

Thank you for inviting me to testify today on H.661. My name is Sarah Launderville and I'm the executive director of the [Vermont Center for Independent Living](#)

We've reviewed the bill as of yesterday morning.

VCIL is in support of being added to help identify an individual with a disability in the field to help provide stakeholder input. We appreciate the attention paid to incorporating people with disabilities into the workforce and understanding that barriers exist. In 2020, VCIL released a report [Working with Disability, toward a truly inclusive labor force.](#)

The report revealed that

*Of people with disabilities ages 18 to 64, about half—22,000—did not work in 2018, compared with 11 percent of people without disabilities. Women were less likely to work than men, and those who worked were less likely to work full time. At every education level, people with disabilities were less likely to work than those without them.*

The research in the report showed barriers to accessing jobs and keeping individuals out of the workforce

*Misperceptions, conscious or not, about people's capabilities also keep them out of the workforce. Some policies are also out of sync with full workplace inclusion. People risk losing essential assistance, such as health insurance, if they reach a certain income or level of savings.*

I reached out to HireAbility (VocRehab Vermont) and as of this week there are fourteen individuals who have an employment goal of becoming a mental health counselor and are HireAbility consumers (people with disabilities seeking employment). This

number represents one specific category under “mental health” but helps us understand that individuals with disabilities are trying to pursue careers in this work and will have valuable insight into the stakeholder process from their own lived experience.

In regards to trainings being offered virtually and counting towards credits, we appreciate the consideration. Online training can help bring equity to individuals with disabilities. For people with disabilities, this allows for more opportunity. One example of how that helps with opportunity is if a person with a disability (maybe they are Blind or have a physical disability) can’t drive and needs to pay a driver to get to trainings. By offering a virtual option the barrier of cost to get to that training is now removed and allows for additional opportunity.

VCIL supports this bill of including stakeholders with disabilities because when addressing barriers in the Vermont workforce more individuals will have access to employment opportunities and that is a win for everyone. The report data showed that:

*Increasing work opportunities for people with disabilities would give employers a bigger labor pool. Vermont’s labor force shrank by 11,000 people from 2010 through 2018; it is expected to lose 14,000 more by 2030. If people with disabilities participated in the labor force at the same rate as those without them, there would be 17,000 additional workers—enough to replace many of those who are gone.*

In regards to the section on continuing education units. We appreciate the language change from “at least three continuing education units shall be diversity, equity, and inclusion learning” to “at least three continuing education units shall be in the area of systematic oppression and anti-oppressive practice”. As we think of how that relates to education around disability it is important to remember that not all trainings are created equal and some uphold systemic oppression.

VCIL also believes a strong connection to this and the newly formed Health Equity Advisory Commission is very important. Representing VCIL, I've been serving on the commission and serve on the subcommittee on training. While, I'm not testifying on the behalf of the commission I'll share that my experience in that group that we've had discussions on trainings that are offered to professionals and we are being very thoughtful around training and health care around equity. As this work moves forward the link between that work at the hope for mental health professionals to receive additional training in systemic oppression and anti-oppressive practices must be linked. Making sure the educational opportunities are there that are not going to cause additional harm is really important. There are training modules that have been used in the past that cause additional oppression to marginalized communities.

We also believe that continuing education on these topics are important and we see that people in the Deaf and disability community experience additional hardships when seeking and receiving services and supports and have been met with barriers that this continuing education may help professionals understand on a deeper level.

One example, we've heard from the Deaf community in Vermont that they are sometimes told that an American Sign Language interpreter are "not allowed" in meetings with mental health professionals. Others have expressed that they are put off because of their disability or are not able to access services because the building the services are offered in are not physically accessible. Some of the barriers are attitudinal where individuals are treated like children because of biased thoughts about disability.

Thank you for the opportunity to testify today and if you have questions, please feel free to reach out to [slaunderville@vcil.org](mailto:slaunderville@vcil.org) or 802-249-4939