5

While the majority of disability services offices focus on students, the University of Minnesota has a unique model that also serves faculty and staff with disabilities and chronic conditions.

UReturn: University of Minnesota Services for Faculty and Staff with Disabilities

Dave Fuecker, Wendy S. Harbour

Healthy faculty and staff are essential for campuses to be competitive, yet the needs of faculty and staff with disabilities are still secondary for many campuses that have well-established services for students. No exact figures are available because higher education does not systematically collect information about employees' disabilities and because disability status may change over an employee's career. Some estimate that up to one in five faculty and staff in higher education have a disability or chronic health condition that may require accommodations or services at some time (Rothstein 2004). In businesses, human resources typically handles disability-related services (see, e.g., Nafukho, Roessler, and Kacirek 2010), but in higher education, many units may serve campus employees with disabilities: the Americans with Disabilities Act (ADA) and Section 504 Coordinator, Human Resources, Employee Benefits, or the Equal Opportunity and Affirmative Action office. On some campuses, different types of disability-related issues are handled by different departments, or accommodations and services are negotiated with direct supervisors (e.g., deans or department chairs) who may have no knowledge or experience related to disability. On 75 percent of campuses in the United States, the disability services office only serves students (Harbour 2004), and at the 2010 international conference for the Association on Higher Education And Disability (AHEAD) (the major professional organization for disability services providers), there were 126 concurrent sessions, but none of them explicitly focused on employees with disabilities (AHEAD 2010).

Yet there can be real advantages to having disability services offices address both student and employee concerns. The purpose of this chapter is to explain how Disability Services (DS) at the University of Minnesota–Twin Cities (UMN) began offering accommodations and services for employees, its strategies for providing services using a combination of centralized and decentralized approaches, and current issues facing the field. Recommendations are included for campuses that are just starting to serve employees in any systematic way.

Establishing Employee Services at the University of Minnesota

Until the early 1990s, UMN staff and faculty with disabilities were served by the Office of Human Resources (HR). HR was considered a "management consultant" for administrators, especially given the university's highly unionized environment. Administrators realized that employees were reluctant to provide administrators, including HR, with protected health information about disabilities, to let HR speak with medical providers, or to request necessary accommodations that may involve costs. While these are widespread problems among all employers (Baldridge and Veiga 2006), UMN was experiencing it firsthand. It was especially difficult for employees experiencing the onset of new health conditions, who may be unaware of their rights, worried about stigma associated with a health condition, or unclear about what they needed to continue working. Under federal laws, including the Americans with Disabilities Act (ADA) and Section 504 of the 1973 Rehabilitation Act, employees are not under any obligation to self-disclose their disability—so many employees were "slipping through the cracks." UMN general counsel and the campus ADA Coordinator (who was also director of the Equal Opportunity and Affirmative Action office) realized that employees needed to *perceive* disability services providers as being neutral, but ideally those staff would actually *be* neutral, as well.

In consultation with disability services, general counsel advised UMN to move employee services to Disability Services, partly to minimize legal risk. Initially, the Employee Services unit at DS was charged with accommodating nonoccupational injuries and illnesses in faculty and staff (i.e., not workers' compensation). The focus was protecting rights under disability laws, including the ADA and Title I. It quickly became evident, however, that determining who had a "disability" could be an all-consuming legal question, when even courts are still evolving in deciding who is "disabled" or not (Rothstein 2004). Employee Services quickly shifted from a focus on defining who had a disability to concerns about what is reasonable for a particular employee and job.

As an example, suppose an employee has a diagnosis of bipolar disorder that is treated with medication, and there is no real impact on his or her work (i.e., no functional limitations). This employee may or may not be

covered under disability law (Americans with Disabilities Act Amendments Act [ADAAA]), and there are no accommodations necessary. But focusing on "what is reasonable" means being open to making occasional small adjustments or accommodations that may be needed. For instance, medication may cause the employee to be slow in the mornings and have a "hung-over" feeling. In that case, it may be reasonable to shift work hours from a 7:45 start to a 9:00 start, working a full eight hours from there. UMN leaders agreed that determining whether the person has a disability or is covered under the law is not so important as the question of how to reasonably support a person's continued employment.

The reason for this philosophical shift is largely to protect human capital; the university wants an employee to remain productive. Focusing on reasonable accommodations or services emphasizes productivity and work retention. Employees also have an identity at work: what they do, whom they work for, and why they like their job. A work-related identity is important to individuals, and those individuals are important to the institution. When a person's work identity is compromised because of a medical condition or disability, especially if it has a late onset (after hiring) or is exacerbated for any reason, then the identity as an employee is compromised. The longer it's compromised, the less likely an employee will return to work/return to that identity.

The name of Employee Services was changed to UReturn in 2005 to reflect their integrated approach to return-to-work/work retention, but the three cornerstones of Employee Services have remained the same since it moved from HR to DS: neutrality, confidentiality, and early intervention. Focusing on interpersonal reasons for accommodations, such as the benefits to one's self-worth or identity, helps retain employees and is in line with DS's progressive approaches to serving students. But at the same time, it's also cost-effective and minimizes legal risk. The shift from asking "Who is covered under the law?" to "What is reasonable for this individual?" is good business on many levels. Since moving from HR, the number of employees using UReturn has increased each year (at one point increasing 100 percent during a single academic year). Relationships with unions have also improved, with unions now considering DS a friend of unions and unionized employees with disabilities.

The Organization of DS and UReturn

The physical layout of Disability Services is a large inverted "U" shape (see Figure 5.1), with separate entrances for students and employees. Once inside, Student Services and UReturn both have receptionists and a waiting area. This physical separation of space was designed to encourage more use and privacy (so students and professors would be less likely to see each other while visiting DS). Yet it is mainly for appearances—the rest of DS is open via a large area in the rear of the office; computer accommodations, document conversion,

**Figure 5.1. Stylized Layout of Disability Services at the
University of Minnesota–Twin Cities.**
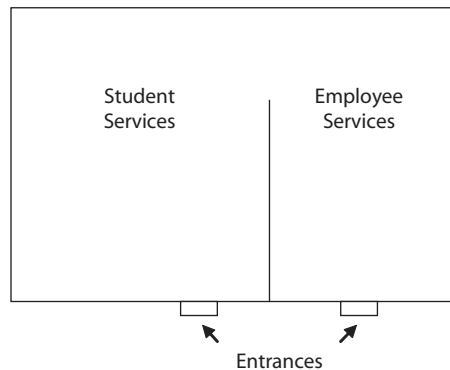
interpreter services, student workers, and other office resources are all
shared by Student Services and UReturn units, and all 65 DS staff members
can easily consult with each other.

UReturn specialists consult frequently with Student Services special-
ists. This is especially true when employees are taking classes, and Student
Services staff are more experienced in providing course-related accommo-
dations. Services for graduate and professional students also require collab-
oration, since these students are taking classes but are also employees with
internships, residencies, teaching positions, or research assistantships. These
are handled on a case-by-case basis; one graduate research assistant, for
example, may work with Student Services, while another graduate research
assistant works with UReturn. Occasionally, UReturn also consults on pro-
fessional standards for departments—some professions that have licensure,
like teaching or nursing, may need to determine standards that all students
must meet. In these cases, UReturn can offer an important perspective. Hav-
ing all disability-related services in one office means students or employees
do not have to reregister with a different department when their status as
"student" or "employee" changes. Likewise, only one set of medical docu-
mentation is needed and is available to specialists in either unit of DS.

In the 2009–2010 academic year, UReturn staff worked with 960 UMN
employees with disabilities and medical conditions. Approximately 90 per-
cent were staff, with the biggest percentage working in Facilities Management.
The remaining 10 percent were faculty. These ratios are proportional with the
campus, where about 10 percent of the UMN's 20,000 employees are faculty.

All UReturn staff provide direct services, the associate director doing
10–20 percent case management, the assistant director at 30 percent case
management, and three disability specialists with full-time caseloads. Two
administrative assistants provide additional support. DS also is training a
contractual employee outside of DS to handle all cases involving DS staff

(including staff from UReturn), to reduce any potential conflict of interest. All UReturn staff are generalists, handling all types of disabilities from anywhere on campus, related to both staff and faculty. New cases are rotated among staff. This maintains consistency and increases ease in transferring cases within UReturn, if needed for any reason.

The UMN–Twin Cities campus also coordinates services for faculty and staff at satellite campuses, like Duluth and Crookston. Because of its size, the Duluth campus has a UReturn specialist on-site. All campuses communicate and coordinate with the Twin Cities' UReturn office to ensure consistency and professional support.

Case Management

Determining accommodations is an individual process. Some employees need one-time assistance (e.g., an ergonomic keyboard), and for others, accommodations will be needed for the duration of their employment (e.g., sign language interpreters). For others, the disability may require time off of work and then a period of slowly returning to work. And for still others, the disability may be chronic and episodic requiring assessment periodically. While the university wants someone back to work as quickly as possible, DS helps determine the earliest medically suitable point (e.g., two hours per day for one month, increasing to full time over a period of four months).

Good case management should be very clear in its role: the university can change the *means* by which a job is done, but not the *ends* (the nature of the job or a person's supervisors). Using DS and UReturn is also voluntary; employees with disabilities or health conditions are not required to use them under the law or under UMN policy. It is easier for UReturn staff to work with someone who is not compelled to be there, and therefore skeptical about DS's neutrality or motivations.

Individuals may self-refer, or have a referral from supervisors, HR, the Employee Assistance program, the union, a workers' compensation claim, or due to a short- or long-term disability claim. After an initial intake meeting, UReturn registers the employee. Specialists may contact medical providers for additional information when necessary. Cases may initially be identified as disability-related, an issue related to medical or health conditions, or a type of claim (e.g., workers' compensation), but all case files are commingled, so identifiers and status of cases is flexible. Over 70 percent of appointments with employees occur in work spaces instead of the DS offices. This is essential for determining what a particular job involves, how employees do their work, and the impact of the disability or health condition. After a site visit, consultation occurs with the employee, any related departments or personnel (e.g., Employee Benefits), the employee's supervisor (if necessary), and medical providers. Reasonable accommodations, work adjustments, and any other services are determined and then provided to the employee. If the needed reasonable accommodation has a cost, UReturn has

a central budget to use for purchase. This can be very important in expediting the accommodation process in a timely fashion. Follow-up occurs regularly, and any equipment purchased by the university is tracked.

Services may include any of the following:

- Disability-related accommodations (e.g., accessible parking, sign language interpreters, document conversion to accessible formats)
- Preserving the interactive process under disability law
- Referral for counseling
- Equipment purchase or rental
- Facilitation of communication with supervisors or departments
- Job analysis
- Ergonomic evaluations
- Analysis of transferable skills
- Job transfer within the University of Minnesota
- Work adjustment (e.g., change in schedule)
- Referral to community resources, including organizations offering educational materials or information about disabilities and health conditions
- Testifying in arbitration, workers' compensation hearings, or discrimination complaints
- Adjustment counseling

Originally, UReturn did not consider workers' compensation cases or occupational injury and illness cases, but employees with these cases still found their way to DS because the UMN workers' compensation department didn't have an office devoted to disability accommodations. In 2005, UReturn capped a five-year process of integration, and now staff handle all workers' compensation, lost time, and restricted cases. Of the 960 people served last year, 100 were occupational injury or illness cases.

In 2007, the process for handling short-term and long-term cases also changed. The University of Minnesota changed its disability insurance carrier using a request for proposal (RFP) process. UReturn staff were included in the search for companies with a philosophy similar to UReturn and UMN, focused on maintaining human capital and ensuring reasonable accommodations for employees returning to work. The university's new disability insurance company pays for an employee to be embedded in the UReturn office two days each week (at no cost to DS) and to route people to DS when they have benefits claims. With insurance and UReturn staff working closely together, it is easier to identify employees who will need a leave of absence for surgery or a progressive illness. If a leave of absence can be avoided with some basic accommodations or changes in an office to improve access, then the insurance company will pay for those accommodations, minimizing DS and insurance-related costs—a win-win situation.

There are many ways it is beneficial for insurance and UReturn staff to work together. For example, one employee wanted to continue working but

was going through treatment for a serious illness; given the nature of her job and strong desire to continue working, UReturn staff recommended that she have a hospital bed at home and be allowed to telecommute. The insurance company paid all related costs, and the employee avoided a lengthy absence from work. She initially worked three hours per day, and then returned to the office full time three months later; this saved three months of employment and benefits because the university allowed her to work from home and helped make related arrangements. In another case, an employee worked with the insurance representative at UReturn, and in consultation with UReturn staff, they realized that accessible parking would solve most of the employee's concerns about work. Since implementing the new insurance policies, the insurance company reported that for every dollar put into the program at DS, the total savings is $28—a worthwhile investment for simple fiscal reasons that do not even take productivity into account.

UReturn is notified in real time when a workers' compensation or disability claim has been identified or if someone's employment status changes while they are on leave. In these situations, UReturn is able to send general information about services to employees who might otherwise never learn about them, who had an opportunity to return to work but didn't realize it, or who simply didn't know DS existed. This outreach is effective at increasing the number of people who use UReturn and in reducing the number of people who slip through the cracks. For example, one professor was hospitalized for several months, and while testing showed there were no problems with her intellect, she wasn't ready to teach in the classroom because she had difficulty with speaking. This employee had no idea UReturn existed, so without coordination with insurers, she typically would have ended up using Social Security Disability Insurance (SSDI) or retiring.

As it currently exists, services for employees with disabilities or health conditions are like a wheel, with UReturn and DS as the hub; services are centralized and decentralized at the same time. UReturn is housed in DS and uses its resources, but staff report to many other UMN units involved in coordination of services, including Risk Management, Occupational Health and Safety, and HR. Services are centralized because there is one office where faculty and staff with disabilities, health conditions, and occupational injuries can go for everything related to disability accommodations and services. It is decentralized because UReturn staff work with so many departments across campus, insurance companies, and so on as an interactive network across campus. Some employees may go to UReturn for issues that should be handled by other units, or for assistance identifying resources and navigating UMN bureacracy; specialists help employees navigate the system and understand their options. While another model would have UReturn staff in each college and in large departments like Facilities Management, this would make it difficult to maintain consistency and neutrality. It also helps in outreach to employees.

When DS integrated in 2005, staff would frequently have employees coming in after six months of trying to individually negotiate accommodations with supervisors. These employees often "slipped through the cracks" and would be angry with their supervisors, unwilling to return to work or negotiate on accommodations. As UReturn increases its outreach and early intervention, this is happening very rarely.

The main thing is for employees to know they have options and can make decisions about whether they want those services; what's unacceptable is their not knowing services exist. Training deans, administrators, department heads, and supervisors about employee services and UReturn is one way to reach employees, but there is no guarantee employees will disclose disabilities to their supervisors, and people are usually not referred early enough. For UReturn, contacting employees directly improves communication and gets people in the door. Direct communication with employees also makes the campus seem more welcoming for potential and current employees with disabilities, a phenomenon noted at other universities, as well (see, e.g., Patton 2010; Snyder et al. 2010).

As UReturn grows, it faces ongoing challenges of an aging workforce—the UMN median age for the entire employment base is 45, and the median age of faculty is 49 (as compared with a median age of 41 in the U.S. workforce) (U.S. Department of Labor, 2010). With aging, more employees acquire chonic illnesses and health conditions. Like many campuses across the country, there is also limited hiring in the current economy, meaning employees may be asked to do more as coworkers leave and are not replaced. Early intervention becomes even more important, given that existing workers cannot automatically be replaced if they leave or retire.

UReturn seeks to develop a global transitional employment program, which has been successful at a few other universities, including Ohio State University. With this program, employees who are no longer able to do their job (e.g., a mechanic who is unable to lift) would be temporarily placed in another position with the university, with any necessary training (e.g., basic computer skills). Ideally, that employee could be a priority hire for the department, if needed or if the original position is no longer possible. With satellite campuses and continuing possibilities for telecommuting, transitional employment is becoming an important option.

Recommendations for Implementing Employee Services

For campuses that are beginning to address disability services for faculty and staff, there are several important initial considerations:

- Be intentional about where employee services are placed and how they are structured, especially if there are unions on campus. While return-to-work offices can be housed in a number of potential units, consider how

the philosophy of the department and perceptions of the department may affect service delivery. For example, DS may be interested in disability law and universal design; general counsel offices would focus on compliance; a benefits office may make cost-effectiveness a priority. Also, campus DS offices usually already have many services in place (e.g., document conversion services, interpreting services), but if the office is small, additional staff with expertise in employment and disability will be necessary.

- Define the process of case management, as well as its scope. The process should be skeletal and flexible, so it can be individualized with each case. Assume that specialists will also spend most of their time on job sites doing job analysis. Personalized good case management based on cornerstones of confidentiality and neutrality can help campuses avoid a polarizing philosophy of services.
- Identify campus resources that will coordinate with Employee Services providers. These may include the Department of Environmental Health and Safety, Ergonomic Health (for workstation evaluations), Human Resources, general counsel's offices, the Employee Assistance program, Employee Benefits, the Employee Wellness program, Employee Career Services, the Office for Conflict Resolution, the Office of Equal Opportunity and Affirmative Action, and the Office of Risk Management and Insurance.
- Create strategies for timely intervention. How will people avail themselves of services at the earliest possible time? If someone's in the hospital, how will employee services be notified and be in contact as soon as the employee is released? Consider case "triage" with workers' compensation, risk management, and other campus offices.
- Join the Disability Management Employer Coalition (DMEC), a national organization that also has state chapters (see website at its http://www.dmec.org/). DMEC includes people from Human Resources, Benefits, Disability Services, and other related campus departments. Members share resources, like policy language and options for site visits. DMEC can also provide professional development on case law related specifically to employment, and legal issues including the Health Insurance Portability and Accountability Act (HIPAA), the Family and Medical Leave Act (FMLA), workers' compensation statutes, Section 504, and the ADA. While Employee Services specialists cannot be experts on the law (because they are not lawyers), specialists should be able to refer employees to the appropriate resources.

Conclusion

This chapter provided an overview of UReturn, the Disability Services unit providing services to UMN faculty and staff with disabilities and health conditions. The physical layout of DS, case management policies, and collaborative work with other UMN departments all emphasize three key ideas:

neutrality, confidentiality, and early intervention. Other campuses may use these as a foundation for implementing employee services and assessing related campus resources. With more students with disabilities graduating from college, an aging workforce, and current economic conditions, employees with disabilities are becoming an increasing part of higher education, and it is more important than ever before that campuses address their needs.

References

Association on Higher Education And Disability (AHEAD). 2010. "Concurrent Sessions, 2010." Accessed December 15, 2010. http://ahead.org/conferences/2010/concurrent.

Baldridge, D. C., and J. F. Veiga. 2006. "The Impact of Anticipated Social Consequences on Recurring Disability Accommodation Requests." *Journal of Management* 32 (1): 158–79.

Harbour, W. S. 2004. *Final Report: The 2004 AHEAD Survey of Higher Education Disability Services Providers*. Waltham, MA: The Association on Higher Education And Disability.

Nafukho, F. M., R. T. Roessler, and K. Kacirek. 2010. "Disability as a Diversity Factor: Implications for Human Resources Practices." *Advances in Developing Human Resources* 12: 395–406.

Patton, J. 2010. "Disability Support." *Occupational Health* 62 (6): 26–27.

Rothstein, L. 2004. "Disability Law and Higher Education: A Road Map for Where We've Been and Where We May Be Heading." *Maryland Law Review* 63: 122–61.

Snyder, L. A., J. S. Carmichael, L. V. Blackwell, J. N. Cleveland, and G. C. Thornton. 2010. "Perceptions of Discrimination and Justice among Employees with Disabilities." *Employee Responsibilities and Rights Journal* 22 (1): 5–19.

U.S. Department of Labor. 2010. "Median Age of the Labor Force by Sex, Race, and Ethnicity, 1978, 1988, 1998, 2008, and projected 2018." Accessed December 15, 2010. http://www.bls.gov/emp/ep_table_306.pdf.

DAVE FUECKER is an Associate Director of Disability Services, coordinating all UReturn services at the University of Minnesota.

WENDY S. HARBOUR is the Lawrence B. Taishoff Professor of Inclusive Education at Syracuse University, where she directs the Taishoff Center for Inclusive Higher Education.