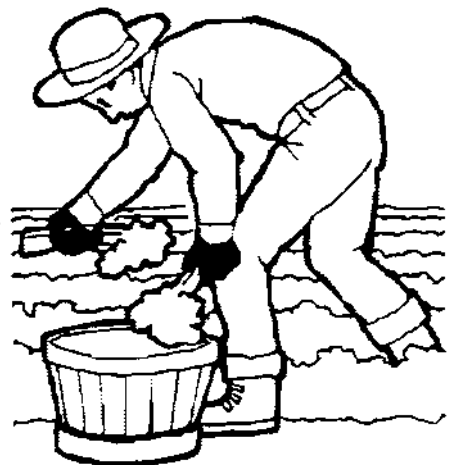
- ☞ Because a health problem gets worse (like arthritis that gets so bad you can't use your hands anymore).
- ☞ From an accident or injury (like car wrecks, falls, or near-drownings).
- ☞ From doing farm work (like backaches, joint problems, or pesticide poisoning).

Can I work if I have a disability?

- ☞ People with disabilities—including farmworkers—can work!
- ☞ It might mean that you have to do less, find new ways to do your work, or learn to do a different kind of work.

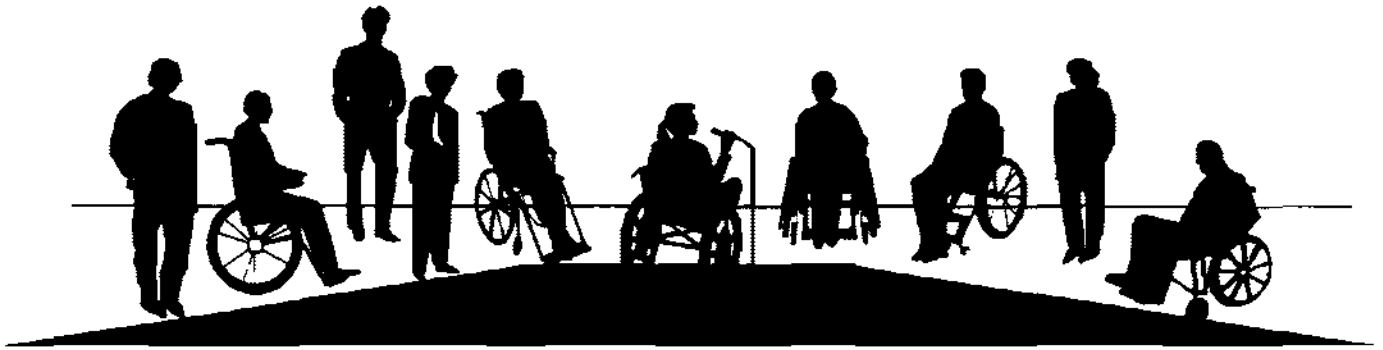
What kind of help is available?

- ☞ There is help available for adults and children with disabilities.
- ☞ Different programs have different rules, but if you qualify for a program the help is usually free.





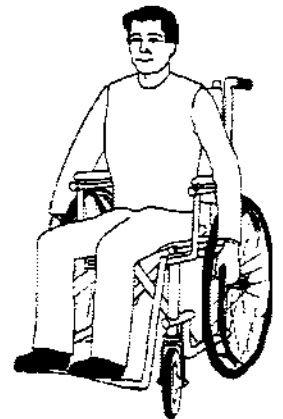
Incapacidad



¿Qué es incapacidad?

Una incapacidad es algo que :

- ☞ no le permite seguir haciendo su trabajo
- ☞ no le permite trabajar tanto como trabajaba
- ☞ no le permite a usted o a su hijo hacer actividades diarias, por ejemplo caminar, hablar, jugar.



Las incapacidades pueden ser las cosas que notamos cuando vemos o hablamos con alguien, por ejemplo gente que tiene problemas para caminar, hablar, ver u oír.

Las incapacidades también pueden ser invisibles, por ejemplo:

- ☞ una condición de salud que no le permite hacer algunas cosas (como la diabetes, una enfermedad del corazón o el Sida).
- ☞ tener problemas para aprender.
- ☞ un problema de salud mental (como la depresión, ansiedad o cambios de humor).

¿Cómo se pueden incapacitar los hijos?

- ☞ Pueden haber nacido con una incapacidad, por ejemplo haber nacido mucho tiempo antes, o haber nacido con un defecto de nacimiento, o no haber recibido suficiente oxígeno al cerebro al momento de nacer.
- ☞ De un accidente o lesión, como accidentes de automóvil, caídas o al haber estado a punto de ahogarse.

¿Cómo se pueden incapacitar los adultos?



- ☞ cuando un problema médico se empeora (como una artritis que llegue a ser tan severa que impida el uso de las manos).
- ☞ de automóvil, caídas o al haber estado a punto de ahogarse).
- ☞ Al hacer trabajo de campo (dolores de espalda, problemas en los ligamentos, envenenamiento por pesticidas.)

¿Puedo trabajar si tengo alguna incapacidad?

- ☞ ¡Las personas con incapacidades—incluyendo los trabajadores del campo—pueden trabajar!
- ☞ Esto podría significar que tenga que trabajar menos, encontrar nuevas formas de trabajar, o aprender otro tipo de trabajo.

Ask your doctor for more information about these programs that help people with disabilities:

- ☞ Job training for adults.
- ☞ Income support (cash payments for when you can't work).
- ☞ Special education for children.
- ☞ Adaptive aids for children and adults.
- ☞ Help for adults and children with developmental disabilities.
- ☞ Help with mental health problems.
- ☞ Help with substance abuse problems.



"About Disability" was developed in November 1997 by Berkeley Planning Associates and the National Center for Farmworker Health, Inc. For more information about farmworkers and disability, contact the National Center for Farmworker Health, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512) 328-7682.



¿Qué tipo de ayuda hay disponible?

- ☞ Hay ayuda disponible para adultos y niños con incapacidad.
- ☞ Diferentes programas tienen diferentes reglas, pero si usted califica para un programa, la ayuda por lo general es gratis.
- ☞ Pídale a su doctor por más información acerca de estos programas que ayudan a gentes que sufren de alguna incapacidad:
- ☞ Entrenamiento de trabajo para adultos.
- ☞ Ingreso Social (pagos de dinero en efectivo cuando no puede trabajar)
- ☞ Educación especial para niños.
- ☞ Aparatos de ayuda para niños y adultos.
- ☞ Ayuda a niños y adultos que sufren de incapacidades de desarrollo.
- ☞ Ayuda a personas con problemas de salud mental.
- ☞ Ayuda a personas con problemas de abuso de drogas.



"Incapacidad" fue desarrollado en noviembre de 1997 por los Asociados de Planeación de Berkeley y el Centro Nacional de Salud para Trabajadores del Campo, Inc. Para obtener más información acerca de trabajadores del campo e incapacidad, llame o escriba al Centro Nacional de Salud para Trabajadores del Campo, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512) 328-7682.



Chapter 2

Job Training: Vocational Rehabilitation

Vocational rehabilitation (VR) services help people with disabilities enter (or re-enter) the job market. Services are funded jointly by the federal government and the states, and administered by state government agencies. While the VR system is complex and sometimes difficult to access, it provides services that can be very valuable to farmworkers with disabilities. Berkeley Planning Associates conducted a survey of farmworkers with disabilities in 1996 and found that only 1% had used VR services. Farmworkers may need assistance from health center staff to access these services.

What is Vocational Rehabilitation?

Vocational rehabilitation is the provision of employment-related services to adults and high school age youth with disabilities. VR services are mandated by the federal government and provided by state agencies. The names of these agencies vary by state, but many are referred to as the Rehabilitation Commission or Department of Rehabilitation. Sometimes VR is a division within the social services or human services department. In some states, a separate agency serves people with visual impairments (for example, the Texas Commission for the Blind). Vocational rehabilitation agencies are listed in the government pages of the phone book. Another way to find your local agency is to call the National Rehabilitation Information Center (1-800-346-2742) and ask for information about a particular state.

Within states, the VR system generally has district offices. The size of a district can vary tremendously from state to state. Districts may have several offices where services are delivered and administered. Staff at VR offices determine eligibility and administer all services, although actual delivery of many services may be contracted out to providers (for example, Goodwill Industries). VR counselors act as brokers for the services provided both by the agency and by contract providers. Often, counselors have specialized post-graduate degrees in rehabilitation. It is the counselor's responsibility to ensure that people with disabilities receive the available services they need to obtain employment, and that public VR funds are used according to federal law and state policy.

Counselors are the primary contact in the VR system for both clients and referring service providers; they decide which services the person with a disability may receive.

Eligibility

There are two basic requirements for VR services: (1) The individual must have a disability that creates a **substantial impediment to employment**, and (2) the services must help the individual to prepare for, enter, engage in, or retain **employment that meets the client's ability level**. Impediments to employment vary with disability. Some disabilities, such as blindness or paraplegia, present substantial impediments to many types of employment. Others, such as some emotional or cognitive disabilities like clinical depression or dyslexia, create less clear but often challenging impediments. VR counselors determine whether a disability constitutes a substantial impediment to employment for each client, using standardized criteria and the assistance of medical professionals.

VR helps people with disabilities find jobs that match their abilities and capabilities. Thus, while blindness is not commensurate with employment as a bus driver, working as a transportation dispatcher may well be. Similarly, a person with severe dyslexia may not be qualified to be a court reporter, but that person may be able to hold the job of court bailiff. VR counselors determine which targeted jobs meet the client's ability level using standardized criteria and sometimes the assistance of vocational therapists.

Many state VR programs experience more demand for services than they can afford to provide. By law, states must serve those with the most severe disabilities. These requirements are called **order of selection** rules, and vary from one state to another. For instance, an individual with clinical depression (who could receive services through the Mental Health Department) may be denied services so that funds are available to serve individuals with spinal cord injuries. In some cases, clients are asked to obtain services from another agency, such as the Employment Service. In addition, VR agencies may only serve those people with disabilities who have a reasonable chance of becoming employed. There could be some people with disabilities who are not able to work at any job. Becoming familiar with eligibility procedures and order of selection rules will help providers to predict which individuals are likely to be eligible for VR services.

Once disabled individuals have applied for services, the agency must decide if they are eligible within a specific period of time, usually 60 days. The VR agency may require a number of assessments to be completed by either agency staff or outside professionals, such as physicians, speech therapists, psychologists, etc. These assessments provide the documentation that the agency will use in determining eligibility. Because each person's situation is unique, eligibility determination may be complex and difficult. In some cases, the agency may seek an extension on the time limit to complete necessary assessments. If a client is denied services, the client typically can appeal (see "Appeals," below).

Services

Once eligibility is determined, the VR counselor and the person with a disability develop an Individualized Written Rehabilitation Plan (IWRP). The IWRP is a road map, providing the counselor, client, and other service providers with the directions on how to get the client to where she or he wants to be in the world of work. It must describe a specific, attainable job goal, the needed rehabilitation services, a schedule for services, and who will provide the services. The IWRP is developed by the client and VR counselor together. The client's input into the IWRP is crucial to developing effective services for the individual.

Once the IWRP is developed, the client is ready to start the vocational rehabilitation process. Services offered typically include:

- **Assessment for new kinds of work.** Counselors and rehabilitation therapists employ a number of standardized testing instruments and processes that allow them to specify the client's abilities. For instance, an assessment will determine if a client with a lower back problem is incapable of lifting, can lift limited amounts, can twist sideways while carrying the load, can extend the load away from the body, etc.
- **Medical disability assessment.** Physicians and other disability assessment professionals can perform very detailed analyses of a client's disabilities. For instance, an ophthalmologist can determine the exact nature of a visual impairment and recommend services (such as surgery) or adaptive devices (such as glasses) to help limit disability.
- **Medical or surgical services.** VR agencies will often pay for necessary medical services. For instance, farmworkers may require surgical hernia repair to allow them to return to work.
- **Equipment or adaptive aids.** Adaptive aids allow people with disabilities to perform functions they would otherwise not be able to perform. Some adaptive aids are well known, such as eye glasses or wheelchairs, while others are more unusual, such as talking scales to allow people who are blind to measure weights.
- **Training services.** Training can help people with disabilities to enter or return to the job market. Sometimes training is highly specialized, such as training an individual with a speech impairment to use a speech synthesizer. For many clients, training services are the same vocational services used by non-disabled people.
- **Transportation assistance.** Counselors can arrange for transportation to training and assist the client with obtaining accessible transportation for a new job.
- **Help with returning to work or finding new work.** Finding a job can be difficult. People with disabilities can often benefit from general job search assistance (such as job listings) as well as assistance specific to their disability. For instance, sometimes people with developmental disabilities can learn a new job with the assistance of a job coach, who trains them and is available for help as needed.

VR Services for Youth

VR serves youth aged 14-21 who attend school and are in special education classes. VR services for youth focus on the client's **transition from school to the world of work**. Just as the IWRP is the roadmap for adult VR clients, the Individualized Education Plan (IEP) describes the route the young client will take to productive adulthood. The IEP details a coordinated set of activities that promotes the young client's development, and must:

- be based on the individual student's needs and take into account his or her preferences and interests, and
- include instruction, community experiences, the development of employment and other post-school adult living objectives, and, if appropriate, the acquisition of daily living skills.

Transition IEPs are developed by the special education teacher, the vocational counselor, and the client and her or his family. As with the IWRP, developing an IEP that lays out an effective path to vocational rehabilitation is crucial to the success of the process. The earlier in a youth's schooling this plan is developed, the more successful it will be at helping the youth with a disability make a good transition from school to work.

Appeals

Clients can appeal the decisions of VR programs, including their eligibility and rehabilitation goals and plans. Procedures for appeals vary among states, but the right to appeal is always protected by law. Appeal procedures typically have several levels, and start with a review of the decision or plan by the VR counselor's supervisor. Often, clients who are not satisfied with an appeal decision can request a quasi-judicial hearing conducted by an independent hearing officer, commissioner, or judge. The appeals process can be important to secure a rehabilitation plan that serves the client's needs. Health center personnel can be instrumental in winning appeals if they are active in the process.

Special VR Programs for Farmworkers

A small number of states have special projects specifically designed to provide VR services for farmworkers. These programs are known as "Section 312 programs." (At the time this guide was written, these states were California, Colorado, Idaho, Illinois, Minnesota, Montana, Texas, and Utah. Which states have programs and the number of states with programs is likely to change with each federal funding cycle.)

These programs seek to address the unique barriers faced by farmworkers with disabilities. They stress returning to farm work in most cases, and they typically provide specialized outreach and service strategies designed to overcome the particular barriers facing disabled farmworkers. For instance, many employ seasonal and roving outreach staff to meet farmworkers where they live and

work. Most importantly, the special VR programs typically employ bilingual and bicultural staff, which tremendously improves their ability to communicate with farmworker communities. Unfortunately, most states do not have special VR programs for farmworkers at this time.

Overcoming Barriers to Farmworkers Receiving Services

There are many ways that health center staff can assist farmworkers in accessing VR services. Here are a few suggestions:

- **Educate farmworkers.** Farmworkers are often hesitant to ask for help, and may be accustomed to discrimination. Just letting disabled farmworkers know that there are programs to help them return to work is an important service.
- **Make connections with local VR staff.** Good working relationships with the staff of local VR offices will both educate VR staff about the needs of farmworkers and facilitate effective referrals to VR services. This is also a good way to learn about the language and cultural capabilities of the local VR staff.
- **Learn about VR services in your area.** In addition to making connections, health center providers should learn as much as possible about the VR services in the local area. Ask about waiting lists or special requirements for obtaining services.
- **Provide translation services.** Many VR counselors speak only English and are members of the majority ethnic group. Farmworkers often need help communicating with VR staff.
- **Provide or broker transportation services.** Establishing eligibility and pursuing rehabilitation goals often require the client to visit VR and other providers numerous times. Farmworkers sometimes need help with transportation to avoid missed appointments.
- **If appropriate, encourage and assist farmworkers to settle out.** Farmworkers who migrate are often unable to effectively pursue rehabilitation. VR and other services can be delivered to farmworkers more effectively if they settle out of the migrant stream. While farmworker families may need substantial support to settle out, the results can go beyond successful vocational rehabilitation and include a generally higher standard of living for the whole family.
- **Follow up.** Because farmworkers face so many barriers to accessing VR services, many drop out before completing rehabilitation. Health center staff should follow up with farmworkers to encourage them to achieve their rehabilitation goals and address any barriers that have come up.
- **Host a VR counselor.** If your health center serves many farmworkers, it may make sense for a VR counselor or outreach worker to be out-stationed there one day a week or

every other week. This could help address language and transportation barriers, improve communication among service providers, and even improve farmworkers' confidence in the rehabilitation process. Talk to the VR district supervisor about the possibility of hosting a counselor at your health center.

Resources

The Information and Referral Specialists at the National Rehabilitation Information Center (NARIC) can give you contact information for the VR agency in your state. They are open Monday through Friday from 8:30 a.m. to 5:30 p.m., Eastern time. Call them at 1-800-346-2742 (voice) and press "1" for an Information Specialist.



Job Training: Vocational Rehabilitation

What is vocational rehabilitation?

This program is sometimes called "VR." It helps people with disabilities get back to work or learn new work.



Who is eligible?

You must be under age 65 and able to work at some job, even if you need training to do it. VR programs will serve legal residents or citizens of the United States, but not illegal residents. In some states, a "don't ask, don't tell" policy is in effect.

What kinds of services are available?

You can get help with things like:



- ☞ training for a new kind of work.
- ☞ special medical or surgical services you need to go to work.
- ☞ adaptive aids that allow you to work.

People at the VR program will help you develop a service plan to meet your special needs.

Where do I apply?

VR programs have different names in different states. The program might be called the "Department of Rehabilitation" or "Vocational Rehabilitation." Some states have a separate department just for people who are blind.



There are special VR programs for farmworkers in some states. (These are called "Section 312 programs.")

Because it can take a long time to get services from a VR program, if you are currently migrating it is best to wait until you are in your home state to apply for VR services.



You can ask your doctor or call the "Call for Health" farmworker health line to find out about the VR program in your state. The phone number is 1-800-377-9968 and your call is free. The person who answers the Call for Health line can speak Spanish and English.



"Job Training: Vocational Rehabilitation" was developed in November 1997 by Berkeley Planning Associates and the National Center for Farmworker Health, Inc. For more information about farmworkers and disability, contact the National Center for Farmworker Health, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512) 328-7682.





Entrenamiento de Trabajo: Rehabilitación Vocacional

¿Qué es rehabilitación vocacional?

Este programa también es conocido como "VR" (Vocational Rehabilitation en inglés). Este programa ayuda a personas con incapacidades a regresar a trabajar o a aprender un nuevo tipo de trabajo.



¿Quién califica?

Usted debe tener menos de 65 años y tener la capacidad de hacer algún trabajo, aunque necesite de algún entrenamiento para hacerlo. Los programas de rehabilitación vocacional ayudan a residentes legales o a ciudadanos de los Estados Unidos, pero no a residentes ilegales. En algunos estados, hay una política vigente de "no preguntar, no decir."

¿Qué tipo de servicios hay disponibles?

Usted puede recibir ayuda en cosas como:

- ☞ entrenamiento para aprender un nuevo tipo de trabajo
- ☞ servicios especiales médicos o quirúrgicos que usted necesite para ir a trabajar.
- ☞ aparatos de rehabilitación que le permitan trabajar.



Las personas encargadas del programa de VR le ayudarán a desarrollar un plan de servicios que vaya de acuerdo con sus necesidades específicas.

¿Dónde puedo hacer mi solicitud?

Los programas de VR tienen diferentes nombres en diferentes estados. El programa puede ser llamado "Departamento de Rehabilitación" o "Rehabilitación Vocacional". Algunos estados tienen un departamento por separado especialmente para personas ciegas.



Debido a que puede pasar mucho tiempo antes de que reciba servicios del programa de rehabilitación vocacional, si usted actualmente está migrando es mejor que espere a que regrese al estado donde vive permanentemente para solicitar los servicios de VR.



Puede preguntar a su doctor o llamar a la línea gratuita para trabajadores del campo Call for Health para conocer más sobre el programa de VR que hay en su estado. El número de la línea Call for Health es el 1800-377-9968 y la llamada es gratis. La persona que contesta la línea de Call for Health habla inglés y español.



"Entrenamiento de Trabajo: Rehabilitación Vocacional" fué desarrollado en noviembre de 1997 por los Asociados de Planeación de Berkeley y el Centro Nacional de Salud para Trabajadores del Campo, Inc. Para obtener más información acerca de trabajadores del campo e incapacidad, llame o escriba al Centro Nacional de Salud para Trabajadores del Campo, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512)328-7682.



Chapter 3

Job Training: JTPA

Overview

Many farmworkers who become disabled could benefit from retraining, since people who are too disabled to do farmwork can often do other, less physically demanding jobs. Vocational rehabilitation (VR) is one source of retraining (see Chapter 2). While that system is well versed in the needs of people with disabilities, it is less likely to understand the unique needs of farmworkers. Another possible source of retraining for farmworkers with disabilities is the local Job Training Partnership Act (JTPA) program.

Regular JTPA programs, like VR programs, usually do not understand the unique needs of farmworkers. However, nearly every state and Puerto Rico has a separate JTPA program for farmworkers, often known as the “Section 402 program” because that is the part of the law that authorizes them. (Neither Alaska nor Rhode Island has a Section 402 program.) While each state designs its own program to meet local needs, typically Section 402 programs offer basic skills training (e.g., ESL and GED classes), vocational skills training (e.g., on-the-job or classroom training to become a machine operator or clerical worker), and assistance with finding a new job. Most state programs have a number of field offices in farmworker communities where program staff offer services.

JTPA Section 402 programs are typically operated by community-based organizations dedicated to serving farmworkers. These organizations often administer funding from several governmental sources, so they may offer child care, housing/energy assistance, or Migrant Head Start services in addition to employment and training services. A few JTPA Section 402 providers operate their own training programs; others have agreements with local providers to train people they refer.

Because the JTPA Section 402 providers operate programs for farmworkers, they understand the unique needs of this population, such as their lack of non-agricultural work experience, migrancy, low literacy levels, and poverty. Many Section 402 providers try to serve several members of the family at once in order to facilitate a transition out of farm work. They can sometimes offer relocation assistance for families that want to settle out of farm work in an upstream state, and many offer stipends during training to help offset lost income. Most programs offer supportive services, such as child care or transportation assistance, that help farmworkers take advantage of training. These programs offer pesticide safety education to farmworkers who want to continue working in the fields. In many communities, they are the only source of bilingual and bicultural employment services.

While JTPA Section 402 programs understand the needs of farmworkers very well, they are no more likely than any other mainstream provider to understand the needs of people with disabilities. Therefore, if the patient being referred has a disability that causes severe functional limitations, it may be necessary to work with the JTPA program case managers to give them a clear understanding of the person's limitations and needs. Sometimes VR and JTPA programs can work together: The VR program can provide disability-related accommodations (e.g., an interpreter for a deaf farmworker or special equipment for someone with a mobility impairment), and can even pay for the training provided by the JTPA program.

Eligibility Requirements

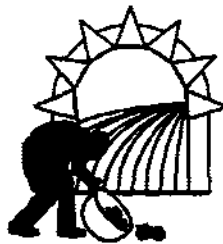
JTPA programs have stringent eligibility requirements. The programs have intake workers who will help applicants compile the documentation needed. For the JTPA Section 402 programs, eligibility requirements include:

- Must be a legal immigrant or citizen of the United States.
- During at least 12 out of the last 24 months, must have earned at least \$400 from farm work or worked 25 days in farm work; but was only employed in farm work on a seasonal basis, without a constant year-round salary.
- During at least 12 out of the last 24 months, must have earned at least half of their income or spent at least half of their work time doing farm work.
- Total family income must be below the poverty line.
- Males must have registered with the Selective Service Board before age 26.

Dependents of farmworkers are eligible for services as well. Some programs have special services available for youths in high school as well as adults.

Resources

The local Migrant Council or similar organization of providers serving farmworkers can probably tell you who the local JTPA Section 402 provider is. You can also call the Association of Farmworker Opportunity Programs (AFOP) to find out about the program in your state, including the locations of field offices. Their number is (703) 528-4141, extension 100. Or you can call the "Call for Health" information and referral line at 1-800-377-9968.



Job Training: JTPA

What is JTPA?

JTPA stands for "Job Training Partnership Act." It is a government program to help poor people get jobs. "JTPA 402" is the program that serves farmworkers.



Who is eligible?

During at least 12 months out of the last 24 months before you apply, you must:

- ☞ be a legal immigrant or citizen of the United States.
- ☞ have earned at least \$400 from farm work, or worked at least 25 days in farm work.
- ☞ have earned at least half of your income from farm work, or spent at least half of your work time doing farm work.
- ☞ have earned a total family income below the poverty line.
- ☞ have registered for the draft before the age of 26 (if you are a man).

What kinds of services are available?

There is a special JTPA program for farmworkers in 48 states and Puerto Rico. Each state has a different program. In general, most states can offer help with:

- ☞ training for a high school diploma.

- ☞ learning English.
- ☞ training for a new kind of work.
- ☞ support services like transportation, child care, food, and pesticide safety education.
- ☞ finding a new job.

How do I find a JTPA program?



You can call the Association of Farmworker Opportunity Programs (AFOP) at 703-528-4141 (extension 100) to find out about the program in your state.

You can also call the "Call for Health" farmworker health line. The phone number is 1-800-377-9968 and your call is free.

The people who answer the AFOP and Call for Health lines can speak Spanish and English.



"Job Training: JTPA" was developed in November 1997 by Berkeley Planning Associates and the National Center for Farmworker Health, Inc. For more information about farmworkers and disability, contact the National Center for Farmworker Health, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512) 328-7682.





Entrenamiento de Trabajo: JTPA

¿Qué es JTPA?

JTPA son las siglas en inglés de "Job Training Partnership Act" - Acto Conjunto de Entrenamiento de Trabajo. Es un programa de gobierno que ayuda a la gente de escasos recursos a encontrar trabajo. "JTPA 402" es el programa que ayuda a los trabajadores del campo.



¿Quiénes califican?

Durante al menos 12 meses de los últimos 24 meses antes de aplicar, usted debe:

- ☞ ser inmigrante legal ó ciudadano de los Estados Unidos.
- ☞ haber ganado por lo menos \$400 dólares haciendo trabajo de campo, o haber trabajado por lo menos 25 días en el campo.
- ☞ haber ganado por lo menos la mitad de su ingreso haciendo trabajo de campo o haber empleado por lo menos la mitad de su tiempo haciendo trabajo de campo.
- ☞ haber ganado un ingreso total familiar menor al nivel de pobreza.
- ☞ haberse registrado para ser llamado a filas antes de los 26 años (si usted es hombre).

¿Qué tipo de servicios hay disponibles?

Hay un programa especial de JTPA para trabajadores del campo en 48 estados y Puerto Rico. Cada estado tiene un programa diferente. En general, la mayoría de los estados ofrecen ayuda con:

- ☞ entrenamiento para obtener diploma de high school.
- ☞ aprender inglés
- ☞ entrenamiento para hacer una nueva clase de trabajo
- ☞ servicios de apoyo como transportación, cuidado de niños, comida, y educación sobre seguridad y pesticidas.
- ☞ encontrar nuevo trabajo.

¿Cómo puedo encontrar un programa de JTPA?



Puede llamar a la Asociación de Programas de Oportunidades para Trabajadores del Campo (AFOP) al 703-528-4141 (extensión 100) para preguntar sobre el programa de JTPA que hay en su estado.

También puede llamar a la línea Call for Health—Una Voz para la Salud, que es una línea a la que pueden llamar los trabajadores del campo. El teléfono de esta línea es el 1-800-377-9968 y la llamada es gratis.

Las personas que contestan las líneas de AFOP y Call for Health hablan inglés y español.



"Entrenamiento de Trabajo: JTPA" fué desarrollado en noviembre de 1997 por los Asociados de Planeación de Berkeley y el Centro Nacional de Salud para Trabajadores del Campo, Inc. Para obtener más información llame o escriba al Centro Nacional de Salud para Trabajadores del Campo, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512) 328-7682.



Chapter 4

Income Support

Farmworkers with disabilities, like anyone with a disability, may be eligible for income support programs. The biggest income support programs for people with disabilities are administered by the Social Security Administration (SSA). They are:

- Supplemental Security Income (SSI), and
- Social Security Disability Income (SSDI).

Although both of these programs provide a monthly income for people with disabilities, and both have the same definition of disability, they are distinct in their other eligibility criteria.

Disability Determination

Both the SSI and SSDI programs have a stringent definition of disability. There is no such thing as partial disability or short-term disability—SSA assumes that a person either is or is not disabled. Disability is based on inability to work, and can be the result of a physical or a mental condition. A person is considered disabled if she or he is unable to do any kind of work for which she or he is suited, and the disability is expected to last for at least a year or result in death. In practice, being able to earn more than \$500 a month (or \$1,000 a month if the person is blind) is evidence that a person can work (also referred to as “participating in substantial gainful activity”). If a person cannot do the kind of work he or she did previously, SSA looks to see if that person can do any other kind of work, considering the person’s age, education, past work experience, and transferrable skills.

For children, the definition of disability is not based on ability to work. Children with certain medical conditions (such as blindness, HIV infection, most cerebral palsy, and mental retardation) are automatically considered to be disabled. Other children must show that their condition limits their ability to function in everyday life, in other words, that their impairment has a marked and severe limitation on their ability to do the things and behave in the ways that children of a similar age normally do. Their disability must be expected to last at least a year or result in death.

Social Security Disability Income (SSDI)

SSDI is a social insurance program based on taxes paid by employees and employers. It was originally developed as an early retirement system for people who became too disabled to work but who were not yet 65 and eligible for regular Social Security retirement benefits. The amount of the SSDI payment that a person receives is based on wages previously earned and reported to Social

Security. Thus, receipt of SSDI depends on having a Social Security account, and having paid taxes into the Social Security system recently enough and for long enough to qualify. Generally, you need to have worked for about half of the last ten years before you became disabled to qualify for SSDI. Farmworkers whose employers did not report their wages to SSA will not be able to receive SSDI (or retirement benefits). Even if their wages were reported, farmworkers who earned very little may not have paid enough taxes into the system to qualify. They may only be eligible to receive SSI instead of SSDI.

- When a primary wage earner is eligible for SSDI, his or her non-disabled spouse (who is over age 62 or who is taking care of minor children) and children (under age 18) are eligible for income support payments as well. The disabled worker also becomes eligible for medical coverage under Medicare after receiving SSDI for two years.

Because the SSDI system is meant to cover long-term, severe disabilities, there is a waiting period for benefits. A worker does not receive benefits until five months after the disability begins.

Supplemental Security Income (SSI)

SSI is available to people over age 65 or disabled people under age 65 (including children) with low income and limited assets, regardless of work history. The rules surrounding SSI for non-citizens were changed as a result of the 1996 Welfare Reform Act, and further changes are expected as immigrant groups lobby to restore benefits. Therefore, if a patient is a non-citizen, it will be necessary to contact SSA to find out the current eligibility requirements for SSI.

Because receipt of SSI is based on having low income and assets, people with disabilities who apply have to show records about their income and what they own (for example, bank accounts, house, car, insurance policies). A spouse's income and assets are counted when a married adult applies, and the parents' income and assets are counted when a child applies. The amount of income a person can earn and still receive SSI varies from state to state. The amount of assets a person can have and still get SSI is limited to \$2,000 for a single person and \$3,000 for a couple. Some assets are excluded from the calculation (e.g., house, car, burial plot).

The amount of a basic SSI check is the same nationwide. However, many states add money to the basic check. You can call the toll-free number listed below to find the monthly amount for any state. In 1997, the basic amount was \$484 for an individual and \$726 for a couple. People who receive SSI are generally eligible for other assistance, such as Food Stamps and Medicaid. Children who receive SSI are generally eligible for health care services under the Children with Special Health Care Needs program, which is usually administered through a state agency.

Applying for SSDI or SSI

Disabled people can apply for SSA programs by phone, through the mail, or in person. To find the location of the closest office, call SSA at 1-800-772-1213. The SSA World Wide Web site (<http://www.ssa.gov>) also has an office locator.

To determine disability, SSA will want to see medical treatment records. Health center staff can help patients by giving them copies of their treatment records (including medication prescriptions and laboratory and test results) or sending records to the Disability Determination Unit as soon as possible when they are requested. Applicants need to know the name, address, phone number, dates of treatment, and types of treatment they received from each health care provider, clinic, or hospital so that SSA can get copies of medical records. Even helping patients to compile this list will be helpful. Health center providers do not determine whether the patient is disabled; only the Disability Determination Unit at SSA does that.

If SSA cannot determine whether the patient is disabled from examining the medical records, the patient may be required to undergo a medical examination at SSA expense.

Applicants for either SSI or SSDI will also be expected to provide the following information:

- Social Security numbers, birth certificates, proof of citizenship status (also for spouse and children, if applying for SSDI),
- work history for past 15 years (where worked and the kind of work performed),
- last year's tax return (W-2), and
- other information about income and assets (if applying for SSI).

Determination of eligibility for SSA programs can take from 60 to 90 days.

Appeals

If a person's claim is denied, it can be appealed. There are four levels of appeal. Applicants have 60 days from the time they receive a decision to file an appeal to the next level.

Medical Benefits

SSDI recipients are enrolled in Medicare after they have received benefits for two years. (They may be eligible for Medicaid during the two-year waiting period.) SSI recipients and their children are generally eligible for Medicaid right away.

Disability Redetermination

SSA reviews cases periodically to determine whether a person is still eligible for benefits. The frequency of review depends on the expectation of recovery, and ranges from six months to seven years. Children whose disability was based on low birth weight will undergo a redetermination within a year, and other children at least every three years. SSA will automatically schedule a disability redetermination in the year before a child who receives SSI reaches age 18.

Going Back to Work

In most cases, people can retain some or all benefits when they attempt to go back to work after becoming disabled. The details vary by program.

Resources

SSA has a toll-free information line; just call 1-800-772-1213. SSA's toll-free number is available 24 hours a day, and is staffed from 7 a.m. to 7 p.m. on business days (the number for people who are deaf is 1-800-325-0778 and is open 7 a.m.-7 p.m. weekdays only). Information is available in Spanish. To talk to a representative, it's best to call later in the week and later in the month. When calling about a particular account, have that Social Security number handy.

SSA's World Wide Web site on the Internet (<http://www.ssa.gov>) has in-depth information about all of Social Security's programs. You can also find out the location of the nearest office by typing in your zip code. Some information on the Internet is available in Spanish.



Income Support

What is income support?



Adults with disabilities who can't work can get cash payments and medical insurance from the government to help support themselves and their families.

Children from poor families who are disabled can get cash payments and medical insurance to help their families pay for the special care and treatments they need.

There are two federal programs specifically for people with disabilities. These programs are the same in all states:

- ☞ Supplemental Security Income (SSI).
- ☞ Social Security Disability Income (SSDI).

Who is eligible for SSI?

You are eligible for SSI if:

- ☞ you are poor.
- ☞ you can't work (or you earn less than \$500 a month).
- ☞ a doctor says you have a disability that will last for at least a year.
- ☞ you can also get SSI if you are over age 65 and poor.
- ☞ If you are not a United States citizen, you may still be eligible if you have worked in this country long enough. Ask your doctor to check the current rules for you.

Your child is eligible for SSI if:

- ☞ a doctor says the child has a disability.
- ☞ your family is poor.
- ☞ If your child is not a citizen of the United States, ask your doctor to check the current rules for you.



Who is eligible for SSDI?



You are eligible for SSDI if:

- ☞ you have paid into the Social Security system for about half of the last 10 years.
- ☞ you can no longer work (or you earn less than \$500 a month).
- ☞ a doctor says you have a disability that will keep you from working for at least a year.

- ☞ If you are eligible for SSDI, you have to wait five months after you become disabled to receive benefits. The amount of benefits you receive is based on how much you earned before you became disabled. Your spouse and children may also be eligible for benefits if you are disabled and receive SSDI.

How do I apply?



You apply for SSI and SSDI at the local Social Security office or by mail. You can call 1-800-772-1213 to ask where that is or to get more information.



"Income Support" was developed in November 1997 by Berkeley Planning Associates and the National Center for Farmworker Health, Inc. For more information about farmworkers and disability, contact the National Center for Farmworker Health, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512) 328-7682.





Ingreso Social

¿Qué es Ingreso Social?



Los adultos con incapacidad que no pueden trabajar pueden obtener pagos de dinero en efectivo y seguro médico del gobierno para ayudarlos a sostenerse a ellos mismos y a sus familias.

Los hijos de familias que tienen alguna incapacidad pueden obtener pagos de dinero en efectivo y seguro médico para ayudar a sus familias a pagar por el cuidado y tratamiento especial que ellos necesitan.

Hay dos programas del gobierno federal específicamente para personas que sufren de alguna incapacidad. Estos programas son los mismos en todos los estados.

- ☞ Ingreso Suplementario de Seguridad (SSI, siglas en inglés).
- ☞ Ingreso de Incapacidad del Seguro Social (SSDI, siglas en inglés)

¿Quiénes califican para obtener SSI?

Usted califica para obtener SSI si:

- ☞ usted es pobre
- ☞ usted no puede trabajar (o gana menos de \$500.00 dólares al mes).
- ☞ un doctor dice que tiene una incapacidad que va a durar por lo menos un año.
- ☞ también puede obtener SSI si tiene más de 65 años y es pobre.
- ☞ Si usted no es ciudadano de los Estados Unidos, puede calificar si ha trabajado en este país por suficiente tiempo. Pidale a su doctor que cheque cuáles son los requisitos actuales.

Su hijo califica para obtener SSI si:

- ☞ un doctor dice que su hijo tiene alguna incapacidad.
- ☞ su familia es pobre
- ☞ Si su hijo no es ciudadano de los Estados Unidos, pídale a su doctor que cheque cuáles son los requisitos actuales.



¿Quién califica para obtener SSDI?

Usted califica para obtener SSDI, si:



- ☞ usted ha hecho pagos al sistema del Seguro Social por la mitad de los últimos 10 años.
- ☞ usted ya no puede trabajar (o gana menos de \$500.00 dólares al mes).
- ☞ un doctor dice que tiene una incapacidad que le impide trabajar por lo menos un año.

Si usted califica para obtener SSDI tendrá que esperar cinco meses después de haber sufrido la incapacidad para recibir beneficios. La cantidad de beneficios que usted reciba se calculará en base al dinero que ganaba antes de haberse incapacitado. Su esposa(o) e hijos también pueden calificar para recibir beneficios si usted está incapacitado y recibe SSDI.

¿Cómo hago mi solicitud?



Usted puede hacer su solicitud para recibir SSI y SSDI en su oficina local de Seguro Social o por correo. Puede llamar al 1-800-772-1213 para preguntar dónde queda la oficina o para obtener más información.



"Ingreso Social" fué desarrollado en noviembre de 1997 por los Asociados de Planeación de Berkeley y el Centro Nacional de Salud para Trabajadores del Campo, Inc. Para obtener más información acerca de trabajadores del campo e incapacidad, llame o escriba al Centro Nacional de Salud para Trabajadores del Campo, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512) 328-7682.



Chapter 5

Special Education

for Children with Disabilities

Children with disabilities can learn, even if it sometimes takes them longer than other children. They can usually go to school, graduate, and get a job just like people without disabilities. Special education services are designed to serve the needs of children with disabilities, regardless of the nature or severity of their disabilities. The Individuals with Disabilities Education Act, or IDEA, requires that special education services be provided to all children with disabilities, regardless of their legal status.

Who Is Eligible?

Special education services are now available to children with disabilities starting at birth and extending until they graduate from high school or reach age 22. "Early Intervention" services are available for children ages birth through three years. Eligibility for early intervention services is based on the existence of a diagnosed condition that is likely to cause a disability (such as Down Syndrome or cerebral palsy) or a developmental delay that might become a disability in any one of a number of areas of development (physical, cognitive, communication, social or emotional, or adaptive). Children who are born very prematurely (prior to 32 weeks gestation) are usually eligible for early intervention services because they often have conditions that put them at risk of disability. States also have the option of serving children with developmental delays in the preschool program (ages 3-5), but most older children must already have a disability in order to be eligible for services.

The disabilities that make a child eligible for special education include:

- mental retardation,
- hearing impairments, including deafness,
- speech or language impairments,
- visual impairments, including blindness,
- serious emotional disturbance,
- orthopedic impairments,
- autism,
- traumatic brain injury,

- specific learning disabilities,
- deaf-blindness,
- multiple disabilities, and
- other health impairments that interfere with the child’s ability to learn or play.

Some school districts may use different terminology from that above.

Assessment of disability is part of the process of establishing eligibility for special education. In many areas, assessment instruments are only available in English, and it is sometimes difficult to separate out language/literacy issues from disability issues for Spanish-speaking children. Health center staff can help parents advocate for their children to be assessed for special education if school districts try to attribute their learning difficulties to lack of English-speaking ability. Another barrier to assessment for farmworker children is time: If the children migrate with their families, there may not be enough time to conduct assessments and develop a service plan. Upstream school districts may resist serving migrant children if they perceive students to be using valuable assessment resources and then leaving before services can be delivered. Health center staff can help advocate for their migrating patients to receive services even though they are not expected to stay for the whole school year. Health center staff can also arrange for records of assessments to be transferred to homebase centers.

What Services Are Available?

The basic promise of special education is to provide “a free, appropriate public education” in the “least restrictive environment.” This means that children with disabilities should, to the extent possible, be “mainstreamed” with other children in regular classrooms rather than being served in segregated settings like separate classrooms or separate schools. This may mean providing an aide to help a severely disabled child in a regular classroom, or providing a sign language interpreter for a deaf child.

Once children with disabilities are assessed as being eligible for special education, a team of professionals and the parents develop an Individualized Education Plan, or IEP, for the child. This plan outlines the educational and support services that will be provided, and is updated periodically. The support services are known as “related services,” and include things that will help the child benefit from educational services. These can include transportation, speech therapy, physical or occupational therapy, psychological therapy, assistive technology, and social services. Parents are entitled to have translators at IEP meetings if necessary.

For children from birth through age three who are enrolled in the Early Intervention program, an Individualized Family Service Plan, or IFSP, is developed. The difference in terminology is used to

acknowledge that an infant or toddler must be served in the context of the family. Services are usually provided in the home or in treatment centers rather than in schools.

Children with disabilities who are eligible for Migrant Head Start can often receive preschool services and early intervention services through that program. Migrant Head Start, like all Head Start programs, must reserve 10% of its slots for children with disabilities.

Relationship to Migrant Education

The Interstate Migrant Education Center published a report on special education in 1992. In it, they pointed out that there are many barriers to identifying the number of migrant children served in special education. Migrant education data tend not to identify children receiving special education, and vice versa. However, given what data were available, they concluded that migrant children are underidentified and underserved in special education. There are many issues that prevent migrant children from receiving services—and some of them apply to all farmworker children—including:

- assessment procedures do not take into account the language and cultural background of the child.
- records are not transferred to receiving districts when children move, so that assessments may have to be performed over and over.
- migrant students tend to be behind other children academically, even before their disabilities are taken into account.
- both migrant children and children with disabilities are at high risk of dropping out of school.
- migrant children may have numerous health problems (e.g., chronic otitis media) that interfere with their ability to learn.
- special education teachers may not be trained to provide services to farmworker children.

Health center personnel can be advocates for their disabled pediatric patients who are entitled to receive special education services. Parents may be protective of their disabled children and want to keep them at home, assuming that they will not benefit from school. They may not know that services are available regardless of their child's legal status. Therefore, just informing families of the existence of special education services may be an important benefit in and of itself. Providers can also provide health screening information when requested, and act as translators for parents. Being aware of the issues involved in providing special education to disabled farmworker children can support families through the process.

Resources

The local Special Education or Migrant Education director should be able to provide information about special education in any particular district. The resources below may be helpful if local personnel cannot provide the information needed.

National Parent Network on Disabilities

1727 King Street, Suite 305
Alexandria, VA 22314
703-684-6763 (voice/TTY)
703-836-1232 (fax)

Most states and counties have parent support groups and training resources that help parents of children with disabilities navigate the special education system. This organization will give referrals to the nearest parent training and information program.

National Association of State Directors of Special Education

1800 Diagonal Road
Alexandria, VA 22314
703-519-3800 (voice)
703-519-7008 (TTY)
703-519-3808 (fax)

This organization can give information about state directors of special education, who in turn can provide parents or health care providers with information about local resources. The state director (or staff in his/her office) will also have information about procedural safeguards in the state (the system for handling complaints, mediation and due process procedures), and can offer assistance as needed.

Interstate Migrant Education Center

One Massachusetts Ave., NW, Suite 700
Washington, DC 20001-1431
202-336-7078 (voice)

This organization produced the 1992 report, entitled *Migrant Education Policy Brief: Special Education*, and has convened forums to discuss the issue of special education for migrant students.

Migrant/Special Education Graduate Fellowship Program

Department of Education Studies, OMB 112

SUNY at New Paltz

75 S. Manheim Blvd.

New Paltz, NY 12561

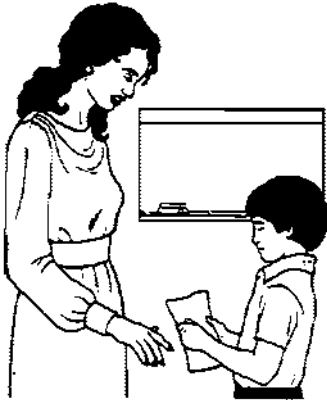
914-257-2842 (voice)

Internet: http://www.newpaltz.edu/bilingual_special_ed/migrant.html

Dr. Spencer J. Salend directs this fellowship program, which trains educators to work with migrant students with disabilities and their families. The training program offers a tuition-free 36-credit Master's degree in Special Education. It is funded by the U.S. Department of Education.



Special Education for Children With Disabilities



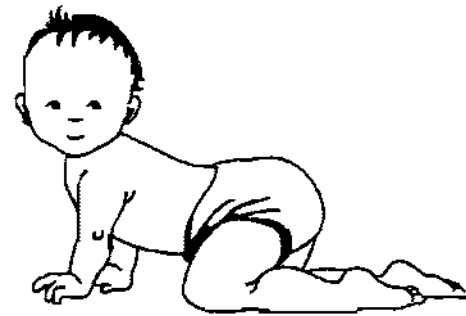
What is special education?

Children with disabilities can learn, even if it sometimes takes them longer than other children! They can usually go to school, graduate, and get a job just like people without disabilities. But they need special help, so there are teachers in schools who help disabled children.

Who is eligible?

All schools in this country must provide special education services to children with disabilities. It does not matter whether you are a U.S. citizen, a legal immigrant, or an illegal resident.

Children with disabilities often need to start a learning program earlier than other children. They can get special education services even when they are babies. Sometimes teachers come to your home, or you might take your child to a program a few days a week. Migrant Head Start provides special education services.



If you think your baby is doing things (like sitting up, walking, or talking) slower than others, you can get special help before your child is school-aged. Sometimes special help for babies can help them “catch up” to other children.

The special education staff will ask for your permission to test your child to see if she or he is eligible.

Examples of the kinds of disabilities that make a child eligible:

- ☞ physical disabilities (like trouble walking, needing a wheelchair or crutches, having spastic muscles).
- ☞ hearing problems.
- ☞ speech problems (not for help learning to speak English).
- ☞ learning disabilities (like problems learning to read or spell).
- ☞ mental retardation (problems learning, thinking, or judging).
- ☞ serious emotional problems (like depression or anxiety).
- ☞ other disabilities (like a brain injury, autism, or major health problems).

What kinds of services are available?

Services can be:

- ☞ special help in school, either in a special class all or some of the time, or with someone helping your child in a regular classroom.
- ☞ special transportation if needed (like if a child who uses a wheelchair can't ride the regular school bus).
- ☞ physical therapy or speech therapy.

Teachers and parents work together to develop a service plan for each child.

How do I find out more?



Ask teachers in your local school, your Migrant Education coordinator, or a Migrant Head Start staff person.



"Special Education for Children With Disabilities" was developed in November 1997 by Berkeley Planning Associates and the National Center for Farmworker Health, Inc. For more information about farmworkers and disability, contact the National Center for Farmworker Health, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512) 328-7682.





Educación especial para niños con incapacidad



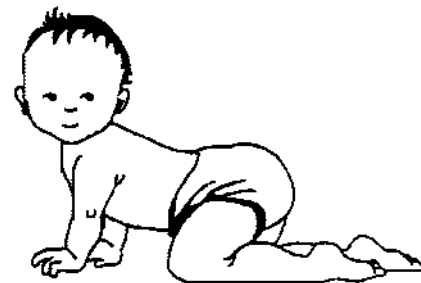
¿Qué es educación especial?

¡Los niños que tienen alguna incapacidad pueden aprender, aún cuando les tome más que otros niños! Por lo general pueden ir a la escuela, graduarse y conseguir trabajo del mismo modo que las gentes que no tienen ninguna incapacidad. Pero necesitan ayuda especial, de manera que hay maestros en las escuelas que ayudan a niños con incapacidad.

¿Quién califica?

Todas las escuelas de este país deben dar servicios de educación especial a niños con incapacidades. No importa si usted no es ciudadano de los Estados Unidos, inmigrante legal o residente ilegal.

Los niños con incapacidades muchas veces necesitan empezar a aprender antes que otros niños. Ellos pueden recibir servicios de educación especial desde su niñez. Algunas veces las maestras van a las casas, o también usted puede llevar a su niño a un programa algunos días a la semana. El programa de Migrant Head Start proporciona servicios especiales de educación.



Si usted piensa que su bebé hace cosas como (sentarse, caminar o hablar) más lento que los demás, puede obtener ayuda especial antes de que su hijo esté en edad escolar. Algunas veces esta ayuda especial para los bebés los ayuda a ponerse al mismo ritmo que otros niños.

El personal encargado de educación especial solicitará su permiso para hacer una prueba a su hijo y saber si su hijo(a) califica para el programa.

Ejemplos de clases de incapacidades que hacen que su hijo(a) califique:

- ☞ incapacidades físicas (dificultad para caminar, necesidad de silla de ruedas o muletas, tener músculos espásticos).
- ☞ problemas para oír.
- ☞ problemas para hablar (no para aprender a hablar inglés).
- ☞ problemas para aprender (problemas para aprender a leer o deletrear).
- ☞ retraso mental (problemas para aprender, pensar o juzgar).
- ☞ problemas emocionales serios (depresión, ansiedad).
- ☞ otras incapacidades (lesiones cerebrales, autismo, o problemas de salud serios).

¿Qué tipos de servicios hay disponibles?

Los servicios pueden ser:

- ☞ ayuda especial en la escuela, ya sea en una clase especial todo o parte del tiempo, o con alguien que ayude a su hijo en una clase regular.
- ☞ transportación especial si lo necesita (por ejemplo si su hijo usa una silla de ruedas y no puede ir en un camión regular de la escuela).
- ☞ terapia física o terapia para hablar.

Los padres y maestros pueden trabajar juntos para desarrollar un plan de servicios de acuerdo a las necesidades de cada hijo.

¿Cómo puedo saber más?



Pregunte a los maestros de su escuela local o a su coordinador de Educación para Migrantes o al personal del programa de Migrant Head Start.



"Educación especial para niños con incapacidad" fué desarrollado en noviembre de 1997 por los Asociados de Planeación de Berkeley y el Centro Nacional de Salud para Trabajadores del Campo, Inc. Para obtener más información acerca de trabajadores del campo e incapacidad, llame o escriba al Centro Nacional de Salud para Trabajadores del Campo, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512) 328-7682.



Chapter 6

Adaptive Aids

Adaptive aids can make the lives of people with disabilities considerably easier. “Adaptive aids” is an umbrella term that refers to equipment, assistive technology, and techniques that help adults and children with disabilities do what others can do without help. These may be as simple as a rubber ring to make a doorknob easier to grasp, or as complicated as a speech synthesizer (a computer that takes written words and reads them aloud).

Most people know about such equipment as wheelchairs and canes, but there is a range of adaptive technology that patients and providers may not know about or know where to get. Below, we describe in general terms the most common kinds of adaptive aids. There are also resources listed at the end of this section that providers can call to get information about specific products.

We have included some techniques used by persons with sensory disorders (Braille and American Sign Language) in this section, even though these are not “things.” People who lose their vision or hearing at a young age usually find these techniques easy to learn, whereas older people may not want to take the trouble to learn them. Older people with visual impairments may want to depend on audio tapes rather than learning to read Braille. Older people who become deaf may not know other deaf people who use American Sign Language, and may depend instead on writing notes in their daily lives. What is important is that people who become disabled be made aware of these options, so that they can make a decision about whether to learn a new technique. Health center personnel are key in helping people with disabilities understand their options.

Examples of Adaptive Aids

For people with **physical disabilities**:

- **Wheelchairs.** There is a wide variety of wheelchairs available, from heavy manual ones used in hospitals and nursing homes, to lightweight racing chairs in bright colors, to motorized chairs powered by batteries. Motorized wheelchairs offer a significant improvement in mobility for those without the upper body strength to push themselves in manual chairs. **Scooters** are sometimes a cheaper alternative to motorized wheelchairs, if the person has sufficient balance to sit without support.
- **Crutches, canes, and walkers.** People who do not need a wheelchair, but who need assistance in walking, can often use crutches, canes, or walkers. There are a wide variety of these aids available as well. Some people who need assistance in walking can use a **brace** to strengthen a weak limb.
- **Artificial limbs.** Prosthetic arms, legs, feet, and hands are used by those who have experienced amputations. For some, there still may be a need to use a cane or crutch, but others may be able to walk unassisted once fitted with an artificial limb.

- **Reachers, grab bars, grippers.** There is a wide variety of devices to help people with limited reach, limited ability to bend over, or limitations in grip. Many of the simpler devices, such as grippers for pens, faucets, or doorknobs, are available in hardware stores. Specially designed cups and utensils can help those who have limited hand grip due to arthritis or cerebral palsy. Outlet extensions can raise the height of an outlet, which helps people who cannot bend over to plug in an appliance; a similar extension can lower the height of a light switch. Grab bars around toilets or in bath tubs help people who have limited strength or difficulty with balance to stand on their own.
- **Other adaptive equipment.** There are many adaptive devices that help people with physical disabilities participate in activities of daily living. For instance, driving hand controls allow people who cannot use gas and brake pedals to drive a car. Lifts and ramps help people using wheelchairs or walkers. Other equipment helps people with physical disabilities participate in sports, such as bowling or fishing, or recreational activities that they enjoyed prior to the onset of their disability (e.g., one-handed knitting devices or card holders).

For people with **sensory disorders**:

- **Glasses, large print materials, magnifiers, equipment that reads aloud,** and other adaptive equipment for people with visual impairments. **Big button phones and calculators,** for instance, help people with partial vision use these machines independently. Some phone companies offer special programs to give free equipment and services (e.g., big button phone or free 411 service) to people with disabilities. Call your local phone company to see if they offer such a program.
- **Guide dogs for the blind.** Guide dogs are specially trained to assist blind people in personal mobility. Vocational rehabilitation counselors can provide information about guide dog training. There are also specially trained **service dogs** for people with hearing impairments; they will notify the person if certain sounds occur (e.g., a doorbell, a baby crying). Other service dogs are trained to help people who use wheelchairs pick things up, open doors, or reach inaccessible items.
- **White canes.** Blind people can learn to get around independently with the assistance of a white cane. Children who are blind often receive cane training as part of their special education plan.
- **Braille books and books on tape.** The National Library Service for the Blind and Physically Handicapped offers Braille books and books on tape (sometimes known as “talking books”) free of charge to people who are blind or visually impaired. Braille is a system for representing the alphabet and numbers with raised dots. Many students who are blind are taught Braille in school, and they use it for both reading and writing, using a special typewriter. People who lose their sight as adults may find it harder to learn Braille. For them, materials on tape are a good alternative. There are 56 regional libraries around the country that offer Braille books and books on tape, which can be borrowed postage-free through the mail if the location is not convenient. See “Resources,” below, for information about the program.

- **Visual signals for people with hearing impairments.** There are adaptive aids that translate sounds, such as doorbells or a baby crying, into a flashing light that can be seen by a deaf person. Alarm clocks that blink instead of ringing are also available.
- **American Sign Language.** Deaf people can communicate with each other through American Sign Language (ASL), a language of hand and body movements, including an alphabet for finger-spelling words. Classes in ASL are typically offered at community colleges and adult education centers. An older person who becomes deaf may not know other deaf people to communicate with, but if the whole family learns ASL, this will greatly improve their communication.
- **Hearing aids.** People who have hearing impairments often benefit from hearing aids that amplify sounds. Modern hearing aids are generally small and hardly noticeable.
- **TTYs.** Teletypewriters, or TTYs (sometimes called Telecommunication Devices for the Deaf, or TDDs), allow people with hearing impairments to communicate over the phone, either directly with another TTY user, or through a relay service to a hearing person. All states are now required to have relay services, where an operator reads the TTY user's message to the hearing person and then types the hearing person's response to the TTY user. TTYs look like small typewriters. The phone receiver is placed in a cradle on the machine to transmit the signal. TTYs are very easy to learn to use. In many states, phone companies have special programs to help deaf customers acquire free TTYs. TTYs are also useful for people with speech impediments who have trouble being understood on the phone.
- **Other communications devices.** There are a variety of communication devices to assist those who have speech impairments. These may be as simple as a deck of cards with pictures and words that can be arranged into sentences. Other people may have an alphabet board and point to individual letters to spell out their messages. Speech synthesizers take electronic input (typed in or using specially designed picture keys) and speak it out loud.

How to Pay for Adaptive Aids

Unfortunately, funding for adaptive aids may be difficult to come by. Health insurance often does not cover "durable medical equipment," or the coverage limits are very low. However, health insurance is the first place to look for coverage of adaptive aids.

Patients who are clients of the vocational rehabilitation system can usually obtain adaptive equipment as part of their rehabilitation plan if the equipment helps them pursue their vocational goal. Children may be able to receive equipment through their special education program.

Many states have an assistive technology program funded by the National Institute on Disability and Rehabilitation Research. Some of these programs offer assistance in obtaining funds for devices and services (see "Resources," below).

Sometimes fraternal organizations, such as the Rotary Club or the Lions Club, raise money to help people with no other means to acquire adaptive equipment. Disability organizations such as Easter Seals or Goodwill often have equipment lending or purchasing programs. Philanthropic organizations, such as Catholic Charities, may have a program to fund special requests from people with disabilities.

Your local Independent Living Center may have information about where to get adaptive aids in your area (see Chapter 1 for information on contacting one). Your local vocational rehabilitation provider is another good information source. Sometimes organizations of parents of disabled children have newsletters where they sell adaptive aids that their children have outgrown. For information about parent organizations, see Chapter 5.

A good way for health centers to ensure that their patients get the adaptive aids they need is to establish a relationship with the nearest medical rehabilitation center. Occupational therapists at rehabilitation hospitals are well informed about the latest equipment, and usually assist patients in finding out what is covered by insurance.

Resources

ABLEDATA

1-800-227-0216 (voice/TTY, Monday-Friday, 8:00 a.m. to 5:30 p.m., Eastern time)
Internet: <http://www.abledata.com>

ABLEDATA is an electronic database of information on assistive technology and rehabilitation equipment available in the United States. It has more than 23,000 product listings, each of which includes a detailed description of the item, complete company contact information, and distributor listings. In addition to commercially available products, the database also lists non-commercial prototypes, customized products, and one-of-a-kind products. The products range from white canes, grabbers, and adaptive driving equipment to adaptive clothing for people who use wheelchairs to low vision reading systems and voice output programs for people with visual impairments.

There is no print catalog (it would take 30,000 pages), but the database can be searched on the World Wide Web or by having an information specialist perform a search for you. For instance, you can search for equipment for a particular condition (e.g., arthritis) or for a specific purpose (e.g., recreation).

State Assistive Technology Programs

State programs are funded by the National Institute on Disability and Rehabilitation Research, under the Technology for Individuals with Disabilities Act. Services provided by these projects may include:

- information and referral,
- assistance in obtaining funding for devices or services,
- equipment demonstration center,
- equipment loan program,
- training in assistive technology use,
- equipment exchange and recycling program,
- loan program for the purchase of assistive technology or services,
- peer support groups, and
- mobile van outreach.

For contact information for your state's program, call:

RESNA Technical Assistance Project
 1700 North Moore Street, Suite 1540
 Arlington, VA 22209-1903
 703-524-6686 (voice)
 703-524-6630 (TTY)

National Library Service for the Blind and Physically Handicapped

1291 Taylor Street, NW
 Washington, DC 20542
 202-707-9275 or 202-707-5100 (voice)
 202-707-0744 (TTY)
 202-707-0712 (fax)
 Internet: <http://www.loc.gov/nls>

This service is part of the Library of Congress, which administers the program nationally. The direct service is provided by 56 regional libraries in the various states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands.

The program provides for the free loan of recorded and Braille books and magazines, music scores in Braille and large print, and specially designed playback equipment to eligible residents who are unable to read or use standard print materials because of visual or physical impairment. Each regional library can take applications for the program.

The Internet site contains links to the home pages of the various regional libraries, so you can find out about programs in your state.



Adaptive Aids

What are adaptive aids?

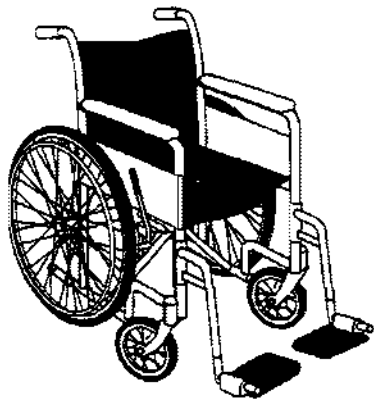
Things that help adults and children with disabilities do what others can do without help.

Examples of adaptive aids are:



☞ glasses to help people see better.

☞ wheelchairs to help people who can't walk on their own (either the kind you push yourself or battery-powered ones).



☞ crutches or walkers to help people who can stand upright but cannot walk without help.

☞ artificial limbs for children who were born without them, or adults who had an injury or accident.

☞ reachers for help picking things up for people who can't bend over.

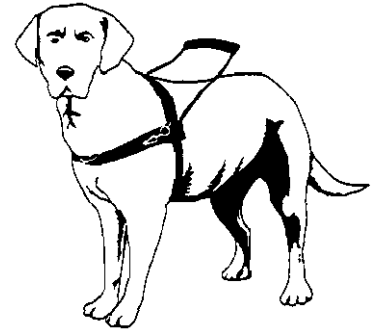
☞ grippers that go on pens or utensils to help people with arthritis.

☞ grab bars around toilets and bathtubs for people who have trouble standing up.

☞ American Sign Language (talking with your hands) so people who are deaf can talk to each other.



- ☞ TTYs (teletypewriters) to allow people who are deaf to use the telephone.
- ☞ Braille (an alphabet of raised dots) that allows people who are blind to read.
- ☞ canes or guide dogs to help blind people get around.



How do I get an adaptive aid?

- ☞ through your health insurance.
- ☞ through a vocational rehabilitation program, if you need the aid to go back to work.
- ☞ through a non-profit organization, like the local Lion's Club Blind Center, Easter Seals, the Rotary Club, Catholic Charities, or your church.

How do I find out more?

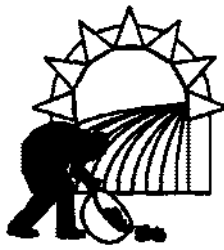


Ask your doctor for help in thinking about what you or your child may need, and how to get it.



"Adaptive Aids" was developed in November 1997 by Berkeley Planning Associates and the National Center for Farmworker Health, Inc. For more information about farmworkers and disability, contact the National Center for Farmworker Health, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512) 328-7682.





Aparatos/Guías de Rehabilitación

¿Qué son aparatos/guías de rehabilitación?

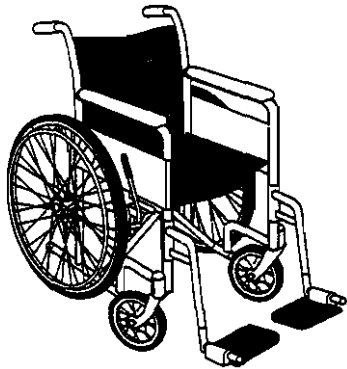
Son cosas que ayudan a niños y adultos con incapacidad a hacer actividades que otros pueden hacer sin necesidad de ayuda.



Ejemplos de aparatos/guías de rehabilitación incluyen:

☞ anteojos para ayudar a las personas a ver mejor.

☞ sillas de ruedas para ayudar a las personas que no pueden caminar por sí mismas (ya sea sillas de ruedas que se empujan o que operan con baterías).

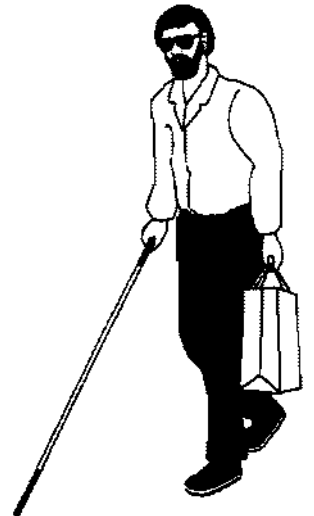


☞ extremidades del cuerpo artificiales para ayudar a los niños que nacieron sin ellas, o a los adultos que sufrieron alguna lesión o accidente.

☞ recogedores para ayudar a las personas que no pueden agacharse a levantar objetos que no están a su alcance.

☞ "grippers" que se ponen en plumas u otros utensilios para ayudar a las personas que sufren de artritis.

☞ barras que se encuentran en los lavamanos o tinas para ayudar a las personas que tienen problemas para levantarse.

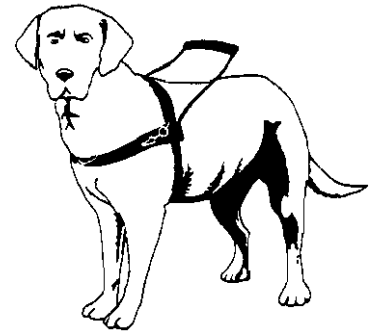


☞ El sistema de lenguaje Americano a base de señales (hablar con las manos) para ayudar a las personas que son mudas a comunicarse con otros.

☞ "TTYs" (máquinas de escribir por medio del teléfono) para ayudar a las personas que son mudas a usar el teléfono.

☞ "Braille" (alfabeto a base de puntos que sobresalen) para ayudar a las personas que son ciegas a leer.

☞ bastones o perros de guía para ayudar a las personas que son ciegas a moverse a su alrededor.



¿Cómo puedo conseguir un aparato/guía de rehabilitación?

☞ por medio de su seguro médico

☞ por medio de un programa de rehabilitación vocacional, si usted lo necesita para regresar a trabajar.

☞ por medio de un organización sin fines de lucro, como el centro local para ciegos Club de Leones, "Easter Seals", el Club Rotario, caridades Católicas o su iglesia.

¿Cómo puedo saber más?



Pídale a su doctor que lo ayude a pensar qué otra cosa necesitaría usted o su hijo y cómo podría conseguirlo.



"Aparatos/Guías de Rehabilitación" fué desarrollado en noviembre de 1997 por los Asociados de Planeación de Berkeley y el Centro Nacional de Salud para Trabajadores del Campo, Inc. Para obtener más información llame o escriba al Centro Nacional de Salud para Trabajadores del Campo, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512) 328-7682.



Chapter 7

Developmental Disabilities Services

What Are Developmental Disabilities?

There is no single definition of developmental disability. In the broadest definition, a developmental disability is any kind of **severe, chronic disability that occurs in childhood** (and thus affects development) and is:

- attributable to mental or physical impairment,
- results in substantial functional limitations in several areas of life, and
- requires services over an extended period.

However, often the term “developmental disability” is used to mean “mental retardation.”

Each state has a specific definition of who is eligible for developmental disabilities services. Originally, services were available only for people with mental retardation (which is usually defined as having low intelligence, or low IQ). Over time, however, many states expanded service eligibility to people who had other conditions, such as cerebral palsy, autism, and epilepsy, because these conditions also begin in childhood and many people with these conditions also have similar service needs. In the 1970s, the federal government adopted the broadest functional definition of developmental disability, but because most programs are funded by states, the federal definition has not been widely accepted.

Therefore, the question of whether a particular child or adult is eligible for services depends on which state they live in, and being eligible in one state does not guarantee eligibility in another. This is a potentially serious issue for farmworkers who migrate. However, people with mental retardation will very likely be eligible no matter what state they are in. In addition, most people with mental retardation will be eligible for SSI (see Chapter 4).

In some states, agencies are still known as “Division of Mental Retardation” or a similar name, but in others, the name has been changed to include the term “developmental disability.” You can usually find the agency in the government section of the telephone book. If you do not know the name of the service agency in your state, you can call the National Association of Developmental Disabilities Councils or the Administration on Developmental Disabilities (see “Resources,” below).

* The federal definition of developmental disability is: “A disability that originated before age 22 and causes significant functional limitation in at least four of the following areas of major life activity: self-care, understanding and use of language, learning, mobility, self-direction, or a capacity for independent living.” According to this definition, then, a person who experienced a spinal cord injury or other physical impairment at a young age would be defined as developmentally disabled, without necessarily having a cognitive impairment. By contrast, even the most expanded state definitions tend to remain anchored primarily in the cognitive impairment of mental retardation.

Distinguishing Between Developmental Disabilities and Other Disabilities

In common usage, people sometimes do not distinguish between cognitive disabilities like mental retardation and psychiatric disabilities like schizophrenia or bipolar disorder. To some people, having something “wrong in the head” is all one thing. However, there are very different approaches to treating psychiatric disorders and developmental disabilities—people with psychiatric disabilities can usually be helped with medication and psychotherapy, whereas people with developmental disabilities need specialized supportive services but their disability may not dramatically improve. Therefore, it is important to distinguish between these disorders in order to help farmworkers get the services they need.

Many people use euphemisms for developmental disabilities or mental retardation, saying that someone has a “learning problem” or is a “slow learner.” However, this sort of language can backfire, because a person might confuse developmental disabilities with learning disabilities, which are a series of specific kinds of brain processing problems (like having trouble reading, spelling, or doing math). People with learning disabilities have normal or above normal intelligence. They may have trouble learning, but for an entirely different reason than people with developmental disabilities. People with learning disabilities are generally not eligible for developmental disabilities services, although as children they are eligible for special education services.

Establishing Eligibility

In general, developmental disabilities agencies will have an assessment process that they require in order to establish eligibility for their services. Since most people with developmental disabilities are diagnosed in childhood, often the eligibility process uses information from the special education system. When an adult applies for services for the first time, the agency will probably require psychological testing in order to establish an IQ level, as well as requiring evidence that the disability began when the person was a child.

Health care providers can help adults with developmental disabilities establish eligibility for services by advocating for assessment procedures conducted in the person’s native language, and helping gather the medical evidence and other materials that are required.

Services Available

Availability of services will vary among communities. Services can include diagnosis, evaluation, and treatment of the disabling condition (e.g., physical therapy for a person with cerebral palsy), personal care, day care, special living arrangements, training for jobs, education,

sheltered employment, recreation programs, social and legal services, information and referral to services, and transportation.

In the past, many individuals with developmental disabilities were cared for in large state institutions, because it was believed that people with cognitive impairments could not live in the community. Over the past few decades, however, there has been a change in philosophy. Many large state institutions have been closed and more services are delivered in smaller residential settings or directly to families who want their disabled family members to live at home. At this point, a minority of people with developmental disabilities live in large institutions. Most either live with their families or in group homes with fewer than 16 residents.

Services for individuals with developmental disabilities are usually coordinated by a case manager, and are usually available to people throughout their lives. Often, a formal service plan is developed, with input from the family. Therefore, a baby born with Down Syndrome might receive Early Intervention services (in coordination with Special Education) and family members might participate in parent and sibling support groups. As the child grows and goes to school, most services are likely to come from the school system, although the family might be eligible for respite care (where a trained person takes care of the disabled person so that the rest of the family can have a break) or assistive technology through the developmental disabilities agency. As an adult, the developmentally disabled person might need services to help with employment or other daytime activities. The family might still receive respite services, or might want to consider a residential placement for their family member. With the right support, many people with developmental disabilities can work in the community (using a service called "supported employment") and live semi-independently (using a service called "supported living"). For those with more severe disabilities, a day program that focuses on adaptive skills may be an alternative. There is, however, no reason for a person with developmental disabilities to sit home all day or to wander the streets while others work.

Health center staff can help farmworker families advocate for the services they need, and provide translation services as needed. Providers can also work with agency staff in their areas to help them understand the needs of farmworker families.

Under the law, people with developmental disabilities have a right to "appropriate treatment, services, and habilitation." Each state receives funds from the federal government to plan, administer, and provide developmental disabilities services. In return, the state developmental disabilities agency must work to improve the quality of its services through comprehensive planning, coordination of resources, and developing programs to fill gaps in services. Each state also has a Protection and Advocacy office, where people with developmental disabilities or their parents can turn if they cannot find help in their communities or if they are dissatisfied with the services they receive. To find the office in your state, call the National Association of Protection and Advocacy Systems (see "Resources," below).

Resources

Many organizations exist to help families who have a member with a developmental disability.

The Arc of the US

500 E. Border Street, Suite 300
Arlington, TX 76010
817-261-6003 (voice)
817-277-3491 (fax)
817-277-0553 (TTY)
Internet: <http://TheArc.org>

The Arc (formerly the Association for Retarded Citizens) has a network of local chapters and has extensive publications, including some in Spanish. Many publications can be downloaded from their World Wide Web site.

National Association of Developmental Disabilities Councils

1234 Massachusetts Ave, NW, Suite 103
Washington, DC 20005
202-347-1234 (voice)
202-347-4023 (fax)
Internet: <http://www.igc.apc.org/NADDC>

There is a federally-funded Developmental Disabilities Council in every state, separate from the agency that provides developmental disabilities services. The Councils advocate for systems change, consumer empowerment, and community inclusion for people with developmental disabilities. They also work to increase and leverage funding for people with developmental disabilities.

National Association of Protection and Advocacy Systems

900 2nd Street, NE, Suite 211
Washington, DC 20002
202-408-9514 (voice)
202-408-9521 (TTY)
Internet: <http://www.protectionandadvocacy.com>

This is a voluntary organization of federally-mandated programs advocating for the rights of people with disabilities, especially those with developmental and psychiatric disabilities. It offers referrals to programs in each state and territory. You can also find a list of state contacts at their World Wide Web site.

National Down Syndrome Society

666 Broadway, 8th Floor
New York, NY 10012-2317
212-460-9330 (voice)
212-979-2873 (fax)
800-221-4602
Internet: <http://www.ndss.org>

The 800 number above provides information and referral services for professionals and parents, including referrals to parent support groups.

People First

People First is a self-advocacy program designed to assist persons with mental retardation in learning how to effect positive changes in their communities. There are People First organizations in several states around the country. Call your state developmental disabilities agency or local Arc to find one in your area.

United Cerebral Palsy Associations (UCPA)

1660 L Street, NW, Suite 700
Washington, DC 20036-5602
800-USA-5-UCP (voice)
202-776-0406 (voice)
202-776-0414 (fax)
202-973-7197 (TTY)
Internet: <http://www.ucpa.org>

UCPA's mission is to advance the independence, productivity and full citizenship of people with cerebral palsy and other disabilities. Through their commitment to the principles of independence, inclusion, and self-determination, the national organization and its nationwide network of 153 affiliates strive to ensure the inclusion of people with disabilities in every facet of society. The national office develops programs and provides an information and referral service, legislative advocacy, technology initiatives, and research. Direct service provision for people with disabilities and their families is offered through UCPA affiliates, represented in 43 states across the U.S. Its World Wide Web site includes information on contacting local chapters, as well as extensive background information about cerebral palsy, including information targeted to parents.

Administration on Developmental Disabilities

Department of Health and Human Services

Room 329D Humphrey Building

200 Independence Ave., SW

Washington, DC 20201

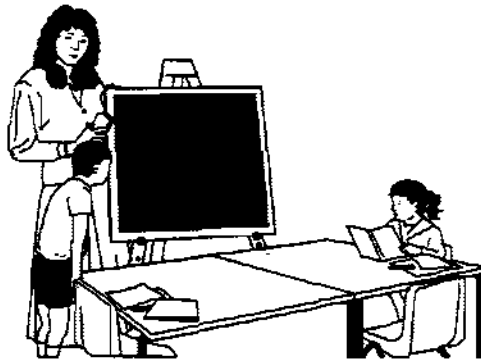
202-690-6904 (phone)

202-690-6415 (fax)

The Administration on Developmental Disabilities is an agency of the Administration for Children and Families, part of the U.S. Department of Health and Human Services. It funds the State Councils on Developmental Disabilities as well as research programs.



Developmental Disabilities Services

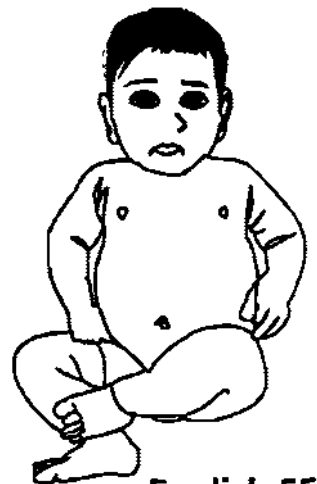


What are developmental disabilities?

Developmental disabilities are disabilities that you have at an early age (less than 18 years old), that will continue when you are an adult, and that cause you to need extra help in everyday living.

Examples of developmental disabilities are:

- ☞ Mental retardation, when a child learns much slower than others, is the most common kind of developmental disability. "Down Syndrome" is a kind of mental retardation, but not all people who are mentally retarded have Down Syndrome. People with mental retardation might need extra help in doing everyday things like getting dressed or taking care of themselves.
- ☞ Cerebral palsy, which causes children to have difficulty controlling their muscles (so they can't walk, or need crutches or braces to walk). They may also have problems speaking. Many children with cerebral palsy have mental retardation as well. Sometimes people with cerebral palsy are thought to be mentally retarded when they are not, just because their speech is hard to understand.



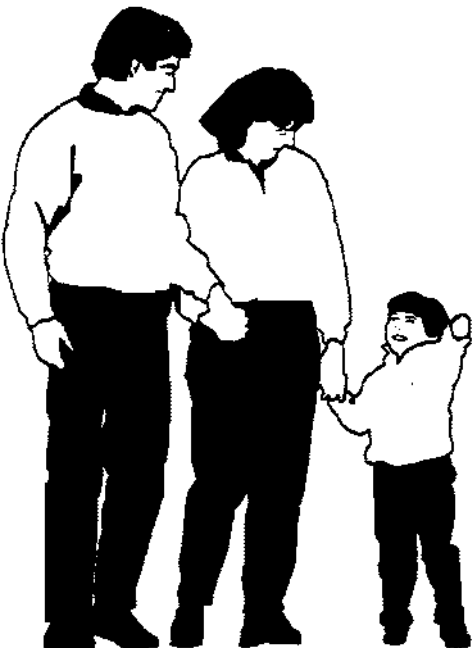
- ☞ Autism, where children are very withdrawn into their own world. These children may try to hurt themselves by banging their heads or hitting themselves. Or they might be hard to talk to because they don't seem to respond to people.
- ☞ Other disabilities like brain damage or epilepsy that can result in children having trouble learning as much as other children their age.

Having a developmental disability is not the same as having a mental health problem. Mental health problems affect how you feel, like being depressed or anxious. Mental retardation affects your ability to learn, think, and judge.

Having a developmental disability is also not the same as having a learning disability (having trouble reading or spelling). People with learning disabilities have normal intelligence, but have problems in their brain that make it hard for them to read or listen. With help they can learn as much as others their age.

What services are available?

Every state has an agency that helps children and adults with developmental disabilities. The agency generally assigns you a case worker who helps you get the services you need.



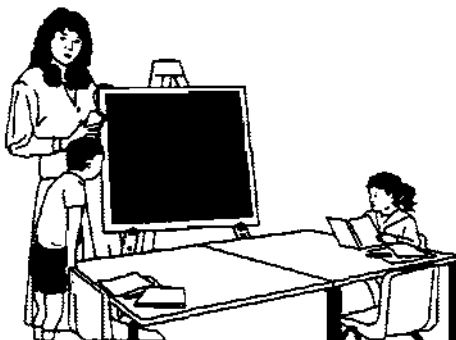
A child with developmental disabilities will need special education services in school.

An adult with developmental disabilities might go to a special program during the day, or get help doing a job in the community. The developmental disabilities agency might provide special transportation (like a van) to help the person get to the program or job.

People with developmental disabilities can live in special homes or hospitals if their families can't take care of them.



Servicios de Incapacidad de Desarrollo

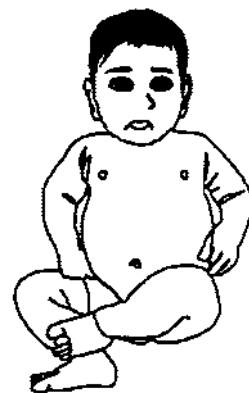


¿Qué es la incapacidad de desarrollo?

Las incapacidades de desarrollo, son aquéllas que se desarrollan a una edad temprana (antes de los 18 años de edad), que continúan en la edad adulta y que causan que necesite ayuda especial en su vida diaria.

Ejemplos de incapacidades de desarrollo son:

- ☞ Retraso mental, cuando un niño aprende más lento que otros, es la clase más común de incapacidad de desarrollo. El Síndrome de Down es un tipo de retraso mental, pero no toda la gente que tiene retraso mental tiene Síndrome de Down. La gente que tiene retraso mental puede necesitar ayuda especial para hacer actividades de la vida diaria, por ejemplo vestirse o cuidar de ellos mismos.
- ☞ Perlesía Cerebral, que causa que los niños tengan dificultad para controlar sus músculos (por eso no pueden caminar, o necesitan muletas o aparatos ortopédicos para caminar). También pueden tener problemas para hablar. Muchos niños que tienen perlesía cerebral también tienen retraso mental, sin embargo no en todos los casos. Algunas veces se piensa que la gente que tiene perlesía cerebral tiene retraso mental cuando no lo tienen, sólo porque su forma de hablar es difícil de entender.

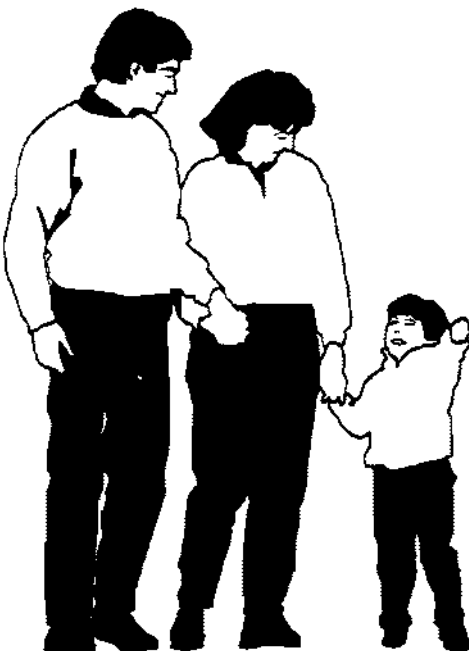


- ☞ Autismo, es donde los niños son muy tímidos y están en su propio mundo. Estos niños pueden tratar de hacerse daño a sí mismos golpeando sus cabezas o a ellos mismos. O puede que sea difícil hablar con ellos porque no parecen responder a la gente.
- ☞ Otros tipos de incapacidad, como lesiones cerebrales ó epilepsia, causan que los niños tengan problemas para aprender al mismo ritmo que los niños de su misma edad.

Tener una incapacidad de desarrollo no es lo mismo que tener un problema de salud mental. Los problemas de salud mental afectan la manera de sentir, como estar deprimido o ansioso. El retraso mental afecta la habilidad para aprender, pensar y juzgar.

Tener un incapacidad de desarrollo tampoco es lo mismo que tener una incapacidad de aprendizaje (tener problema para leer o deletrear). Las personas que tienen incapacidad de aprendizaje tienen inteligencia normal, pero tienen problemas en su cerebro que hacen difícil el poder leer o escuchar. Con ayuda, ellos pueden aprender tanto como otros que tienen su misma edad.

¿Qué servicios hay disponibles?



Cada estado tiene una agencia encargada de ayudar a niños y adultos que tienen incapacidad de desarrollo. La agencia por lo general asigna a un trabajador social para ayudarlo a conseguir los servicios que necesita.

Un niño con una incapacidad de desarrollo necesitará servicios de educación especial en la escuela.

Un adulto con una incapacidad de desarrollo puede ser que vaya a un programa especial durante el día, o conseguir ayuda haciendo algo en la comunidad. La agencia que ayuda a personas con incapacidad de

Families who have a child with developmental disabilities might be able to get special baby-sitting, called "respite care," where a specially-trained person will take care of the child while the parents or family get a break.

Where can I find out more?



Ask your doctor to help you find the developmental disabilities service program in your area.



"Developmental Disabilities Services" was developed in November 1997 by Berkeley Planning Associates and the National Center for Farmworker Health, Inc. For more information about farmworkers and disability, contact the National Center for Farmworker Health, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512) 328-7682.



desarrollo tal vez los ayude con transportación especial (como una van o camioneta) para que puedan ir al programa o al trabajo.

Las personas con incapacidades de desarrollo pueden vivir en hogares especiales u hospitales en caso de que sus familiares no puedan cuidar de ellos.

Las familias que tienen algún niño con incapacidad de desarrollo tal vez puedan conseguir un cuidado especial para su niño llamado "respite care", donde una persona especialmente entrenada cuida al niño mientras que sus padres o familia se dan un descanso.

¿Dónde puedo saber más?



Pídale a su doctor que le ayude a localizar el programa de servicios de incapacidad de desarrollo en su área.



"Servicios de Incapacidad de Desarrollo" fue desarrollado en noviembre de 1997 por los Asociados de Planeación de Berkeley y el Centro Nacional de Salud para Trabajadores del Campo, Inc. Para obtener más información llame o escriba al Centro Nacional de Salud para Trabajadores del Campo, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512) 328-7682.



Chapter 8

Mental Health Services

What Are Mental Illnesses?

According to the National Institute of Mental Health, one in five adults will have a mental illness during her or his lifetime that is severe enough to require treatment, and many more will have problems that prevent them from enjoying their lives. Often these people live in silence and pain, rather than admitting that they need help. Health care providers can help their patients recognize when they have a treatable mental illness, and make referrals to appropriate providers in their communities.

Some of the most common mental illnesses (also called psychiatric disabilities) include:

- depression, including major depression and dysthymia (long-term, less severe depression),
- bipolar disorder, also known as manic-depression,
- anxiety disorders, including generalized anxiety, panic disorder, phobias, obsessive-compulsive disorder, and post-traumatic stress disorder,
- schizophrenia,
- personality disorders, including paranoid, antisocial, and narcissistic,
- eating disorders, including bulimia and anorexia nervosa, and
- other disorders first manifesting in childhood, such as attention-deficient hyperactivity disorder, conduct disorder, separation anxiety disorder, and tic disorders.

A mental health problem can affect a person's mood, cognitive functioning, physical functioning, and relationships with others. Some people try to address their symptoms through alcohol or other mood-altering drugs, which may provide temporary relief but do not address the underlying problem. Others will withdraw from family and friends. Still others will just try harder, because they assume that their feelings are the result of a character flaw or personal weakness. Having a mental illness often carries a stigma, much more so than having a physical illness. Sometimes patients will only talk about the physical manifestations of their problems (e.g., sleep problems from depression, racing heart from panic disorder), because they believe that if they talk about their feelings they will be humiliated or ridiculed. People with some kinds of mental illnesses, such as depression or schizophrenia, are at high risk of suicide.

Mental illness can affect people of any age, including children, adolescents, and the elderly. Some mental illnesses, such as schizophrenia, typically first manifest when people are in their late teens or early twenties, but can occur at any time. Women are more likely to manifest depression

than men, but men are more likely to manifest antisocial personality disorder and substance abuse. However, all mental illnesses are experienced by both men and women. Farmworkers may be more susceptible to certain kinds of disorders because of their lifestyle. For instance, farmworkers who migrant may experience separation anxiety due to having to live apart from their families and cultures.

Research has shown that although Latinos typically experience mental illness at the same rate as the rest of the population, they under-use mental health services, relative to Whites and African-Americans.* Some hypotheses about the reasons for this underutilization include:

- **Barriers to access.** Many mental health services are not located in the areas where Latinos live, and are not staffed by bilingual or bicultural staff.
- **Use of alternative treatments.** Some research has suggested that Latinos, especially males, express emotional distress through physical symptoms and thus utilize general medical care rather than psychiatric or psychological care. Another source of alternative treatment may be folk healers, such as *curanderos* and *espiritistas*. In general, it is thought that Latinos are less likely to make a strong distinction between mental and physical health.

In a multicultural environment, it is important to be aware that patients may describe an array of symptoms that make sense in terms of a cultural syndrome in their own belief system, but that a mainstream medical practitioner would describe as a mental illness. For instance, in Latino culture, *nervios* refers to a wide variety of symptoms that can include headaches, irritability, stomach disturbances, sleep difficulties, nervousness, inability to concentrate, trembling, and other physical and emotional distress. If the symptoms are related to a stressful life experience, a mainstream mental health practitioner may diagnose it as an adjustment disorder or, depending on the exact symptoms, as a mood or psychotic disorder. Other mainstream medical practitioners may ignore the emotional symptoms altogether and treat only the intestinal distress or sleep problem. By having an awareness of the cultural context, an informed practitioner can assess the patient's distress in light of the underlying belief system, and can draw on that belief system for possible solutions as well.**

Diagnosis and Treatment

Many people are relieved when their (or their child's) symptoms are given a name—in this way, diagnosis in and of itself can be helpful. However, unlike physical illnesses that often have a definable cause (virus X causes condition Y), the cause of mental illness is often unknown. This leads to variation in treatment—some people respond well to medication, others need talk therapy, others (e.g., people with schizophrenia) may need long-term support from specialized programs.

* See *Latino Health in the U.S.: A Growing Challenge*. American Public Health Association, 1994.

** The current *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) has a discussion of culture-bound syndromes in Appendix I. It discusses syndromes from Latino, Asian, Native American, and African cultures.

Health center staff can be especially on the lookout for mental illnesses, such as depression, co-occurring with medical conditions. Too often depression is overlooked in people with medical conditions. Sometimes depression is a part of the medical condition (e.g., as with an underactive thyroid or Cushing's disease) or a side effect of medication. At other times it is a separate illness that can be treated alongside the physical condition to enhance patients' ability to manage their physical conditions (e.g., in the case of diabetes or heart disease).

Low-cost or no-cost treatment is usually available through publicly-funded mental health centers, funded by state, city or county governments. Low-cost treatment also may be provided by private or non-profit organizations, such as independent clinics, family service or family guidance agencies, self-help groups, or religious organizations that run counseling programs (e.g., Catholic Charities). Many private practitioners also offer sliding-scale fees to those with low incomes.

Psychiatrists are the only mental health providers who can prescribe medications, but most other treatment is offered by non-medical practitioners, such as psychologists, social workers, or marriage and family counselors. Many mental health practitioners and clinics have early morning, night, or weekend appointments available to accommodate a working person's schedule.

Finding culturally competent practitioners may be a challenge, especially in rural areas. Health center staff can help their patients by compiling lists of local professionals who are bilingual and/or bicultural. Often, community mental health centers are a good source for this kind of information. Some farmworkers may prefer to use cultural providers such as *curanderos*.

Health center staff can advocate for more mental health services to be made available in rural areas. They can also make state agencies aware of the mental health needs of farmworker families.

Confidentiality is an important part of mental health treatment, and patients may have to be reassured that they can control who has access to information about their treatment. In addition, many people believe myths about mental health treatment, and may worry that they will be hospitalized against their will or that they will receive electroshock therapy as a matter of course. Health center staff can help counter these myths by providing patients with the facts about the kinds of treatment available.

Self-help groups and crisis lines are often a good form of treatment for people who are reluctant to talk to mental health counselors, and are widely available in most places. There are self-help groups to deal with issues such as grief and loss, depression, anxiety, phobias, panic disorder, obsession-compulsive disorder, eating disorders, spouse and child abuse, sexual abuse, rape, and schizophrenia. Some groups are for people with a mental illness, while others are geared toward family members. Crisis lines, often known as suicide prevention lines, offer assistance to a wide range of people who are having difficulty coping. You do not have to be suicidal to call one. Often crisis lines are staffed around the clock. Patients should be made aware, however, that **if they are feeling suicidal (or someone they know is threatening to commit suicide)**—especially

if they have a concrete plan and the means to do so—they should call the police or go (or take the person) to the emergency room of a hospital.

Resources

National Institute of Mental Health

Information Resources and Inquiries Branch
5600 Fishers Lane, Room 7C-02
Rockville, MD 20857
301-443-4513 (voice)
301-443-4449 (TTY)
Internet: <http://www.nimh.nih.gov>

The National Institute of Mental Health has an extensive World Wide Web site, including information about in Spanish various disorders and a place to download an order form for additional publications, most of which are free. Or you can write for a list of NIMH publications.

Self-Help Groups

For information about self-help groups, contact your local community mental health center, or the following organizations:

National Self-Help Clearinghouse
Graduate School and University Center
City University of New York
25 West 43rd Street, Room 620
New York, NY 10036
212-586-5770 (voice)
212-642-1956 (fax)

American Self-Help Clearinghouse
St. Claires-Riverside Medical Center
25 Pocono Road
Denville, NJ 07834
201-625-7101 (voice)
201-625-8848 (fax)
201-625-9053 (TTY)

National Association for Rural Mental Health

Administrative Assistant
P.O. Box 570
Wood River, IL 62095
(618) 251-0589 (voice)
(618) 251-6246 (fax)

The goal of the National Association for Rural Mental Health (NARMH) goal is to enhance the delivery of mental health services to rural areas. It promotes this goal and informs the field of the unique needs of rural mental health programs. It attempts to foster communication among rural mental health professionals through dissemination of information and development of educational resources. The Association arranges educational programs and publishes a quarterly newsletter, the *Rural Community Mental Health Newsletter*. The NARMH sponsors an annual conference, usually in June.

National Association of State Mental Health Program Directors

Internet: <http://www.nasmhpd.org>

The National Association of State Mental Health Program Directors (NASMHPD) maintains a World Wide Web site that includes contact information for state mental health departments.



Mental Health Services

What is a mental health problem?

A mental health problem is something that affects:

- ☞ how you feel (your mood) .
- ☞ how you think (your memory or concentration).
- ☞ how you feel physically (like not wanting to eat or eating too much, or not being able to sleep or sleeping too much).

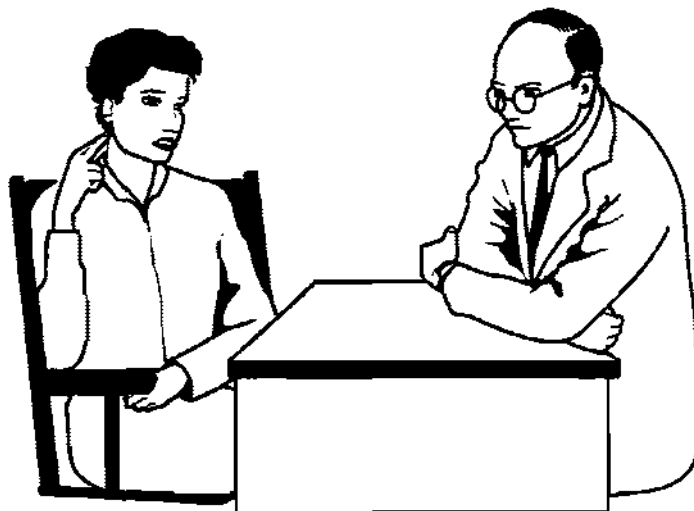
Everyone has passing moods, but when a mental health problem lasts for more than a few weeks, and keeps you from doing your usual activities, then it becomes an illness and may be a disability.

Mental health problems are common. About 22 percent of all adults will have one in any given year.

The most common mental illnesses are:

- ☞ anxiety (feeling afraid, pressured, or panicky).
- ☞ depression (feeling sad, slowed down, or worthless).
- ☞ manic-depression (cycles of terrible "lows" and out-of-control "highs," sometimes called bi-polar disorder).

Women are twice as likely as men to be depressed. Depression in women



can be affected by hormones. Some women get very depressed after they have a baby, or at times during their monthly cycles, or during menopause. Women may also be depressed if they've experienced domestic violence or sexual assault.

People who have physical conditions like heart disease, cancer, diabetes, and hypertension often have depression as well. It is natural to feel down when you first find out you have a disease, but if you continue to be sad or feel hopeless, then you may need treatment for depression.

Anxiety disorders can include having panic attacks. Often these attacks feel like a heart attack. Panic attacks and other anxiety disorders can be treated.

What causes mental illness?

Doctors don't really know for sure.

Sometimes mental health problems are caused by life events (like someone dying), and sometimes they come on suddenly, for no apparent reason. Many seem to be related to chemicals produced by our brains.

What help is available?

Mental illnesses are treatable, just like physical illnesses. Having a mental illness is not the same as having a personal weakness. You can't make it go away by trying harder! Treatment for mental illnesses can include taking medicine or talking to a counselor or curandero.

People who have sad or anxious feelings sometimes try to make themselves feel better by taking drugs or alcohol. This can give a person two problems: mental illness AND substance abuse. Substance abuse problems are treatable, too.

Ignoring mental health problems, especially depression, can be dangerous. Depressed people are more likely to try to kill themselves.

If you are having thoughts about killing yourself, or you know someone who is, get help right away. Call your local health center or look under "Crisis Services" in the front of the phone book.

How can I find out more?

Talk to your doctor if you think you or someone in your family has a mental illness.

Most communities have mental health prevention and treatment services at low cost.

Look in the front of the phone book to find resources in your area.



Call a suicide prevention hotline where you can talk to someone over the phone, 24 hours a day.



"Mental Health Services" was developed in November 1997 by Berkeley Planning Associates and the National Center for Farmworker Health, Inc. For more information about farmworkers and disability, contact the National Center for Farmworker Health, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512) 328-7682.





Servicios de Salud Mental

¿Qué es un problema de salud mental?

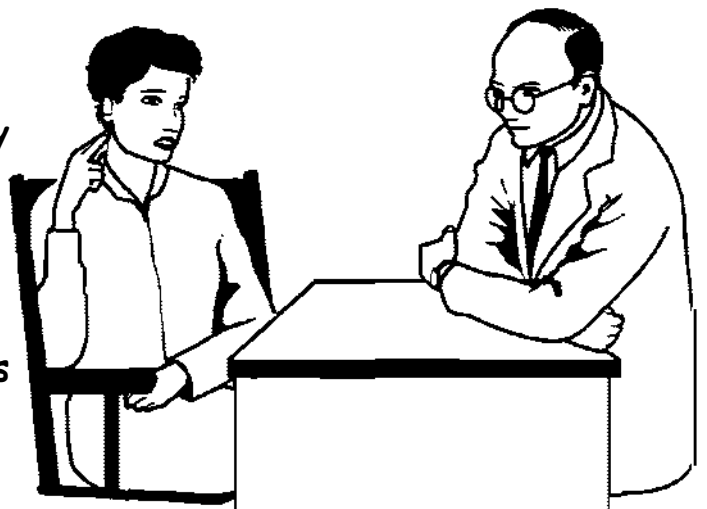
- ☞ Un problema de salud mental es algo que afecta a:
- ☞ cómo se siente (su sentido de humor)
- ☞ cómo piensa (su memoria o concentración)
- ☞ cómo se siente físicamente (no querer comer o comer demasiado, ó no querer dormir o dormir demasiado).

Todas las personas tienen humores pasajeros, pero cuando un problema de salud mental dura más de unas semanas y no lo deja hacer sus actividades normales, entonces se convierte en una enfermedad y tal vez en una incapacidad.

Los problemas de salud mental son comunes. Cerca de un 22% de todos los adultos tendrán uno durante algún año.

Las enfermedades mentales más comunes son:

- ☞ ansiedad (sentirse con miedo, presionado o con pánico).
- ☞ depresión (sentirse triste, muy lento o que no vale nada)
- ☞ depresión-maniaca (ciclos de "bajas" terribles o "altas" fuera de control, algunas veces se conoce como trastorno bipolar).



Las mujeres son dos veces más aptas que los hombres a sufrir depresión. La depresión en las mujeres puede ser afectada por hormonas. Algunas mujeres se deprimen demasiado después de tener un bebé, o algunas veces durante su período de menstruación, o la menopausia. Las mujeres también pueden deprimirse si han tenido experiencias de violencia doméstica o asalto sexual.

La gente que tiene condiciones físicas de enfermedad del corazón, cáncer, diabetes e hipertensión muchas veces también sufren de depresión. Es natural sentirse triste al averiguar por primera vez que tiene alguna enfermedad, pero si continúa sintiéndose triste o siente que no tiene esperanza, entonces necesita de tratamiento para su depresión.

Los trastornos de ansiedad pueden incluir ataques de pánico. Muchas veces estos ataques se sienten como ataques al corazón. Los ataques de pánico o transtronos de ansiedad pueden ser tratados.

¿Qué causa la enfermedad mental?

Los doctores en realidad no están seguros.

Algunas veces los problemas de salud mental son causados por eventos ocurridos en la vida (por ejemplo alguien que se haya muerto) y algunas veces pueden suceder de repente sin ninguna razón aparente. Muchos parecen estar relacionados con químicos producidos por nuestros propios cerebros.

¿Qué tipo de ayuda hay disponible?

Las enfermedades mentales son tratables, así como las enfermedades físicas. El tener una enfermedad mental no es lo mismo que tener una debilidad personal. ¡Usted no puede hacerla que se vaya por el simple hecho de tratar más duro! El tratamiento para las enfermedades mentales puede incluir tomar medicinas o hablar con un consejero.

Algunas veces las personas que se sienten tristes o con ansiedad tratan de sentirse mejor tomando drogas o alcohol. Esto puede traer dos problemas: enfermedad mental y abuso de drogas. Los problemas de abuso de drogas también pueden ser tratados.

Ignorar problemas de salud mental, especialmente depresión, puede ser peligroso. La gente con depresión tiene más probabilidad de querer quitarse la vida.

Si usted tiene ideas de quitarse la vida o conoce a alguien con estos pensamientos, pida ayuda inmediatamente. Llame a su centro de salud local o busque "Servicios de Crisis" en las páginas de enfrente de su libro telefónico.

¿Cómo puedo saber más?

Hable con su doctor si piensa que usted o alguien de su familia tiene una enfermedad mental.

La mayoría de las comunidades tienen servicios de prevención y tratamiento de salud mental a un bajo costo.

Busque en la parte de enfrente de su libro telefónico para enterarse de los recursos que hay en su área.



Llame a la línea especial de prevención de suicidios donde puede hablar con alguien en el teléfono las 24 horas del día.



"Servicios de Salud Mental" fué desarrollado en noviembre de 1997 por los Asociados de Planeación de Berkeley y el Centro Nacional de Salud para Trabajadores del Campo, Inc. Para obtener más información llame o escriba al Centro Nacional de Salud para Trabajadores del Campo, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512) 328-7682.



Chapter 9

Substance Abuse Services

What are Substance Abuse Disabilities?

Substance abuse is an issue that might not come to mind when the word “disability” is used. However, substance abuse, with or without coexisting mental illness, is a disabling condition for many people—that is, it interferes with their functioning. By “substances” we mean alcohol, illicit (street) drugs, and tobacco. Health care providers may want to inquire about their patients’ substance use, even if it does not appear to be disabling, because it can influence many other aspects of health. Beyond the common side effects of alcoholism, such as liver disorders, adult health problems associated with substance abuse include: domestic violence, other interpersonal violence, child abuse, auto accidents, occupational accidents and injuries, breast, lung, and other cancers, and AIDS and other sexually transmitted diseases. Related health problems for children of substance abusers include: low birth weight, SIDS, drug exposure *in utero* leading to withdrawal symptoms and possible developmental delays, asthma, upper respiratory infections, and chronic ear infections.

There is very little research about farmworkers and substance abuse. Since the majority of farmworkers are Latino, some insight can be gained by examining the research on Hispanics in general. However, the term “Hispanic” hides many subgroups (e.g., Mexican Americans, Puerto Ricans, Cubans, Central Americans) that are only occasionally broken out in epidemiological studies. Some research findings* include:

- Hispanic men are more likely to be heavy drinkers than Hispanic women, who are more likely to abstain or be light drinkers.
- Mexican and Puerto Rican men have higher rates of heavy drinking than Cuban men.
- The social use of alcohol—that is, its use in expressing hospitality and festivity—is an important cultural norm in Latino culture.
- The culture also supports the utilitarian use of alcohol, which serves to help Latinos, especially men, deal with stress, tension, and anxiety.
- Alcohol and tobacco companies routinely target minority areas and Spanish-language media.
- Hispanics in general are less likely to use illicit drugs than Whites or African-Americans.
- Hispanic men are more likely to use illicit drugs than Hispanic women.

* These findings are from *Latino Health in the U.S.: A Growing Challenge*. American Public Health Association, 1994.

Racial discrimination, poverty, gender role expectations, and acculturation are all influences on a person's substance use. There is some evidence, for instance, that more acculturated Latina women are more likely to be drinkers than those who are recent immigrants, in spite of the general expectation that drinking is part of the male "machismo" image and not part of the female role.

Cultural expectations about "appropriate" alcohol and drug use influence both providers and patients. During BPA's study of disabilities among farmworkers, no farmworkers responding to the survey said that their disabilities were caused by substance abuse. While on site visits, however, we heard about many problems caused by substance abuse in the farmworker community, such as domestic violence and automobile accidents. One study of alcohol-related mortality in California showed that the mortality rate among Hispanics from alcohol-related motor vehicle crashes was 9.16 per 100,000, significantly higher than the rate for Whites (8.15) or Blacks (8.02).^{**}

The stress of the farmworker lifestyle can lead to dependence on alcohol and drugs, although the person may continue to work. Many people think that an alcoholic or drug addict will appear to be a "bum." In reality, many people who appear on the surface to function in their everyday life have underlying substance addictions, and their disability leads to problems for themselves and their families.

Raising Awareness and Making Referrals

Health center staff can make patients aware of the connection between substance abuse and other dangerous behaviors, such as domestic violence, unsafe sex, accidents, and injuries. They can educate pregnant patients about the harmful effects on the fetus of using alcohol, tobacco, and other drugs. Cultural barriers can prevent Latina women from seeking treatment for substance abuse; they may deny that they have a problem, since drug use by women is against the cultural norm. Often pregnancy is a time when women who use drugs can be reached, because their desire for a healthy baby allows them to accept help.

Like nutrition education, raising awareness about the health effects of alcohol, tobacco, and other drugs is a preventive approach to health, rather than treatment for an acute condition. However, providers who routinely inquire about their patients' alcohol and drug use will also find opportunities to make referrals for patients (or family members) who are disabled by substance abuse.

Health center personnel can be a source of information about treatment and prevention resources in their communities. The resource list in this section has national numbers that can offer referrals to state and local programs. The state department that funds alcohol and drug programs will have information about your state, and the local vocational rehabilitation office is likely to know

^{**} J. W. Sutocky, et al (1993). "Alcohol-related mortality in California, 1980 to 1989," *American Journal of Public Health* Vol. 83, no. 6, pp. 817-823.

about local treatment programs. Culturally and linguistically appropriate treatment may be rare, especially in rural areas; providers may need to advocate for appropriate programs.

Because self-help groups have been shown to be very effective in helping persons with substance abuse disabilities, providers can make information available about AA (Alcoholics Anonymous), NA (Narcotics Anonymous), and Al-Anon (for family members of alcoholics) meetings in their areas. Health centers are natural partners in local prevention campaigns, which are often aimed at young people. Substance abuse prevention and AIDS prevention campaigns are natural allies as well.

Health centers can advocate with their state officials to allocate more treatment and prevention resources to rural areas, and can compete for grants to provide culturally appropriate services themselves. Lay health workers have been used to provide information about substance abuse in labor camps.

Resources

National Clearinghouse for Alcohol and Drug Information

1-800-729-6686

The National Clearinghouse for Alcohol and Drug Information (NCADI) has an extensive publications list, including numerous patient handouts, some in Spanish. Call for a catalog, or to ask the Information Specialist to search for a particular item for you.

Center for Substance Abuse Prevention Information and Referral Line

1-800-662-HELP (English)

1-800-662-AYUD (Spanish)

Call for information about treatment resources.

Alcoholics Anonymous

It is possible to find an AA meeting in almost every city or town. Call "Information" or look in the white pages of the phone book under "Alcoholics Anonymous." The central office can usually provide a schedule of meetings, as well as telling you which are conducted in Spanish.

Al-Anon/Alateen Family Group Headquarters

1-800-344-2666

Cocaine Hotline

1-800-COCAINE

National AIDS Clearinghouse

1-800-458-5231

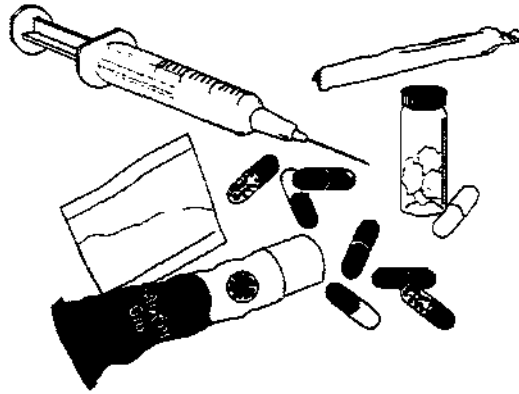
National Domestic Violence Hotline

1-800-799-SAFE

This nationwide, 24-hour toll-free hotline has Spanish-speaking operators available. It provides immediate crisis intervention and connects callers to emergency services and shelters in their local communities, as well as offering information and referral.



Substance Abuse Services



What is a substance abuse disability?

When use of alcohol or other drugs interferes with your job or your relationships with family and friends, then you have a substance abuse problem. Substance abuse can be a disability, just like physical or mental disabilities.

If you need more alcohol or other drug than you used to just to feel high, or if you need a drink or a joint or other drug in the morning to get going, these are signs of a substance abuse problem.

So I drink sometimes and smoke a little weed. What's the big deal?



Alcohol is a drug. It is a legal drug, and drinking in moderation is not a problem. But sometimes drinking can turn into a disability.

Alcohol and other drug abuse is involved in many murders, suicides, and accidental deaths, as well as domestic violence and child abuse. Substance abuse hurts you and the people you love.

Using alcohol or other drugs can increase your risk of getting hurt on the job or having a car wreck.

Injection drug use puts you and your sexual partners at high risk of AIDS. Alcohol and other drug use can lead to unsafe sex (sex without a condom), which also puts people at high risk of HIV infection and other sexually transmitted diseases.

Using alcohol and drugs during pregnancy can harm your baby. So can smoking!

What services are available?

There is help available for people who want to stop using alcohol or other drugs. The best help is to join a self-help group like AA (Alcoholics Anonymous) or NA (Narcotics Anonymous).

If you don't use but someone in your family does, there are special self-help groups for the families of substance abusers called Al-Anon (for adults) and Alateen (for teenagers).



Other kinds of treatment include residential programs and counseling. Most communities have low-cost treatment available. Look for information in the phone book, or call the Center for Substance Abuse Treatment Information and Referral Hotline:

1-800-662-HELP (English)

1-800-662-AYUD (Spanish)

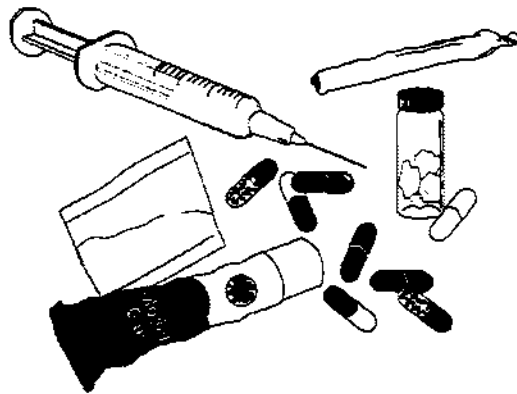


"Substance Abuse Services" was developed in November 1997 by Berkeley Planning Associates and the National Center for Farmworker Health, Inc. For more information about farmworkers and disability, contact the National Center for Farmworker Health, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512) 328-7682.





Servicios de Abuso de Drogas



¿Qué es una incapacidad de abuso de drogas?

Cuando el uso de alcohol u otro tipo de drogas interfiere con su trabajo o la relación con sus familiares o amigos, entonces usted tiene un problema de abuso de drogas. El abuso de drogas puede ser una incapacidad igual que la incapacidad física o mental.

Si usted necesita más alcohol o más droga de lo que acostumbraba a tomar sólo por sentirse como dicen en inglés "high," o si necesita alcohol o combinación u otra droga en la mañana que lo ayude a seguir haciendo sus cosas, estas son señales de que tiene un problema de abuso de drogas.

Algunas veces tomo y fumo marijuana, ¿cuál es el problema?



El alcohol es una droga. Es una droga legal, y beberlo con moderación no es un problema. Pero algunas veces el tomar se puede convertir en una incapacidad.

El alcohol y el abuso de drogas se relaciona con muchas muertes, suicidios y muertes accidentales, así como violencia doméstica y abuso de niños. El abuso de drogas puede dañarlo a usted y a sus seres queridos.

El uso de alcohol y de otras drogas puede incrementar el riesgo de ser lesionado en el trabajo o tener accidentes de automóvil.

La inyección de drogas le pone a usted y a su pareja en alto riesgo de contraer SIDA. El alcohol y el uso de otras drogas puede guiarlo a tener sexo con riesgos (sexo sin uso de condón) que al mismo tiempo pone a la gente en alto riesgo de contraer la infección que lleva al SIDA y a otras enfermedades de transmisión sexual.

El uso de alcohol y drogas durante el embarazo puede dañar a su bebé. ¡El fumar también!

¿Qué tipo de servicios hay disponibles?

Hay ayuda disponible para personas que quieren dejar el alcohol u otras drogas. La mejor ayuda es unirse a un grupo como AA (Alcoholicos Anónimos) ó NA (Narcóticos Anónimos).

Si usted no toma/usa drogas pero alguien de su familia lo hace, hay grupos especiales para familiares de personas con este problema llamados "Al-Anon" (para adultos) y "Alateen" (para adolescentes).

Otros tipos de tratamiento incluyen programas residenciales y consejería. La mayoría de las comunidades tienen tratamientos disponibles a bajo costo. Busque información en su libro telefónico o llame al Centro especial de Referencia e Información para Abuso de Drogas al:

1-800-662-HELP (en inglés)

1-800-662-AYUD (en español)



"Servicios de Abuso de Drogas" fué desarrollado en noviembre de 1997 por los Asociados de Planeación de Berkeley y el Centro Nacional de Salud para Trabajadores del Campo, Inc. Para obtener más información llame o escriba al Centro Nacional de Salud para Trabajadores del Campo, 1515 Capital of Texas Hwy. South, Suite 220, Austin, TX 78746, (512) 328-7682.



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National Center for Farmworker Health, Inc.
1515 Capital of Texas Hwy. South, Suite 220
Austin, TX 78746

1. Overall, did this guide meet your needs for information about disability and disability services?

Yes

No

If no, why not?

2. Is the level of detail in the provider background sections appropriate?

Yes

No

If no, which section(s) needs more (or less) information?

3. Are the patient handouts useful?

Yes

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