

Virginia Board for People with Disabilities

Program Performance Report

For Federal Fiscal Year 2015

Submitted on: 2015-12-04 17:01:49

Virginia Board for People with Disabilities
1100 Bank Street

Richmond, VA
23219

Section I: Identification

State or Territory: VA - Virginia Board for People with Disabilities

Reporting Period: October 1, 2014 through September 30, 2015

Name of Person to Contact Regarding PPR Information

Contact Last Name: Lawyer

Contact First Name: Heidi

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State Authority

State Authority Establishing Council:

Did the State authority change in this fiscal year? N/A

Designated State Agency

Did your DSA change? N/A

If 'yes', Name?

Is the new DSA a service provider? N/A

Section II: Comprehensive Review Update

Since '04, Va. has ranked in top 10 states in per capita income, but near bottom in "fiscal effort" level for DD services: Since '09, Va. has ranked in bottom 10 states in fiscal effort for all ID/DD services & for community-based services. Va. has 2 hi-poverty regions (SW & Southside) which have 36% & 33% of households earning <25K/yr; have 31% of adults out-of-workforce; & have localities w/ >11% unemployment. Those same areas historically have had the most difficulty attracting service providers as well as employers. Va's Medicaid reimbursement rates have been relatively stable over the past decade. Due to its stringent financial eligibility criteria, many low-income adults do not have insurance and rely on the limited number of "safety net" providers or even hospital emergency rooms for health care. Healthcare disparities statewide, physical, mental, oral. Significant work is underway on managed care for dual eligibles and timetables are in place for integrating long term care. Concerns over how to ensure IWD are not harmed by managed care implementation. Medicaid expansion on the Governor's agenda but General Assembly has not supported. Va ranks poorly among states with respect to inclusion of individuals with disabilities. UCP's Case for Inclusion 2014 ranked 49th overall, 48th in promoting independence and reaching those in need, 20th in tracking health, safety and quality of life; 27th in keeping families together; and 17th in promoting productivity. Key external forces shaping VA's disability services and supports have been the slow economic recovery, healthcare and Medicaid reforms, and the DOJ Settlement Agreement. The Settlement Agreement requires Va to serve indiv w/ID/DD in most integrated setting. In 2015, a training center was closed; 4 more will be closed by 2020. Activities undertaken to meet the Settlement include work on expanding community housing (rental pilot implemented), integrated employment opportunities, system and service oversight, transition from training centers and reducing the waiting lists for services. HCBS waiver redesign is the key strategy and has proceeded slowly. Three waivers will be amended; new services implemented and rates increased. Work is ongoing. Waiting lists continue to grow. Crisis services for adults expanded/improved under Settlement but still gaps; crisis services for children are still lacking. Children in NFs being assessed and some diverted; but no major progress moving out. VA now compliant with ID of birth to 3 infants/toddlers needing early intervention (EI) and is serving more babies; new eligibility criterion improved ID through training and TA. System still underfunded and wide variability statewide. Students w/Disabilities (SWD) have achievement gaps; work has been undertaken by VDOE this year on revamping diploma options and providing increased assistance to help SWD obtain standard diploma. For first time, VA also addressing issues re seclusion/restraint in public schools. Suspension/expulsion also being addressed at state and local level. Transition for SWD is still issue in terms of accessing post-secondary educ., training and employment. Community colleges resistant to eliminating placement tests for students with ID/DD. VR agency is back on Order of Selection although there are successes like Project Search which has expanded. VDOE surveys find about 40% of SWD not in higher ed or competitive employment 1 yr. post high school. Students w/autism fare worse. Virginia continues to operate employment programs; being addressed by DOJ Settlement although closure not required; VA now Employment First State per EO 46. Integrated/competitive employment will be incentivized thru waiver redesign. Transportation continues to be a frequently cited barrier to community inclusion. Legislature passed new requirement in SFY 2015 requiring transportation needs of IWD be considered in local/regional plans.

Section III: Progress Report - Goals and Objectives

Goal 1: Public awareness of inclusion as civil right

Individuals with developmental and other disabilities have improved opportunities for independence, productivity and self determination through promotion of full inclusion in education, employment, health and civic and community activities as a civil right and an investment in Virginia's future.

Area of Emphasis	Planned for this Goal	Areas Addressed
Quality Assurance	planned	addressed
Education and Early Intervention		
Child Care		
Health		
Employment		
Housing		
Transportation		
Recreation		
Formal and Informal Community Supports	planned	addressed

Strategies	Planned for this Goal	Strategies Used
Outreach	planned	used
Training		used
Technical Assistance		
Supporting and Educating Communities	planned	
Interagency Collaboration and Coordination	planned	used
Coordination with Related Councils, Committees and Programs	planned	used
Barrier Elimination	planned	
Systems Design and Redesign		
Coalition Development and Citizen Participation	planned	
Informing Policymakers	planned	used
Demonstration of New Approaches to Services and Supports	planned	
Other Activities		

Intermediaries/Collaborators	Planned for this Goal	Actual
State Protection and Advocacy System	planned	used
University Center(s)	planned	used
State DD Agency	planned	used

Other Collaborators Planned:

DD Councils, State agency & professional communications associations, public info officers & marketing staff, VACIL, CILs, advocacy orgs, state disability agencies, local & state mass media, Office of Gov, Criminal Justice Services, VA Sexual Assault & Social Services, Medical Assistance Svcs, Sec. of Health & Human Resources, Dept. of Public Safety, Arc South of the James, VAULT, People 4 People, DBHDS, VDH, DSS, CJS, DOE, VA Sexual Assault and Domestic Violence Action Alliance, Safe Harbor Shelter, individual support providers, CSBs

Other Collaborators Actual:

DD Councils, State agency & professional communications associations, public info officers & marketing staff, VACIL, CILs, advocacy orgs, state disability agencies, local & state mass media, Office of Gov, Criminal Justice Services, VA Sexual Assault & Social Services, Medical Assistance Svcs, Sec. of Health & Human Resources, Dept. of Public Safety, Arc South of the James, VAULT, People 4 People, DBHDS, VDH, DSS, CJS, DOE, VA Sexual Assault and Domestic Violence Action Alliance, Safe Harbor Shelter, individual support providers, CSBs

Objective 1.1:

By 2016, implement a 5-Year communications Plan targeted to policymakers and the public which include sharing the stories of 40 individuals with developmental disabilities and their experiences with community living.

Implementation activities:

Plan, develop & implement a 5-Year communications plan to raise awareness of inclusion. Share personal stories of individuals with developmental and other disabilities living successfully in the community.

Activities undertaken were: All met Partially met Not met

Timelines:

October 2011 - September 2016

Timelines established were: All met Partially met Not met

Annual Progress Report:

Council participated with other DD Council communicators on campaigns for DD Awareness (March) and National Disability History and Awareness Month (Oct). Council participated in a social media campaign on Facebook, coordinating messages with other councils. Campaigns were supplemented by e-news messaging via Constant Contact & YouTube videos. Total general public reached in 2015 was 687,451, however, this is an estimate as the number includes duplicates which cannot be determined.

Reduced budget & staffing led to minimal new content creation, but several ongoing efforts were kept in motion as new staffing was brought on. Facebook continues to be the main social media outreach tool for Council; the number of likes increased almost nearly 30% (from 1,011 to 1,356) during FFY15. During the same time frame, average activity levels grew by 33%, increasing the number of individuals engaging with Council content through post Likes, Shares, and the click-through rate. The average reach levels grew dramatically in the latter portion of the year, increasing from an average of roughly 600 individuals to an average of roughly 1,000 per post. Additionally, despite the early-2015 Facebook inactive account culling, which dramatically affected the number of overall “Likes” for many pages across the platform; Council’s page received only a single “un-Like” throughout the entire Fiscal Year. Engagement grows exponentially when users have original photos and content to share among their networks. The most popular post of the year was April 21 promotion of Council Blog content, with a reach of 5,168, plus 587 click-throughs, and 135 aggregate likes and shares. The average reach for Council Facebook posts for the year was 727 individuals over 488 posts, for a total reached of 354,776 (SC05) individuals.

Council continued its direct information campaigns via Constant Contact messaging, sending 21 email campaigns and announcements to 50,616 subscribers with a total of 10,912 (SC05) messages read. Messaging included news, general information, specific calls to action, and story-telling components as well as generalized promotions for other Council public information channels, advocacy efforts, training programs, and constituent surveys.

Traditional media efforts were slightly hampered by lack of staffing for the year, but work continued in this area, including a story in the Daily Press newspaper regarding a Council grant, which was seen by approximately 25,000 (SC05) individuals and a similar story in the Virginian Pilot on the same topic seen by approximately 295,000 (SC05) individuals.

The Council's blog was updated 16 times during the year, receiving a total of 1,763 (SC05) views in that period. Council also began actively searching for ways to increase the impact of Blog content in the last few weeks of the year.

To date, the Board has shared 3 stories during the year of individuals with disabilities being included in their communities, bringing the total to 17 thus far. On June 19, Council shared the story, via Facebook, of a previous Council "Youth Leadership Forum" training program graduate, Kalen Joy, who had achieved success after a long employment search. Mr. Joy was able to secure productive and meaningful employment above minimum wage for a Maaco auto body & paint mechanic, primarily working as an auto paint sanding technician. On July 7, Council shared the story of via its blog of the Rev. Ethel Parris, an individual with disability and Council member. The story documented her personal struggle after a debilitating stroke, including her doctoral program work and the many accomplishments she has made in travelling internationally with a significant disability. On Aug. 5th, Council shared the story, via its blog, of a Council "Partners in Policymaking" training program alumni, Eddie Hiller, and his continuing advocacy work and personal development since graduating from the program in 1999.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	687,451

SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 1.2:

By 2016, 1,000 individuals with developmental and other disabilities will obtain information, supports and/or resources that improve access to and participation in civic and community activities.

Implementation activities:

- a. Contract with State Board of Elections to conduct program, "Improving Voter Access."
- b. Conduct outreach to organizations to educate them about including individuals with disabilities in volunteering.
- c. Identify and promote opportunities in underserved areas for paid and volunteer participation by Virginians with disabilities at polls during primaries & elections (state and national).

Activities undertaken were: All met Partially met Not met

Timelines:

- a. April 2012 - March 2013
- b. October 2013 - September 2014
- c. April 2014 - September 2014

Timelines established were: All met Partially met Not met

Annual Progress Report:

No activity planned for 2015. Objective completed.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 1.3:

By 2016, 250 individuals with developmental and other disabilities will obtain information and/or resources that educate them on protective measures against abuse and exploitation.

Implementation activities:

Liaison work to include:

- Planning and implementation of an Aging & Disabilities conference on long-term care supports.
- Work with partners on collaborative strategy development to educate individuals with disabilities.
- Liaison with Governor Domestic Violence Prevention & Response Advisory Board towards prevention of domestic and familial violence for people with DD and other disabilities.
- Grant project, Leadership for Empowerment & Abuse Prevention (LEAP), administered by VCU Partnership for People with Disabilities (UCEED) to educate people with developmental and other disabilities about how to protect themselves from sexual assault and domestic violence and developing healthy relationships.

Activities undertaken were:



All met



Partially met



Not met

Timelines:

- a. October 2011 - September 2016
- b. October 2011 - September 2016
- c. October 2011 - September 2016
- d. October 2013 - September 2015

Timelines established were:



All met



Partially met



Not met

Annual Progress Report:

a. The Aging and Disabilities Conference is reflected within Goal 2-13 and will be moved in the 2016 State Plan Update.

b. During this reporting period, Council expanded its activity in this area. Staff to the Council has committed time to working with the VA Department of Social Services (VDSS) in two areas of interest related to abuse & neglect. The first area is in transition services for children with developmental disabilities. Though there are programs separate from local social services to locate & support such children, children in foster care are often abused or exploited. Through this activity, Council staff is participating in the rewriting of a Transition Manual for children & youth with disabilities in Foster Care. This activity began during this reporting period & is envisioned to provide additional supports to ensure more integrated community living for children & youth with disabilities in Foster Care. The second area is placement options for children with disabilities in Foster Care. The local social workers informed Council staff that such children are the hardest to serve as they live very isolated lives, often living in congregate care & are not prepared to live in the community. They also conveyed that such children lack any advocacy. Social workers also state that they do not know how to navigate adult services, essentially finding a gap in supports through transition to adult life. Council staff serves on the Sub Committee, Continuous Quality Assurance, which has local regional & state Social Services representatives looking at data collection & assessment to better understand youth with disabilities in Foster Care length of time in care & nature of placement.

During this reporting period, the Council participated on the Inclusion Committee that is advising on a project that is led by a dedicated group of youth leaders with disabilities from Council's Youth Leadership Forum (www.vaboad.org) & the VA Dept. of Education's (VDOE) I'm Determined Project (www.imdetermined.org). This effort is funded by VDOE as an effort to reduce bullying of individuals with Disabilities. The youth are also concerned about what they perceive as a lack of general awareness of disabilities in schools by peers, educators & staff. During 2015 a tool kit was created to be used by public education K-12 throughout Va. The tool kit is composed of modules that support implementation on one day, or every day of the month. The goal of the Inclusion project is to increase awareness so that people can begin to become sensitive to people with disabilities. The belief of the team is that "Disability is Natural," & the youth's values, beliefs & perspectives about life are not aligned with the diagnosis or a label place upon a person. By knowing each other's capacities & abilities, we embrace a whole community. There was a pilot of the tool kit in a rural VA county, Northampton, which led to the development of a guide about lessons learned which is underway in development. Following the pilot, amendments were made to refine the tool kit.

Another initiative the Council continues to participate in is the ICAN Accessibility Project, a collaborative effort between the Supreme Court & the VCU School of Social Work. This effort promotes support services by the court to execute protective orders & provide support through the

Centers for Independent Living to individuals with DD to execute protective orders. The Advisory Committee for the ICAN Accessibility Project is collaborating with the VA Poverty Law Center to explore alternative sources of funding beyond Criminal Justice Services (CJS). CJS has experienced flat funding and an expansion of the number of applicants for their violence prevention and response funds. The Committee has also discussed opportunities to reduce variability of Court Protocols for issuing protective orders through expansion of ICAN statewide. The ICAN project also expanded partnerships between the Leadership & Empowerment & Abuse Prevention (LEAP) (Council grant) trainers with the membership of the ICAN Advisory Committee membership to identify additional prospective training sites for LEAP. This year there was improved association with the Mill House, a community support day program, to support individuals with brain injury to better access court services. Video training modules were closed captioned for both English & Spanish this reporting period.

Council staff worked with the Sexual Assault & Domestic Violence Leadership Council. This Council represents service providers throughout VA & will be the critical to support individuals with developmental & other disabilities as service providers to the community when the LEAP grant ends in 2016. VA Sexual Assault & Domestic Violence Alliance (VADSA) Leadership Team has focused this year on culturally relevant strategies to reach more significant minority populations, particularly those who live in lower socio economic communities & individuals with disabilities.

Council awarded a grant totaling \$178,125 to Va's UCEDD, the Partnership for People with Disabilities (PPD), for the LEAP project which began on October 1, 2013. The purpose of the project is to teach people with developmental and other disabilities about healthy relationships & how to protect themselves from assault, abuse, neglect and violence. The trainers (trained in 2014) ranged from: self-advocates to Ph. D. level qualifications and included a retired Social Work Professor at VCU and a teacher of domestic violence prevention and early childhood education.

In 2015 a pilot training was held in Chesterfield County training 11 individuals with developmental and other disabilities. This was followed by 25 training sessions in Central and Tidewater VA, including Fredericksburg, Portsmouth, Falls Church, Newport News, Richmond, Petersburg and Keysville. 248 of individuals with developmental and other disabilities have been trained. (SC05=259) The PPD evaluator has done a stellar job with pre & post-tests of individuals trained & site support staff. Results of pre- and post-tests reflect individuals have learned about important concepts regarding healthy relationships, trust and how to report incidents of concern. The curriculum is designed for 4 sessions occurring once a week for 4 weeks. All training has been tested & evaluated by PPD, the preference being for the elongated program for individuals with developmental & other disabilities. Also, PPD has created pictorial learning & evaluation materials for non-verbal attendees so they are fully included. In addition, PPD created a "LEAP Lite" version, which is a 90 minute training for trainers geared towards training professionals at events such as conferences.

In 2015 PPD requested and Council approved a one year no-cost extension to change the end date to September 2016. Trainings were delayed due to curriculum development in 2014 and this will allow them to train more individuals with disabilities in 2016.

c. The Governor's Governor Domestic Violence Prevention & Response Advisory Board has not met this reporting period.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	259
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 1.4:

By 2016, in collaboration with advocacy partners, the Council will support or influence at least 25 proposed policies, laws, regulations & budget actions to ensure they are non-discriminatory, culturally competent and consistent with the tenets of a fully included life.

Implementation activities:

a. Monitor state agency policy, legislative & regulatory proposals, and develop/submit public comment as indicated. Council on an ongoing basis advises the Governor, the legislature, & other

state agencies on emerging & current disability issues, focusing on problem solutions. Expand social media postings on policy & related issues, to include self-advocates on policy positions.

b. Promote the Benchmarks for Policymaking" to new target audiences, including at local and regional levels.

c. Various liaison/workgroup activities.

Activities undertaken were:

All met

Partially met

Not met

Timelines:

a. October 2011 - September 2016

b. October 2012 - September 2016

c. October 2011 - September 2016

Timelines established were:

All met

Partially met

Not met

Annual Progress Report:

a. Council provided formal public comment on 18 policies, laws, regulations and budget actions and developed in FFY 2015. Significant additional input was provided in a multitude of venues, through participation on advisory groups, steering committees, interagency avenues, etc. All formal comment includes the Council's values regarding non-discrimination, cultural competence and full inclusion. The specifics of these comments are included in the narratives of objectives that are more specifically relevant to the comment. Council has eliminated this objective as redundant to several others in this year's State Plan update.

Council's 2014 Assessment of the Disability Services System in Virginia recommended that the Supreme Court of Virginia ensure civil rights protections for IwID/DD by developing/implementing an annual training for judges & attorneys on alternatives to guardianship and supported decision-making. In FFY 2015, Council contacted the Virginia Supreme Court to determine if they provide ongoing trainings to judges, their staff and lawyers about less restrictive guardianship orders. Such limited guardianship orders support greater community integration and inclusion in community life. The Supreme Court welcomed a proposal and Council contacted the P&A to determine if they would be interested in this activity. The P&A had in fact earlier contacted the Supreme Court Staff regarding this issue. In the spring of 2015, due to Council facilitation of efforts, the P&A provided training on Supported Decision-Making at the statewide judicial conference on May 13, 2015. A private attorney and special justice specializing in guardianship law co-presented. The session was provided twice with a total of 80 attendees (SC04=80). There were two focus areas of the presentation: how supported decision-making (SDM) can be used as an alternative to guardianship and how SDM can (and should) be used by the guardian to encourage the individual to develop or regain capacity to make his own decisions. The presentation included: 1) What is required in Va. Code with respect to the decision on whether the individual needs a guardian; 2) The consideration of alternatives; 3) The guardianship order crafted for the individual and limited to the extent possible; and 4) The duties of the guardian which include the duty to encourage the development or restoration of capacity to make one's own decision. Judges were educated on why SDM is important, how it came about, and how it could be used in the future as guardianship changes. She concluded with the example from Virginia where SDM was used in a guardianship order (Jenny Hatch case). Annual training is required for all judges; however the Supreme Court did not commit to this presentation

being part of ongoing annual training.

b. Council did not actively promote the Benchmark document in 2015 as most audiences have already received it. However, it was handed out in some specific venues and it was referenced as foundational to policy comments.

c. Various liaison/workgroup activities:

The Council continued working with the Department of Behavioral Health and Developmental Services (DBHDS) to sponsor a Building Bridges IV Conference. Following monthly planning team meetings, the conference took place in October 2014. There were 105 registrants and 85 participants (SC05=85). Dr. Rooshey Hasnain opened the conference on the topic of disability services and hard to reach new immigrants with children with disabilities. Four work shops were provided with topics on community outreach and collaboration, language and communications, practice and service design, and training and workforce development. Cultural brokering, and language access and modules to improve community engagement were included. Meetings continued throughout 2015 in preparation for BBV. Routine activities such as development of a brochure with the team for the conference and locating a caterer occurred. The team members agreed to the Title: Fifth Annual Conference on ID and DD in Racially, Ethnically, and Linguistically Diverse Communities, "Transforming Relationships Using Intercultural Development Models." The keynote will speak to "Applying Intercultural Development Models to Real Life Engagement." The team agreed to three tracks. One will be focused upon improving personal communication with multi-cultural groups. The second track will be directed to organizational change, improving cultural competence of staff using coaching techniques to improve cultural competence. The third track will be focused upon systemic change with a focus upon modules in use particularly one entitled, CLAS.

Council staff continued to work with the Brain Injury Council this performance period. The Council encouraged their members to become stronger advocates for the findings of a report, "Access to Neurobehavioral Services in the Commonwealth of Virginia." The study, funded by the CNI Trust Fund, was a report on the scope of brain injury services in Virginia, available resources, identification of service gaps and recommendations for service development, policy decisions and funding. The council also took part in a "Brain Injury Report Out Day" which provided an overview of best practices, supportive interventions and promising medications. An overview of two CNI Trust Fund grant project reports were provided reflecting progress in Virginia. A presentation educated participants on the unintended consequences of eliminating the brain injury registry. Major findings include the need for additional community based services, that there are unmet needs for intensive neurobehavioral treatment and residential services, and that there must be a reconsideration of a Medicaid waiver for brain injury.

In 2012, The Commonwealth of Virginia signed a Settlement Agreement (SA) with the US Department of Justice. Section C. 2 states in part, "The Commonwealth shall create an individual and family support program for individuals with ID/DD whom the Commonwealth determines to be most at risk of institutionalization." It was later determined that program strategies did not meet Section II.D of the Settlement Agreement in providing a "comprehensive and coordinated set of strategies that are designed to ensure that families who are assisting families to ensure families have access to person-centered and family-centered resources, supports, services and other services".

This determination resulted in new activities in this reporting period for the Council related to the Individualized Supports Funding Program (ISFP). DBHDS, the agency that receives funds for

families on the waiver wait list in Virginia, held several meetings that Council staff attended. Families, staff and advocates engaged in discussions of potential improvements to the IFSP program which will go into effect in 2016. The program was established by regulations that provided for a first-come first-served basis for funds for families waiting for waiver services. As a result of the meetings, DBHDS decided to establish family regional teams to ensure that local community resources could be leveraged by families. The DBHDS plans to amend the regulations to ensure a more equitable process. There have now been two years of processing applications. There was a survey following the last round of those who applied for the funds and the feedback was shared with the families. A few advocates, including the Council, expressed concerns when they learned the program was going to be based in regional areas where families are expected to form 501.C.3 corporations. The Council expressed the idea that there are existing 501.C.3 organizations that families could work with such as Senior/disability navigator, family navigators, Centers for Independent Living, Area Arcs, or Parent Education and Training Centers. However, DBHDS is moving forward with the Regional Councils that would be made up of 10-20 families. Other stakeholders such as CSB's, DD case managers, providers and advocates could also participate. It was also explained that the Regional Councils could solicit support from businesses. Board staff expressed concern about the costs associated with establishing a 501.c.3, as well as operating capacity needed by individuals unfamiliar with non-profit management. The protocols are still being crafted by DBHDS.

This reporting period the Council continued to work with the State Independent Living Council (SILC) and attends meetings where there is activity of interest to the Council.

Another liaison activity was meeting with the UCEDD to discuss their activities, which may include increased joint learning about cultural, racial and linguistic competency. There is agreement to take part in their diversity luncheon program in 2016 and a closer alignment in planning for efforts to reach rural and new immigrant citizens to help them navigate services and supports.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
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SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	80
SC05 Members of the general public reached:	85
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 1.5:

By 2016 (through VBPB collaboration with at least 5 public and private entities), first responders, public safety agencies and justice system entities will improve their emergency preparedness policies and response protocols to better serve individuals with developmental and other disabilities and will include these individuals in preparedness planning efforts.

Implementation activities:

- a. Explore social media opportunities.
- b. Liaison work to ensure individuals with dev and other disabilities are included in Emergency Preparedness planning, response & recovery and public safety agencies are educated on needs of individuals with developmental and other disabilities.

Activities undertaken were: All met Partially met Not met

Timelines:

- a. October 2013 - September 2016
- b. October 2011 - September 2016

Timelines established were: All met Partially met Not met

Annual Progress Report:

- a. Council did not have any activity on social media related to emergency preparedness in 2015, but expects to address this in FFY2016.
- b. During this reporting period, Council staff was assigned to several emergency preparedness initiatives in Virginia. Within The Secretary of Health and Human Services, the Emergency

Preparedness Response and Recovery Team provides an annual report of all of the members' activities in emergency preparedness planning, response, and recovery. The team met throughout the year for agency updates and to coordinate planning. There was also a representative from the Virginia Department of Emergency Management. This performance period, topics included ADA compliance, sheltering pets, strategy for evacuation, local government reciprocity, and activation of State Managed Shelters following a declaration. EBOLA readiness and access to information were also recognized as important for the citizens of the Commonwealth. The Virginia Department of Emergency Management formed an "Access and Functional Needs Committee", which is making efforts to recognize communications capability and establish increased sensitivity by emergency managers to the needs of individuals with a disability. A representative from the Office of the Attorney General is included on this Committee and is aware of litigation filed by individuals with disabilities regarding these issues. The committee work in part focuses on ensuring that there is a clear record of attempts to reach all individuals with disabilities for the purpose of preparing them for an all hazards approach to disaster planning.

A third initiative the Council takes part in is the Health and Human Services Sub Panel, which falls under the Secretary of Public Safety and Homeland Security. This meeting takes place twice annually to benchmark efforts of the Virginia Department of Health in tandem with the Virginia Department of Emergency Management. The representation of the Subpanel is in constant flux. Council takes part in this effort to ensure the needs of individuals with DD are considered in all phases of emergency preparedness planning, response and recovery.

Several presentations were made this reporting period regarding the protocol and procedures used by Governor's Secure Commonwealth Initiative. The Sub Panel received real time updates on emergent pathogens in Virginia and protocol related to individuals entering Virginia from Ebola stricken nations. Presentations also included re-emerging diseases such as small poxes and measles.

During FFY 2015, the Virginia Department of Social Services established a State Managed Shelter Team. Council staff is included to provide input into the design of a training program for Social Workers in Virginia who are charged to manage State Shelters when there is a locality that cannot manage a local shelter following a Declaration of an emergency by the Governor. Council staff provided input to ensure the trainers include individuals with disabilities in their planning.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0

SA06c Other self-advocacy measure: 0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved: 0

SC02 Number of organizations involved coalitions/networks/partnerships: 0

SC03 Organizations engaged in systems change efforts: 0

SC04 Number of public policymakers educated: 0

SC05 Members of the general public reached: 0

SC06a Other systems change measure: 0

SC06b Other systems change measure: 0

SC06c Other systems change measure: 0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged: \$0

Section III: Progress Report - Goals and Objectives

Goal 2: Eliminate dual system

State financial supports and policies will be directed to expanding community infrastructure, services and supports for individuals with developmental and other disabilities through the elimination of Virginia's dual system of services (institution and community).

Area of Emphasis	Planned for this Goal	Areas Addressed
Quality Assurance		addressed
Education and Early Intervention	planned	addressed
Child Care		
Health	planned	addressed
Employment	planned	addressed
Housing	planned	addressed
Transportation	planned	addressed
Recreation		
Formal and Informal Community Supports	planned	addressed

Strategies	Planned for this Goal	Strategies Used
Outreach	planned	used
Training	planned	used
Technical Assistance	planned	used
Supporting and Educating Communities	planned	used
Interagency Collaboration and Coordination	planned	used
Coordination with Related Councils, Committees and Programs		
Barrier Elimination	planned	used
Systems Design and Redesign	planned	used
Coalition Development and Citizen Participation	planned	used
Informing Policymakers	planned	used
Demonstration of New Approaches to Services and Supports	planned	used
Other Activities		

Intermediaries/Collaborators	Planned for this Goal	Actual
State Protection and Advocacy System		
University Center(s)	planned	
State DD Agency	planned	

Other Collaborators Planned:

Various state agencies for disability, education, health, med assistance svcs, aging & rehab, housing & trans, social svcs, Dis Commission; Autism Center, state med/dental schools; VACSB, SSEAC, ESOs, CSBs, VA APSE, VACIL, Arc's, Arc of VA, Hope House Fnd, Voices of VA, local AAAs, State assocs of health professionals, homecare, hospital assoc, healthcare, financial planners, homebuilders, building inspectors, architect assoc; local Health clinics, private dental practices, high schools, community colleges, CILs, SILC, VCU RRTC, DRPT, SCAN

Other Collaborators Actual:

Objective 2.1:

Improve access to community based services and supports that will lead to successful post-secondary education, training and employment for students with

developmental and other disabilities by raising policymaker awareness of student needs and supporting at least 3 policies or initiatives that expand access to needed supports for students exiting school.

Implementation activities:

- a. Develop product to disseminate to policymakers & families to impact awareness of supports leading to successful employment/education following secondary education.
- b. Various liaison/workgroup activities.

Activities undertaken were: All met Partially met Not met

Timelines:

- a. October 2013 - September 2015
- b. October 2011 - September 2016

Timelines established were: All met Partially met Not met

Annual Progress Report:

- a. Council staff started development of a transition product that will educate policymakers and families about supports that lead to successful employment or education following secondary education. Council reviewed the draft product in December 2014 and determined that it would hold off on further work on the product until 2015. Council staff met with the VA Dept. of Education and Virginia Commonwealth University's Center for Transition on the product. A second draft was reviewed. The Council's Director of Communications position was then vacated for 5 months and the product was not completed by the end of the fiscal year. Council is considering whether it is still needed.
- b. Council has been active in the employment supports workgroups related to implementation of the DOJ Settlement Agreement (see Objective 2-04) as well as employment opportunities and access work being done under the rubric of Home and Community-based (HCB) waiver redesign. Specific discussions within the waiver redesign process have focused on ensuring quicker access to waivers for students exiting school so that the skills learned throughout their school career are not lost because the students are languishing at home. (See Objective 2-10 for more information on waiver redesign.)

Council provided public comment on a Dept. for Aging and Rehabilitative Services Review of Employment Support Services Programs report to the General Assembly. This occurred on the last day of FFY 2015. Council recommendations included: 1) encourage transition of providers to integrated supported employment models; 2) shift funding from existing segregated employment services to a) capacity building in underserved areas, b) eliminate waiting list for employment services, and c) invest in innovative employment programs; 3) require planning for transitioning existing recipients of segregated employment services; 4) reconsider number of hours afforded Medicaid waiver recipients; 5) increase funding to eliminate waiting lists for services; 6) invest in innovative employment programs, such as Project Search; 7) conduct analysis to determine cost of eliminating waiting list and cost savings from transitioning from segregated to integrated employment

model. DARS was appreciative of the feedback and noted that it would be considered for incorporation into the final report. At the time of this report, the final draft of the DARS report had not been released.

During this performance period, Council served on the ACE-IT Advisory Council. ACE-IT is part of the national Think College Program and was established at Virginia Commonwealth University (VCU) through a collaboration of the VCU Partnership for People with Disabilities (PPD) (UCEDD), the VCU Rehabilitation Research & Training Center, the Vice Provost of Student Affairs, and the Vice President of Academic Affairs. This initiative, aimed at youth ages 18-26 with ID/DD, provides a 30-month inclusive, individualized college campus experience through which students can earn a certificate for successful class completion. The ACE-IT Advisory Council hopes to expand this program to other colleges & universities. The Advisory Council monitored progress of higher education practitioners & programs with the hope of replicating the program. Priorities for this performance period were: K-12 Education System, Financing, College Admissions Access and Education/Awareness so more families will know about the program. ACE-IT in College is committed to student diversity and affordability. Efforts to date have resulted in attracting a very diverse population of students with over 50% representing cultural and ethnic minorities as well as some first generation college students, compared to the average of 26% diversity across all of the programs for youth with disabilities. Fall semester 2015, they have enrolled 6 students. VCU will be building their numbers each year to begin to address the demand for this type of program in the Central Virginia area.

There has also been an emphasis on related public policy issues including preparing youth with disabilities in K-12 education improving the availability of guidance counselors, and improving planning through the IEP process. The Advisory Council has also examined financing higher education, how to change the Medicaid Waiver to support higher education, and efforts to improve the participation of the Dept. for Aging and Rehabilitative Services and the Dept. of Social Services. Both agencies have been identified as potential funders of post-secondary higher education. Efforts were also made to improve marketing the program to youth with disabilities who want to consider higher education.

The DD Council is an active member of the Virginia Autism Council (VAC). During the performance reporting period, VAC created a two year work plan. VAC has operated over the last several years as an entity which accredited university curriculums related to supporting individuals in the educational system to promote a community integrated life. In 2015, the Marketing Committee of VAC recommended the creation of a business model to support consulting to organizations on human resources issues for individuals with Autism. VAC hopes to present to the State Autism Council which has legislative representatives. The Council meets irregularly, however, and this has been a barrier.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 2.2:

Improve opportunities for post-high school success in education, training and employment for students with disabilities by supporting at least one replicable project that has an Employment First philosophy as its foundation.

Implementation activities:

- a. Demonstration project (grant) to Valley Associates Independent Living to work with school divisions in in the Valley region, "Opportunities Abound: Early Planning for Your Future." Project uses Employment First philosophy to educate school personnel, families and students on planning for employment.
- b. Various liaison/workgroup activities.
- c. Demonstration project on concurrent enrollment with school division/community college for students in transition.

Activities undertaken were:

All met

Partially met

Not met

Timelines:

- a. October 2012 - September 2015
- b. October 2011 - September 2016
- c. October 2015 - September 2017

Timelines established were:

All met

Partially met

Not met

Annual Progress Report:

a. In 2012, Valley Associates for Independent Living (VAIL) was awarded a \$40,000 grant to develop and implement: "Opportunities Abound: Early Planning for Your Future." Originally, this was a 3 year grant, but in 2014 VAIL requested a one year, no cost extension which was approved by Council. Also, originally, this grant was a partnership between VAIL and another CIL, Richmond based Resources for Independent Living (RIL). RIL dropped out of the grant after Year 1, citing difficulty in resolving unexpected barriers. Council agreed that it was best for the grant project for RIL to drop out given that by the end of year one they didn't have any participants in the program.

VAIL is a Center for Independent Living serving the Shenandoah Valley region and has established early transition programs with 4 public school divisions: Cities of Waynesboro and Harrisonburg, and the Counties of Rockingham and Highland. The purpose of the project is to educate students, families and school professionals about beginning career exploration and transition planning for students with disabilities in elementary and middle schools and to design Individualized Education Plan goals with the ultimate result of self-sufficiency, higher education and employment. In FFY 2015, VAIL added 1 student participant to the program, bringing the total participants to 13. It has been difficult to reach the target of 20 participants, mostly because of parental/guardian reluctance. VAIL has increased the number of workshops conducted and is working closely with the schools to improve the outcomes.

In 2015, VAIL conducted 118 workshops, training 52 new students, parents and professionals. (Total trained for grant is 283). Many of the participants attended multiple workshops (SA01=52). Workshop topics included: Medicaid waivers, self-determination, career exploration, SSI and SSDI work incentives. Workshop activities varied, but all addressed students' abilities to self-identify, advocate and explore aspects of self-determination, as well as different careers.

Council staff has worked closely with VAIL to address barriers. VAIL continued to have a problem with participants' parents communicating with them. VAIL has more success where they can work directly with the participants' teachers. In September 2015, VAIL submitted a renewal application for 2016, however, the Board did not renew the grant because of lack of progress in 2015 in adding participants, obtaining baseline information on existing participants and communicating with parents, and a lack of identifying strategies to address existing barriers in the 2016 renewal application.

b. During this reporting period, Council continued to work with the Virginia Intercommunity Transition Council. (VITC). Council reviewed the Council's, "Key Findings and Board Recommendations," Volume 1, related to transition. It is intended that such findings within the Assessment of the Disability Services System will provide a framework for future endeavors of the VITC. Priority in 2015 was given to amending a series of "fact" sheets made available on the VDOE website to assist families of children with disabilities and educators to understand best practices in transition for children with disabilities. VITC has good representation of a variety of stakeholders, including the

Virginia Department of Education, The Virginia Department of Aging and Rehabilitative Services, the Department for the Blind and Vision Impaired, the Parent and Education Training Center, The Department for the Deaf and Hard of Hearing, the Partnership for People with Disabilities, (Virginia's UCEDD) Centers for Independent Living, Wilson Workforce and Rehabilitation Center, Centers for Independent Living, and the Virginia Department of Social Services, as well as Council. Typically, VITC monitors outcome data related youth with disabilities with a focus upon improving educational outcomes for youth with disabilities. VITC is interested in post-graduation outcomes for individuals with disabilities in the area of whether or not youth with disabilities are pursuing higher education or competitive employment. This reporting period VITC also examined the Workforce Innovation and Opportunity Act (WIOA). This law and amendments to the Rehab Act, will impact student and youth success in transition by focusing on earlier education and awareness about diploma options, funds available for training and post-secondary school, and work opportunities.

c. Potential project demonstrating concurrent enrollment for students in transition. In 2015, the Education-Employment Committee requested and staff presented a Draft Request for Proposal to the Board for a project to begin in October 2016. However, the Board did not approve this project. This activity will be deleted in our State Plan Update.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	52
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:

\$0

Objective 2.3:

Expand opportunities for fully integrated, competitive employment of individuals with developmental and other disabilities by supporting at least one regional or statewide employment project utilizing best practices; e.g. customized employment, mentoring and post-secondary training.

Implementation activities:

- a. Customized Employment Post-Grant follow-along for two years.
- b. Various liaison/workgroup activities.

Activities undertaken were:

All met Partially met Not met

Timelines:

- a. October 2011 - September 2013
- b. October 2011 - September 2016

Timelines established were:

All met Partially met Not met

Annual Progress Report:

No activity planned for a. Activity b will be deleted in the State Plan Update as this should be under Objective 2-4.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 2.4:

By 2016, support at least 3 policies that advance the implementation of an Employment First policy in VA, as well as other policies and/or initiatives which provide employment and/or create incentives for integrated, competitive employment of individuals with developmental and other disabilities.

Implementation activities:

- a. Continued activity on State Employment Leadership Network Advisory Group and implementation of Employment First policy in Virginia.
- b. Various liaison/workgroup activities.

Activities undertaken were: All met Partially met Not met

Timelines:

- a. October 2011 - 2016
- b. October 2011 - September 2016

Timelines established were: All met Partially met Not met

Annual Progress Report:

- a. The DOJ Settlement Agreement requires, to the greatest extent possible, that the Commonwealth must provide individuals, in the target population receiving services under the Agreement, with integrated day opportunities, including supported employment. The Settlement also requires that the Commonwealth maintain its membership in the State Employment Leadership Network (SELN) and establish a state policy on Employment First for the target population. An Employment First policy

includes individual supported employment in integrated work settings as the first and priority service option for individuals with intellectual or developmental disabilities receiving day program or employment services from or funded by the Commonwealth. The goal of employment services is to support individuals in integrated work settings where they are paid minimum or competitive wages.

Council is a member in state's DOJ Settlement Agreement Stakeholder Advisory Group which has also addressed employment pursuant to DOJ findings that Va overuses sheltered work settings. Va continued to participate in the Employment First Advisory Group, formerly called the SELN. EFAG Policy committee developed and conducted an interview questionnaire for Employment Service Organizations (ESOs). Common themes were: Day Support & Prevocational Waiver providers lack clarity and uniform practices regarding allowable support activities related to employment; education needed for providers and stakeholders (individuals, family, schools, case managers) on documentation requirements and fund braiding; and providers identified significant challenges in scheduling multiple services. Collection of employment data from all providers and funding types (not just target population for DOJ settlement) and establishing baseline employment data for individuals with disabilities and making recommendations for 5 year employment targets (5% increase each year) began in FFY 2014 and continued during FFY 2015. Council staff took on leadership of policy committee of EFAG which developed and conducted interview questionnaire for ESOs and developed goals for the year. The Council participated in Home and Community-Based waiver redesign committees and subcommittees, including those addressing integrated, competitive employment. Council helped influence employment definitions of individual vs. group supported employment. Council, with advocacy partners, also brought forth concerns regarding service packages developed under the redesigned waiver that included very low supported employment hours under nearly all categories. As a result, state DD Agency reconsidered inclusion of supported employment in the service packages and they will instead be an add-on service (all of which is subject to General Assembly and CMS approval in FFY 2016).

b. Council presented to Legislative Autism Advisory Council to provide sufficient long-term funding to eliminate vocational rehabilitation waiting lists and order of selection. Order of Selection was in place during SFY 2015 but based on DARS presentation and Council recommendation, motion passed to put in \$6.7 million budget amendment to fund VR services. One category did open during SFY 2015. Public comment was provided to DARS on its legislative report—Review of Employment Support Services Programs. Some Council suggestions to improve and strengthen recommendations were accepted and added into the report.

Council continued to participate on the Virginia Business Leadership Network's (VABL N) Community Advisory Council. The VABL N is a business-to-business organization of employers who believe in and know the corporate bottom-line benefits of employing people with disabilities and marketing to this consumer group. The VABL N educated businesses on hiring and retaining individuals with disabilities as key employees in their businesses. Council was able to secure support of major international employer based in Richmond, VA. Attendance was about 150. Sponsors included Dominion, VCU Health System, Markel Corp., Aerotek, Guardian Parking Services, DARS, VDDHH, Altria, ATLFA, Alliantz, Career Support System, Williams Mullen, and Merck Pharm. Three well attended trainings were held this year to support employers who needed more information on hiring and supporting individuals with disabilities in the workplace.

In 2015 Council continued to partner with VA APSE (Association of Persons in Supported Employment) to develop a "Take Your Legislator to Work" (TYLTW) campaign. VA APSE received

permission from the Wisconsin DD Council to use their toolkit. State delegates/senators will be strategically targeted and DARS will recommend successful placements and employers in the legislator's area. The legislator will visit the employer/employee and have a tour of the site, etc. The objective is to educate the legislator on different types of jobs and the varied skills of people with disabilities. The goal of the group was to get 5 legislators in FFY2015 and increase the target in FFY2016. There was slower than anticipated progress during FFY 2015, however, employers/legislators were identified and a Fact Sheet was developed by Council staff. Applications were submitted by individuals with disabilities/job coaches and were reviewed by the group. Those selected were notified of acceptance. The visits will occur in FFY 2016.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 2.5:

By 2016, in partnership with non–disability entities, increase access to quality integrated patient centered medical and dental care for individuals with developmental and other disabilities by supporting at least 3 policies, practices and emerging approaches to health care.

Implementation activities:

- a. Identify and join healthcare coalition for policy development and advocacy for: expanded accessibility to (including, but not limited to physical, environmental, technological and communication accessibility) and availability of health services, including dental and integrated patient-centered models of care.
- b. Liaison/partnerships to develop and implement DD curriculum and continuing education programs that incorporate integrated, patient-centered models.

Activities undertaken were: All met Partially met Not met

Timelines:

- a. October 2013 - September 2016
- b. October 2012 - September 2016

Timelines established were: All met Partially met Not met

Annual Progress Report:

a. Council staff has continued its engagement in advocacy to improve health and dental care in Virginia. Council staff chaired the Advisory Council on Health Disparities and Health Equity (ACHDHE) to the Commissioner of the VA Department of Health (VDH). The purpose of ACHDHE is to provide recommendations to develop or improve VDH initiatives, programs and policies in order to reduce health disparities statewide. During FFY 15, ACHDHE focused on Virginia’s new Population Health Improvement Grant project. This initiative is to take a community-based, holistic approach to improving overall health of citizens. It addresses: activities to resolve food deserts; risk factors for poor health outcomes; and environmental issues. Part of the project will involve collaboration with DBHDS to improve integration of health and MH/SA services. The Director of the Office of Family Health Services spoke on data regarding available workforce and health resources statewide.

Council staff regularly monitored activities of the legislative Joint Commission on Health Care (JCHC), including several sub-committees. Key issues under examination by the JCHC are: effective methods for expansion/retention of healthcare professionals; and the role/scope of VDH and “safety net” private/non-profit organizations in providing healthcare and dental care to low income populations and underserved localities.

During FFY15 Council provided public comment on Virginia’s Managed Long Term Care Services and Supports (MLTSS) initiative. Council recommended slowing expansion of MLTSS until there is reliable data on the benefits of MLTSS for people with disabilities and for additions to Models of Care. Recommendations also included: 1) MLTSS managed care expansion should be driven by data rather than timelines; 2) DMAS should analyze provider participation in managed care networks and

address concerns of providers; 3) Allow beneficiaries to continue receiving care from existing providers without penalty when no comparable provider is in the managed care network; 4) penalty-free-out-of-network care for beneficiaries in communities with insufficient provider networks; and 5) additions to MCO: a) language on self-directed services (as in NY MCO); b) description of how MCO's communications will be user friendly, accessible and culturally competent, and c) transparency through uniform data collection and public "report card" to compare MCO's. Input is ongoing as this program is developed.

Council also participated in the Commonwealth Coordinated Care (CCC) demonstration program (for dual eligibles) Advisory Council and stakeholder groups, providing input on enrollment, outreach and evaluation activities. CCC has been successful but will end in December 2017. Enrolled individuals will be moved to MLTSS. Council staff participated as a member of the Evaluation Committee for CCC in 2015. Council was a member of the CCC Communication Workgroup and is now serving in a similar role for MLTSS. Council met with representatives of two Managed Care companies that were separately seeking information and stakeholder input on the inclusion in the ID/DD population as they consider getting into this line of business in the Commonwealth. Council shared recommendations from its 2014 Assessment of the Disability Service System and shared needs and concerns related to integration of long-term care into managed care for this population as areas to which these companies should be attentive. Council disseminates information to constituents through its e-news and via social media to help ensure that stakeholders are knowledgeable of proposed or impending plans as well as opportunities for input.

Council staff participated in the Advisory Group for UCEDD Virginia Medicaid Costs and Outcomes Study. The goal is to examine the impact of Medicaid financing on the quality of life, service/support, use and outcomes by merging datasets from DMAS (Medicaid expenditures, service use) and DBHDS (National Core Indicators and SIS data). The workgroup will research questions that will guide data analysis and provide feedback/guidance on findings. Only a few states have attempted this data merger. Study findings will measure progress per the DOJ Settlement Agreement, inform as to the legislative impact of Medicaid Funding and ID cost effectiveness of various services, including residential outcomes. This project is ongoing.

Council also continued to participate in monthly Magellan Behavioral Health conference calls used to inform stakeholders of progress and to be informed about emerging issues regarding implementation of unmet needs. Although no outcomes (PMs) have come from these efforts, Council does bring the needs of individuals with DD to the forefront, as indicated in these calls and meetings and offers suggestions to resolve access and outreach barriers. As part of its involvement with the DOJ Settlement Agreement, Council continued to engage with DBHDS staff charged with creation of the DD Health Support Networks.

b. Council continues to partner with various coalitions to improve access to and availability of affordable health and dental care for Virginians with disabilities: Virginia Nursing Association Coalition; Virginia Oral Health Coalition; the Virginia Waiver Network Coalition; and (most recently) Virginia Dental Hygienists Association (VDHA).

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:

0

SA02 People trained in leadership, self-advocacy, and self-determination: 0
 SA03 People trained in systems advocacy: 0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy: 0
 SA05 People attained membership on public/private bodies and leadership coalitions: 0
 SA06a Other self-advocacy measure: 0
 SA06b Other self-advocacy measure: 0
 SA06c Other self-advocacy measure: 0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved: 0
 SC02 Number of organizations involved coalitions/networks/partnerships: 0
 SC03 Organizations engaged in systems change efforts: 0
 SC04 Number of public policymakers educated: 0
 SC05 Members of the general public reached: 0
 SC06a Other systems change measure: 0
 SC06b Other systems change measure: 0
 SC06c Other systems change measure: 0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged: \$0

Objective 2.6:

By 2016, increase access to community-based health and dental care that uses integrated patient centered models for individuals with developmental and other disabilities by supporting at least one project that creates incentives for quality care.

Implementation activities:

a. Grant project, "Improving Oral Health for Adults with DD," administered by VA Oral Health Coalition.

Activities undertaken were: All met Partially met Not met

Timelines:

a. October 2013 - March 2015

Timelines established were:

All met

Partially met

Not met

Annual Progress Report:

a. The grant, "Improving Oral Health for Individuals with Disabilities" was an 18 month project that concluded in March 2015. The goal of the project was twofold: to expand the number of dental professionals trained to serve IwDD; & to provide oral hygiene education & clinical services to IwDD. This project had several components. First the grantee, Virginia Oral health Coalition (VaOHC) created a project planning team in collaboration with VCU School of Dentistry and the Va Dental Association. The VaOHC planning team first created a survey for individuals with DD and their caregivers to gain a deeper understanding of their personal oral health knowledge & practices as well as their needs & access issues; and developed an interview question guide to be used in focus group sessions with individuals with DD, family members & caregivers.

Surveys and focus groups indicated that many people w/severe disabilities or behavioral issues do not get basic dental care and end up w/ tooth extractions. Providers noted that some people w/ disabilities were in pain & when working w/ those individuals, there was a great need for better oral hygiene & education. Fear, which affects people both w/ & w/out disabilities, has led to people being afraid to have someone look in their mouth, get into a dental chair, or be in pain so people don't want to brush their teeth because it hurts. Training was lacking for nurses, hygienists, & dentists. Frustrations w/the person's behavior & long waiting lists contributed to oral hygiene problems developing over years due to a lack of preventative care. Building trust is crucial & often that trust begins w/the care provider (showing how to brush teeth w/repetition) & the dentist (explaining what they are going to do).

VaOHC developed a 2 day training for dentists & dental hygienists; developed topics/content for provider training & client handouts. On day 1, dental professionals received didactic training. The second day included: hands-on dental care to individuals w/ DD recruited from communities as well as education on oral hygiene to the individuals & their caregivers. There were two training sessions in 2014 (in Richmond and Lynchburg).

A third and final training was held in 2015 in Oct 2014 in Chesapeake & provided dental education and hands-on clinical training opportunities to 19 dental professionals, including 2 new VCU dental students, making them more comfortable caring for individuals with DD (SA01=19); 17 patients received oral health services.

With the three provider trainings completed, VaOHC and grant partners are concentrating on utilizing the data collected through the grant period to develop stories that demonstrate the need for oral health services for individuals with DD.

During the last quarter of the grant, VaOHC completed several activities to build statewide capacity and commitment for the provision of dental health services to IwDD. Key accomplishments/activities for the final grant period include: distributing funding to two remaining residential facilities for follow-up dental care for clients with IDD; disseminating follow-up care reporting templates to all residential facilities' contacts and clients participating in 1 of the 3 clinical care days; and distributing a survey to dental providers participating in the special needs dentistry courses to understand any

changes in practice following their training. In addition, VaOHC made presentations/testimony to the Senate Finance Health Committee and House Appropriations Committee during the 2015 General Assembly session (SC04=15).

A great deal of data was gathered throughout the grant process; VaOHC plans to work beyond the grant period to continue to identify opportunities to share information and raise awareness among the general public and among decision-makers. Council will monitor VaOHC post-grant for a two year period.

Post-Grant: VaOHC staff are using feedback collected through the survey to provide any information, support and/or resources to help providers deliver care. Similarly, VaOHC staff are maintaining communication with contacts from organizations and individuals that attended dental clinic care days and received funding for follow up care. VaOHC distributed a reporting template to organizations that participated in the clinical care days to track the follow-up care their clients received and the money spent on oral health care services. VaOHC disseminated a second report to participating organizations June 30, 2015. Based on responses collected thus far, 27 individuals received dental services in the post-grant period.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	19
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	15
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:

\$0

Objective 2.7:

Increase the availability of integrated housing controlled by individuals with developmental and other disabilities by supporting at least 2 policies or initiatives that promote the separation of housing and services.

Implementation activities:

- a. Policy and advocacy work with/on relevant workgroups and agencies.
- b. Housing Plan developed through DOJ settlement agreement.

Activities undertaken were:

- All met Partially met Not met

Timelines:

- a. October 2011 - September 2016
- b. April 2013 - September 2016

Timelines established were:

- All met Partially met Not met

Annual Progress Report:

a. and b. Virginia was required to develop a comprehensive housing plan under the terms of the DOJ Settlement Agreement. The Virginia DD Council was specifically named in the Settlement Agreement as a required member of the team that would be developing the housing plan and has been integrally involved with the DOJ interagency housing workgroup. A cornerstone of the plan that was submitted is the de-coupling of housing and services, such that service provision and housing decisions are separate and distinct, so that an individual's choice about where they live is a separate decision from where they may obtain services. This has been a Council priority for some time that moved toward greater fruition in FFY 2015. It will result in more individuals with intellectual and developmental disabilities and their families having more choices of where to live and increased accessibility to affordable opportunities to live independently. Historically, individuals with intellectual and developmental disabilities have resided in congregate housing settings in which the service and housing provider were one and the same, thereby creating a situation in which an individual's housing and services choices are inextricably linked. One strategy being implemented through the plan is the development of state funded rental subsidy, for which the DD Council has been advocating for a number of years. Council participated in the program design for the rental subsidy program which was approved by the Governor's office (previously reported) and is now being implemented. Rental Choice VA is utilizing the \$800,000 from the Settlement Agreement to subsidize independent living options for 20 individuals in the Tidewater and Northern Virginia areas. Recruitment continued to be slow during FFY 2015 but did improve. There have been issues regarding some Low Income Housing Tax Credit (LIHTC) properties that still have minimum rents

that are too high for people with housing vouchers. This is particularly true in Northern Virginia (NoVA). Barriers to be resolved have included limited funding duration, not enough landlords, varying Community Services Board (CSB) capacity and expertise, lease clauses, provider and family concerns.

As of the end of June 2015, there were 4 households and 5 leases in the NoVA pilot. Those individuals will transition to permanent vouchers provided by the Fairfax Regional Housing Authority (RHA). Referrals come from Support Coordinator to the Dept. for Behavioral Health and Developmental Services (DBHDS). DBHDS will then forward referral to the VA Housing Development Authority (VHDA) who will then forward the referral to the Fairfax Public Housing Authority (PHA) which has agreed to absorb the individual into their program. 7 people have been referred and are going through the voucher screening/intake process. 3 others are leaving an ICF with the support of Community Residences (CR), Fairfax CSB and the voucher program. CR used local HOME and CDBG dollars to purchase a condo unit. This will increase NOVA's housing numbers to 10, which exceeds the original goal for the pilot to house 8 people. DBHDS will have to determine how the remaining funds for Rental Choice VA (RCVA) will be used. In Tidewater, there is an agreement with the voucher program; therefore transition of the RCVA participants to a permanent voucher should be fairly easy and seamless. In that area, there were 2 individuals who have encountered a crisis while living in their own home. These situations were addressed by the Support Coordinators, the DD waiver analysts and their family. Council and The Arc recommended that action items related to increasing provider capacity and waiver reform to support independent living should be included in the Housing Plan. Other attendees felt that the Interagency Housing Committee is charged with addressing the housing component of a larger systems change process. Although there are other teams working to address waiver reform and provider capacity building, the plan could acknowledge that those efforts exist and communicate that the success of the housing plan hinges upon successful waiver redesign and adequate provider capacity. The group also recommended exploration of other integrated independent housing models and variations that exist in VA or other states. A housing module has been added to case management online training (this was cited as barrier last year).

In August 2015, discussion by Housing workgroup focused on possibility of developing a documentary piece such as the "We Have Choices" video. Developing a massive public outreach campaign and including things such as models/individuals successfully living in the community could be an important piece of the housing planning as well. The Committee agreed marketing and communication was critical as long as there were specific target audiences and messages. Council noted that it might be able to provide assistance in these efforts, including potential financial assistance. Additional strategies under consideration have been: consider incentivizing developers to devote units to this population; expand efforts to make landlords aware of the needs of this population; explore incentives to convince PHAs to provide more vouchers; explore ways to access rural development resources; continue to emphasize getting local PHAs to adopt similar preferences as has VHDA; continue to submit budget requests for State General Fund dollars to provide tenant-based rental assistance; and implement LIHTC QAP changes that create deeper subsidy for units that house people with I/DD, in addition to resources provided via tenant and project-based vouchers and other subsidy sources.

This year Virginia also received 32 housing vouchers dedicated to the DOJ target population. As of June 30, 2015, 32 referrals had been made, 28 individuals had leases, and 4 individuals were in process of establishing leases for apartments. An additional 65 housing vouchers became available

on July 1, 2015 (through June 30, 2016). Of these, there have been 65 referrals, 7 leases executed and 28 individuals “shopping.” In May 2014, the Commonwealth of Virginia submitted an application for HUD Section 811 Project Rental Assistance program funding. The application was not funded.

The Independent Reviewer for the DOJ Settlement Agreement has been critical of the slow progress towards building independent, integrated housing capacity and of the fact that nearly all transitions from the training centers have been to congregate settings, including settings of more than 6 beds. This is not prohibited under the Agreement but is not preferred. The Independent Reviewer suggested the housing plan be updated and restructured to include, but not limited to: the number of individuals in subsidized units (as a result of that action item); the number of units reported to be those that resulted from implementing the plan; the baseline number of units that were being used in FY 12 can be reported separately. He recommended that the plan be restructured to reflect what each item will be able to accurately deliver (for example, making sure there is a realistic expectation for the delivery time frame for tax credit units). Suggestions for reporting outcomes were as follows -- It could potentially be addressed in 2 ways: Outcomes of those housed in any given year; how many resources have been dedicated to the target population being housed and those resources can be quantified.

There was extensive discussion with the Independent Reviewer on the need for support for a state rent subsidy. The reviewer and expert consultant noted the success in their respective states in achieving integrated, independent housing and acceptance by providers, families, individuals, etc., of the paradigm shift. Workgroup members brought up challenges with set-asides and pitting one population after another. Some PHAs don't have any set-asides. Outreach in other than Fairfax and Tidewater was noted to be a problem by advocates at the table. Workgroup members also noted problems with knowing exactly what the demand is and where people want to live. Council staff noted a disconnect within agency workgroups that need to be more integrated, e.g., the HCBS transition rule, waiver redesign all affect integrated housing, but the housing folks are not involved.

In 2015, the Governor's draft budget included a \$400,000 line item in the base budget for RCVA, however the General Assembly decided not to fund that amount or the additional \$1.5 million request for additional ongoing rental assistance. The Secretary of Commerce and Trade sent a letter to local PHAs encouraging them to apply for and, if approved, implement a special admissions preference on their waitlist for the DOJ Target Population. In January 2015, the Housing Consortium Leadership and Implementation Planning teams invited local and regional stakeholders from three highly impacted regions-Hampton Roads, Central Virginia/ Richmond Metropolitan and the NoVa regions to participate in an information-sharing and planning kick-off meeting. Invited representatives included local residential providers, CILs, CSBs, housing developers, and PHAs, etc.

To support the DOJ Housing plan, the Virginia Housing Development Authority (VHDA)'s Board approved the following changes to their LIHTC QAP - Reduce the minimum percentage of disability units in the non-competitive disability pool from 50% to 25% and with 811 funding to a range of 15% to 25%.--Add an additional 25-point category to give a preference for Intellectual Disabilities or Developmental Disabilities (ID/DD) within the marketing plan for the 50-point disability category subject to appropriate Federal approval.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 2.8:

By 2016, expand housing options by supporting at least one policy or project that facilitates the building of multi-family and community housing options using visitability and universal design standards.

Implementation activities:

- a. Increasing the Use of the Transportation & Housing Toolkit, grant with Thomas Jefferson Planning District Commission.
- b. Support and contract with EasyLiving Home Program to continue educating housing professionals, encouraging the building of EasyLiving Homes with UD and visitability and certifying EasyLiving Homes.
- c. ABLE: Advocates Building Livable Environments, grant awarded to VACIL.

Activities undertaken were:



All met



Partially met



Not met

Timelines:

- a. October 2011 - March 2012
- b. October 2011 - June 2016
- c. October 2013 - September 2014

Timelines established were:



All met



Partially met



Not met

Annual Progress Report:

Consistently, Virginia's approach has been to develop relationships with non-traditional partners. Council collaboration with trade groups like the Home Builders Association of Virginia and the Virginia Association of REALTORS has raised member awareness of the housing needs and preferences of individuals with disabilities. State housing finance and community development agencies plus building code officials are another segment, along with Community Development Financial Institutions (CDFIs) and architect and design professionals. Through these liaisons, the Council has been able to influence policy and program outcomes that have improved housing opportunities for individuals with disabilities.

a. No activity planned.

b. Easy Living Home:

The Council and its partners, traditional and non-traditional, have come together to collaborate, recognize mutual interests and individual system challenges and to work toward common goals. For example, Virginia's EasyLiving Home (ELH) program promotes the development of single family homes that meet specific Universal Design (UD) and visitability standards. Through Council and its many partners work, voluntary UD standards, modeled after EasyLiving Home certification standards and mentioned in greater detail below, have been included in Virginia's Uniform Statewide Building Code.

The EasyLiving Home project, managed by Virginia Accessible Housing Solutions (VAHS), promotes the building of new residences with 'visitability' and universal design features. Council continues to be active in the promotion and expansion of the ELH program, monitoring the project and also serving on the ELH Board. Hand Construction, Inc., was ELH certified in 2015, but they have yet to build any houses (SC02=1). Additionally, 21 houses were ELH Certified by the following builders: Southern Development, Fauquier Habitat for Humanity, Habitat for Humanity of Greater Charlottesville, Greater Fredericksburg Habitat for Humanity, Habitat for Humanity of Northern VA, Central Valley Habitat for Humanity, Richmond Metropolitan Habitat for Humanity and R+D Building Systems. (SC02=8).

In June 2015, the ELH contract was renewed for a third year (through July 2016) conditioned upon the ELH Board developing a sustainability plan. Council has funded this project for 7 years and was concerned that not enough was being done to bring in new partners to sustain and expand the program. Council staff advised of funds available through the Virginia Department of Housing Authority for a Planning Grant, but funds are targeting indigent populations, not the intended target of Easy Living Homes program. This reporting period, the housing market has struggled in Virginia so several of the Builders on the ELH Board have been unable to attend meetings. In addition to the

funds received from Council, VAHS receives a smaller amount of funds from two other state agencies. Dollars leveraged this period include \$5,000 from VA Housing Development Authority, \$3,000 from HD Advisors and \$255 from ELH Board members. (RL01=\$8,255)

During this reporting period the Easy Living Home Board has struggled with an apparent lack of interest in the organization's certification process of new homes. The Board has discussed their accreditation process as being cost prohibitive for many builders as their work relates to new homes and the interest in certification has dwindled in the last couple of years. Individuals and families wishing to purchase new properties would spend approximately \$250,000 (except for Habitat for Humanity houses, which built the majority of houses in in 2015).

There has also been discussion of creating a program for the rehabilitation of properties which would advantage individuals aging in place and families with loved ones who remain in their home with improved accessibility features added to existing properties. Builders may rehab or build properties and access a tax credit by improving accessibility of any property.

ELH conducted a survey of their membership during this reporting period. The results of what value the service they provide has not yet been made available. This reporting period, the ELH Board has attempted to improve partnerships with other organizations such as the Department of Aging, the AARP, and look into the Governor's interest in a Virginia Housing Commission to discern whether they could work more closely together.

c. ABLE Grant

In October 2013, the Board awarded a grant in the amount of \$171,409 to the VA Association of Centers for Independent Living to conduct the 'Advocates Building Livable Environments (ABLE) program. In FFY2014 VACIL conducted focus groups that included Building inspections officials, architects, builders, Fair Housing officials, planners, project engineers and consumer advocates. The sessions were particularly helpful in highlighting a number of areas that were incorporated into the training module/curriculum, including interconnections (or disconnections) of the Americans with Disabilities Act (ADA), ADA Accessibility Guidelines (ADAAG), and American National Standards Institute (ANSI) issues, the Fair Housing Act, and Universal Designs concepts. The session participants shared their experiences, their knowledge, and their suggestions regarding the building code and for the application of applicable accessibility requirements with particular attention to inconsistencies and omissions between the International Building Code(IBC)-State Building Code, ANSI and ADAAG.

VACIL developed a training manual/module for distribution to building professionals. The major research issue has been the compilation, analysis, and comparison of the three primary sources of accessibility standards: ANSI, IBC, and Fair Housing. This type of compilation of all three codes with their differing issues of safe harbor and specifications was repeatedly identified by building code officials around the state as a major source of confusion. In addition, this simplified type of compilation does not exist in the literature. The professionals wanted a simple guideline that would quickly allow them to determine the optimal accessibility standard and a guideline that would provide them with reassurance that their decision is supported by the existing laws, regulations, and standards. The research materials were condensed into an Accessibility Reference Manual (available in a hard copy spiral bound booklet; also in pdf) in November 2014 (SC01=1). In November/early December, VACIL held a series of short training sessions with CIL advocates to acquaint them with the training manual/module and to prepare them for their outreach efforts with building inspections' officials in their regions. In January and February 2015, CIL advocates disseminated the manual and educated zoning administrators, planning officials, budget & executive management personnel in

local government, Building Code Inspectors/Officials in 138 jurisdictions in VA (SC04=301). Outreach also included educating private sector building professionals (builders, general contractors, Housing management personnel, architects and engineers) (SC05=122). The Manual was very well received and the demand grew quickly, especially among private sector building professionals. A Council Member, who is an architect and parent, was very enthusiastic in his praise for the Manual and expressed that it was the “Holy Grail” for architects. In an effort to promote the Manual, Council met with Virginia Architect Association and introduced the VACIL project director. Architect Association featured an article on the Manual in its e-newsletter, which was read by 938 private sector professionals (SC05=938). Following the end of the grant, VACIL continued to conduct outreach educating 36 public and 94 private sector building professionals (SC04=36; SC05=94). Council will continue to monitor this project post-grant and is looking into alternative ways to produce the booklet. In addition, feedback from building professionals indicates that more emphasis on the ADA is desired.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	1
SC02 Number of organizations involved coalitions/networks/partnerships:	9
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	337
SC05 Members of the general public reached:	1,154
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$8,255
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Objective 2.9:

Positively impact the development and implementation of strategies to rebalance state resources from institutions to community housing by supporting at least two legislative, policy, or regulatory changes.

Implementation activities:

Policy and advocacy work with/on relevant workgroups and agencies; Housing Plan developed through DOJ settlement agreement; support state funded rental subsidy.

Activities undertaken were:



All met

Partially met

Not met

Timelines:

October 2011 - September 2016

Timelines established were:



All met

Partially met

Not met

Annual Progress Report:

See Objective 2-07 for details on work done within the DOJ Settlement Agreement Housing Workgroup which are also applicable to this objective. Council tracked legislation during 2015 but no legislation on housing for individuals with disabilities passed during the 2015 General Assembly Session that related to rebalancing. A proposed budget amendment would have provided \$5.3 million from the general fund and a like amount of federal Medicaid matching funds for a new Medicaid home and community-based waiver program for 325 individuals with intellectual and developmental disabilities who are currently on the waiting list for Medicaid waiver services (individuals with modest support needs with an average annual cost of \$30,000). Language was added for the Medicaid agency to develop and implement the Independence Waiver, which would have included a state rental subsidy for those in the waiver. Council supported the change; however, the legislature was not comfortable with the direction of Waiver redesign. The amendment was not passed and the Commonwealth was directed to provide a report on waiver redesign by November 1, 2015, before action would be taken. Council has been integrally involved in the waiver redesign process.

The Easy Living Home Accessibility Interchange was held October 14, 2014, at the VHDA Housing Center. Council brought EasyLiving Home to Virginia and has continued to support it through a financial contract and as a member of the Board. There were Board members for Easy Living Home in attendance, realtors, and several governmental and for profit and non-profit organizations attending the meeting. Updates were provided on the Blueprint for Livable Communities. Southern Development explained how they hope to see more marketing of “ease, comfort and hospitality,” rather than referring to “universal design” housing which does not appeal to older Virginians. The Thomas Jefferson Planning District Commission shared information about the tool kit they developed using funds from a grant by the Council. Building codes and tax credits were discussed and the group focused on communications, expanding visibility, best practices and fundraising. Council provided written comments on Virginia’s Statewide Transition Plan for Compliance with CMS Regulations on Home and Community Based Waivers. Information on this activity, which is relevant to but broader than this objective, is contained in the narrative for Objective 2-21. Council is a

member of the in Blueprint for Livable Communities Advisory Council. Several Council projects (ABLE, Easy Living Home & Trans & Housing toolkit) were highlighted during committee meetings. More information is provided on this effort in Objective 2-08.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 2.10:

By 2016, family, behavioral, or personal supports for individuals with developmental & other disabilities will be improved or increased through at least 2 Council supported initiatives.

Implementation activities:

- a. Grant: Improvement & Expansion of Consumer-Directed Services (VACIL); post-grant follow along for two years.
- b. Grant: RGI DSP Training Program to train individuals with developmental and other disabilities to be consumer-directed direct care staff; administered by Rappahannock Goodwill Industries.
- c. Engage in policy input & advocacy on DBHDS/DMAS revision of Medicaid Waivers -- ID, DD & Day Support. Waiver Redesign Advisory Committee
- d. Post-grant monitoring of grant: Our Special Harbor Sprayground (Joey Pizzano Memorial Fund/Fairfax County Park Authority)
- e. Monitor implementation of both REACH services and the DD Health Network (formerly RCSCs) to identify unmet needs.

Activities undertaken were:

All met Partially met Not met

Timelines:

- a. October 2011 - September 2014
- b. October 2012 - April 2014
- c. October 2012 - September 2016
- d. May - September 2012 & 2013
- e. October 2013 - September 2016

Timelines established were:

All met Partially met Not met

Annual Progress Report:

- a. Improvement and Expansion of CD Services (no activity planned)

The Improvement and Expansion of Consumer-Directed Services ended in September 2012. A personal care attendant registry was created under this grant. In 2015, a former Council member contacted Council staff to share her concern about Social Security numbers being publically viewed by participants in the registry. Forms required the full social security numbers of individuals using consumer directed services, their care providers and guardians of individuals receiving consumer directed care. Council contacted the DMAS representative who oversees the contract with PPL. Subsequently, Council and the former Council member received notification that the registry would be changed to only require the last four digits of Social Security numbers. (SC01=1)

- b. RGI – No activity planned.

- c. Waiver Redesign

As discussed throughout this report, Council continues to monitor activity in all areas of the DOJ Settlement Agreement, including crisis services (adult and child), children in facilities, integrated day, case mgt., the Individual and Family Support Program (IFSP). Council also serves on a workgroup that is redesigning IFSP to make it more family friendly and equitable. Council recommended increased focus on children in nursing facilities and other institutions and that the previous workgroup be reinstated to facilitate progress. This is slated to occur. Relatedly, Council continued to be actively involved in Waiver redesign workgroups held by the Dept. of Behavioral health & Developmental Svs. (DBHDS) for 3 current Waivers – the DD, the ID & the Day Support Waivers. During FFY 2015 Council serves on the overall Waiver Redesign Advisory Council (WDAC) as well

as the community engagement workgroup, conflict free case management and waiting list workgroups, and other ad hoc groups, dealing with such issues as assessment, service arrays, waiver slots, tiers, use of natural supports and reimbursement rates. The waivers are being amended rather than being proposed as new waivers with the application set to be submitted in December 2015. Work this year on waiver redesign was intensive in order to meet the November 1 deadline to report to the General Assembly and not fall further behind in making changes to the waiver needed to comply with the DOJ Settlement Agreement. DOJ and the Independent Reviewer have been critical of the state's slow implementation of Waiver redesign. Waiver redesign is the primary strategy proposed by the state to implement the Settlement Agreement. General Assembly concerns and the lack of support for proposed changes in 2015 led to further delays. Council provided specific ongoing comments related to a plethora of issues within the waiver redesign process. Council was a part of a small advocacy coalition with Arc of VA, Va ACCSES, VACSB, VNPP, and VACIL (SC02=5). Council was instrumental in facilitating a meeting between the Coalition and high level officials (SC04=7) within the HHR Secretariat, DBHDS, DMAS regarding significant concerns related to the designs of service packages, how those would be implemented with consumers, whether they would be used to limit services and impose arbitrary caps and other related matters that would affect person centered planning and ensuring that the needs of individuals under the three amended waivers Independence, Family Support, and Community Living would be met. As a result of the meeting and subsequent work by all parties, the agencies agreed that the service packages would be utilized in the background for 2 years, primarily for the collection of aggregate data that would be then used to predict service usage and determine needed changes to the proposed service packages (SC01=1). As of September 30, the final proposed changes had not been released out for public comment.

Council communicated with the Secretariat and Director of DMAS regarding a Governor's budget amendment that would limit overtime hours for personal care attends to 56 and would limit hours the individuals' consumer-directed personal care attendant could work to one. This was put forth to respond to new DOL rules concerning overtime. Council and other advocates opposed and the proposal was withdrawn, primarily to await the court decision. Following that court decision, this issue continues to pose a challenge. In September 2015, Council provided comment on a draft Medicaid Memo that again sought to limit the Employer of Record (EOR) to representing only one individual receiving consumer directed (CD) services. While there was an exception for EORs serving multiple individuals residing at the same physical address, Council recommended that one EOR be able to serve multiple family members receiving CD services at different physical locations (e.g., instances in which a parent or guardian serves as an EOR for more than one family member such as adult siblings who lives in his own separate abodes or a parent receiving CD services under the EDCD waiver and a child receiving CD services in another location). Council noted that limiting EORs to individuals residing in the same household could have a very negative impact on the ability of individuals with disabilities to have and manage CD services. It would create an additional, unnecessary burden on the individuals and their caregivers. Unfortunately, this recommendation was not accepted.

Council participated in a new DBHDS workgroup on Expanded and Inclusive Peer Support. For Council it was an opportunity to expand work that had been done under the Peer to Peer Support grant that DBHDS, in coordination with the Arc of Virginia, had carried out. A number of areas were covered in the first meeting, including the definition of peer support and the roles of peers; Will the services be reimbursed through Medicaid or is there room for more natural, less prescribed peer support? What would that look like in Virginia? How will we define the knowledge, skills, and abilities

needed by individuals who wish to provide this type of support, either in a natural peer to peer role or in a more structured defined role that may then be reimbursed? Should there be one certification process with many specialties or should there be separate certifications for each variety of Peer Support? How will we offer training? The workgroup recommended other stakeholders who are relevant and should be included in the process; discussed potential 2016 budget recommendations; reviewed peer support work currently being undertaken. Council staff followed up with workgroup staff on status as no further work was done after the initial meeting in July 2015.

Council participated in an Ad Hoc committee to implement provisions of an Act ratified by the General Assembly. The Act required the Board of Medicine to work with DBHDS and other stakeholders to provide information to Board licensees (physicians) on: diagnosis of Autism Spectrum Disorders (ASDs) in adults and children; the role of providers in identifying and diagnosing ASD; services available to adults and children; processes and procedures for linking adults and children with state and local services; other sources of information on topics related to ID, diagnosis and treatment. Board staff recommended that links only be included that were generated by federal (CDC, NIH) and state agencies as objective sources of information. The responsible agency agreed to this and the information is now available on the website (to both providers and families/individuals).

Council is participating in a DBHDS led stakeholder workgroup which began in September 2015 to address the services needed for adults with traumatic brain injury. Group discussed the possibility of a brain injury demonstration waiver (1915a) to serve approximately 200 people in the top 30% of need, i.e., in need of significant services and supports. Agencies were asked if they would support and would commit to working on the waiver. Council noted that it has long supported a universal waiver that was based on functional need not diagnosis but, in practicality, that was not going to be happening (other than the combo of the ID/DD Waiver) and agreed that supports for BI population are needed. Council recommended that individuals with brain injury, family members and advocates be included in the process sooner rather than later.

d. Post Grant, Sprayground -- Project completed.

e. Monitor REACH services & DD Health Network

Council had planned to issue a RFP for a project which would develop or expand a holistic, integrated service model for individuals w/ DD who have complex behavioral or medical needs. However, two factors led Council members to discontinue this strategy from the FFY15 State Plan: 1) DMAS & DBHDS have implemented a program under Medicaid to improve medical services & coordination for individuals w/ disabilities served by local Community Services Boards; 2) the projected cost of funding such a project was prohibitive in light of ongoing flat federal funding. Council has been engaged in discussions about REACH, including barriers to crisis service implementation for adults and children through its participation on the DOJ Stakeholder Advisory Committee, the DBHDS Transformation Team Advisory Committee, and the Waiver Redesign Advisory Committee.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	2
SC02 Number of organizations involved coalitions/networks/partnerships:	5
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	7
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 2.11:

By 2016, in collaboration with state and local partners, individuals with developmental and other disabilities will have improved access to natural supports available to all through at least three Council supported policies, practices, or initiatives.

Implementation activities:

- Grant project, Empowerment to Prevent Institutionalization, administered by VACIL, to effectively demonstrate ways in which to remove barriers or address gaps that contribute to institutionalization.
- Liaison with state agencies and relevant workgroups to develop or improve state policies and practices.

Activities undertaken were:

All met Partially met Not met

Timelines:

- October 2013 - September 2015
- October 2012 - September 2016

Timelines established were:



All met



Partially met



Not met

Annual Progress Report:

a. The Empowerment to Prevent Institutionalization (EPI) grant project (begun in October 2013) is intended to provide education to medical & related healthcare professionals on community services & supports available to IwD in order to help maintain individuals in their community rather than be placed in an institution. The grantee, the Va. Association of Centers for Independent Living (VACIL), enlisted 10 local CILs from across the state, including rural areas (Eastern Shore; Grundy & Norton in SW Va) and urban areas (Norfolk, Hampton, Fredericksburg, Roanoke, Winchester, & Richmond). The main tasks in FFY2014 were: creation & operation of local project Steering Committees, which each included at least one IwD & one healthcare professional; develop recruiting teams for outreach to providers; conduct train-the-trainer sessions & creation of local Resource Directories. The Directories are user-friendly, quick guides to disability services & supports for use by healthcare professionals. CIL staff outreach to professionals to offer training on community resources & to distribute the Directories began in late 2014 and continued in 2015. In 2015, CIL advocates trained 893 providers (SA01=893) which included health departments; social service offices; caregiver agencies; Agencies on Aging; career and technical centers; HIV/AIDS, Lupus, Multiple Sclerosis, and Parkinson's support organizations; TRIAD groups, rehabilitation centers, free medical clinics, behavioral and family services practices; Chesapeake Public Schools, Kids Central Health Advisory organization, Veterans' Clinic in Norton, Gloucester Resource Council, Healthy Culpeper community group, Society of Social Workers, VCU Rehab Counselors Class, church nursing program, retirement communities, therapy providers, medical centers and VCU Masters of Social Work class. Over the course of the grant, 74 workshops were held across all ten CIL regions training 967 individuals. This far exceeded the estimated target for the grant.

A major barrier was scheduling medical personnel (whether it was a private practice or in a hospital or rehabilitation setting). This was due to busy schedules and because the medical practitioners did not initially understand what the training was about and why it was important for the people they serve. Those that did participate in the training and saw the Resource Directories were very happy to have the information to support their patients/clients and to have it all located in one small, concise document. It became evident that more people with disabilities would benefit if the distribution of the directory could be increased and so CIL Consultants began to distribute the Resource Directories in person to those in the medical and human service professions. This resulted in 5,413 Resource Directories distributed to 291 medical, human service, and community organizations across the state.

Stories About Individuals with Disabilities:

1. Information provided at the local HIV/AIDS agency helped case managers identify different transportation options for a consumer with a disability so he could more readily access his community.
2. 55-year-old woman received information on environmental modifications and was able to get a ramp for her home. She now has the freedom to navigate her community, visit friends and family, and exit her home in case of an emergency.
3. Parent of 15-year-old diagnosed with autism was provided information from the training regarding EDCD waiver and EPSDT. The child was referred to VCU Child Development Center for an assessment for services.
4. Because of an EPI training, a man, approximately 55-years-old, post-stroke, found resources to assist him with housing and resources to manage his finances. This individual felt that a family member was taking advantage of him and wanted to be proactive so he could care for himself.

5. A 66-year-old woman with Parkinson's disease and other medical concerns lived in a nursing home. Her husband wanted to bring her home but thought it would be impossible due to her needed level of care. After learning about Money Follows the Person (MFP) through EPI, his wife moved back home. The house had been modified using MFP funds and the woman was able to access personal care services through a home and community-based waiver.
6. A Pastor who attended an EPI training shared the information with his parishioners. Using EPI resources, he received help securing a wheelchair ramp for the church to assist the church's aging congregation. He keeps EPI Resource Directories available at his church for anyone that may need them.
7. A 63-year-old man learned about and now accesses an Adult Day Program.
8. A family used EPI Information to contact the disAbility Law Center about "alternatives to guardianship." The family had received substantial misinformation and with dLCV's help was able to make an informed decision that benefited both their child and themselves.
9. A nurse whose brother is in a nursing home and is not eligible for MFP is working towards the goal of transitioning her brother out of a nursing home. She is using resources listed in the EPI Resource Directory to locate personal care attendants and other supports located in the directory.
10. At an EPI training at Virginia Commonwealth University (VCU), a significant architectural barrier was identified and brought to the attention of the VCU ADA Compliance Officer. The Compliance officer noted that VCU would make it a top priority to correct the issue and has since notified CIL staff that the accessibility issue was corrected. Individuals with mobility concerns would not have been able to access the facility had the EPI training team not been there.
11. A Social Work student who works at a doctor's office disclosed at an Individualized Education Program (IEP) training that her office was not architecturally accessible. When the issue was brought to the attention of one of the doctors, he said they would carry anyone up the steps if needed rather than put in a ramp. Using EPI information the student took resources back to her employers to make them aware of their legal obligation to remove barriers as well as the tax credits that are available for making the change.
12. A hospital case manager used EPI information to assist a patient in need of durable medical equipment needed to make a successful transition home. The equipment arrived in a timely manner allowing the patient to return home rather than go to a long-term care facility. The case manager continues to share EPI information with other hospital staff and has asked for a staff training.
13. A program coordinator of an adult day center, after participating in an EPI training, sought to use resources she learned about to secure home modifications for two consumers. Coordinator collaborated with CIL staff to secure estimates and discuss modification considerations. EPI information was shared with the families of these individuals for future use.
14. A participant at an EPI training shared information with a family member who was living at home and was at risk of moving to a nursing home. The family member was assisted in applying for Medicaid but she also needed home modifications. Information on contractors was shared with the individual and she has sought estimates from contractors. She will also follow up with CIL staff on other resources needed to maintain her independence.
15. A social worker who is also a certified housing counselor and an EPI training team member helped an individual to secure a grant through the Virginia Housing Development Authority (VHDA) to convert her existing bathtub to a roll-in shower.
16. An adult protective services worker helped one of her consumers to secure durable medical equipment. The consumer had a wheelchair and a walker but was having trouble getting from a sitting to a standing position. The APS worker felt the individual would end up in a nursing home if she didn't receive a lift chair. Working with a social worker who was an EPI training team member, the individual was able to secure funding to buy a lift chair.

- 17. An adult with disabilities in Roanoke was able to access Money Follows the Person after receiving information from EPI training team.
- 18. A person received waiver information from an EPI training and secured waiver services.
- 19. Individual received information on Medicaid Waivers and has been screened for long term care services.
- 20. A person who worked as hospital housekeeping staff stated that she also worked as a Certified Nursing Assistant (CNA). She had worked for an agency but was dismissed because they could not give her enough hours to work. She noted that it was hard to find work "because so many people were being placed in nursing homes these days." She wanted to find full-time work as an personal attendant so she could help people stay in their own homes and have a rewarding job at the same time. CIL staff shared EPI information with her so that she could pursue the type of employment she loves.

b. Liaison activities.

The majority of policy related activities in this area relate to implementation of the DOJ Settlement Agreement and Waiver redesign. The Board has been involved in policy discussion as they relate to facilitating natural vs. paid supports as appropriate into the lives of individuals with ID/DD to ensure full inclusion in community life. Council activities related to waiver redesign are included in the narrative for Objective 2-10. Council activities related to the DOJ Settlement Agreement are covered under several objectives.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	893
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0

SC06b Other systems change measure: 0
SC06c Other systems change measure: 0

Performance Measure 3 (resource leveraging):
RL01 Dollars Leveraged: \$0

Objective 2.12:

Council will support at least 5 policies or other initiatives that develop/ expand community capacity to better transition individuals with developmental disabilities from state training centers into the community.

Implementation activities:

- a. Participation in MFP Advisory Council.
- b. Participation in planning for revised Licensure regulations.
- c. Monitor and support implementation of the National Core Indicators Project.
- d. Monitor implementation of DOJ Settlement Agreement; participation in Implementation Committee, planning workgroups with Health & Human Resource agencies on service system expansion.
- e. Grant project, Peer-to-Peer Education Project, administered by the Dept. of Behavioral Health & Developmental Services; mentors will work with individuals transitioning from training centers to (or already in) the community.

Activities undertaken were: All met Partially met Not met

Timelines:

- a. October 2011 - September 2013
- b. October 2011 - September 2013
- c. October 2011 - September 2016
- d. October 2012 - September 2016
- e. July 2013 - December 2014

Timelines established were: All met Partially met Not met

Annual Progress Report:

- a. The Money Follows the Person (MFP) Advisory Council did not meet during FFY 2015.
- b. Completed
- c. NCI Project –In FFY 2015 the Council served on the advisory group for the Medicaid Outcomes Data project being administered by the UCEDD in partnership with DBHDS and DMAS. Research

questions were developed in FFY 2015 and Council and other stakeholders provided feedback. The UCEDD worked on getting agreements in place for data exchanges and then obtained the data and information available from NCI, Medicaid and the Supports Intensity Scale (SIS). In FFY 2016, work will begin on examination of the relationship between support needs, expenditures and outcomes. A consultant has been contracted for the project and Council will continue to serve on the Advisory Council.

d. The DOJ Stakeholders Advisory Council met quarterly during FFY15. At each, DBHDS provided status reports on various plan components; members provided feedback & suggestions. Issues discussed included: integrated day activities; waiver redesign, quality assurance, case management, children in nursing homes, employment first, housing initiatives; case management improvements; health services and more. Council provided routine feedback and recommendations during these meetings. Public comment opportunities were provided at each meeting. Parents and family members of individuals in training centers frequently expressed concerns with the training center closures, discharge planning, and the state's capacity to serve their family members outside of the training center. Council continued to play an active role (as noted in other objectives) on workgroups and committees focused on Settlement agreement implementation. The census of the training centers continues to be reduced and was below 500 at the end of the fiscal year. Northern Virginia Training Center is scheduled to close in March 2016. Much of the public comment and input provided in FFY 2014 is still in play as systems design remains underway. Plans have changed frequently and as they do, the Council provides additional feedback through both formal and informal means. In FFY 2014, Council provided public comment to DBHDS on the Implementation Plan for Serving Individuals with High Medical Needs in the Community. In its comment, Council supported: identified improvements planned for processes, staffing & operations; improving Level I & II PASSR assessments; setting limits on duration of respite residential services; & addition of more clinical nurses within DBHDS. The PASSR assessments have been improved since that time to ensure that those individuals who require supplemental services are assessed and those services are provided.

Council participated on the SB 627 work group emanating from that bill which was passed by the 2014 General Assembly. The work group included family/guardians of TC residents & other stakeholders, to study whether or not more than one Training Center should remain open and make recommendations to the 2015 legislature (under the DOJ Settlement Agreement, Va. plans to close 4 of 5 state TCs.) Council was appointed to the work group and attended meetings during which Council continued to oppose any expansion of training centers (or reduction of closures). The workgroup agreed upon certain factors in its development of options and then weighted those factors.

(1) Ensures the Commonwealth provides comprehensive information to the Guardian/Resident/Authorized Representative/Family regarding all available options and resources "to prevent the unnecessary institutionalization; (2) Maximizes Health, Safety, Welfare in Chosen Place-15%; (3) Access to comparable and appropriate services-15%; (4) Change in cost & if more expensive not negative impact on community based services-30%; (5) Overall affordability of the system is maintained or improved-15%; (6) Reasonable geographical access 25%. The Council stated in an October 1 letter to DBHDS that Factors 1 and 2 are being met and will continue to be met by serving individuals with ID/DD in community settings. Council noted: Factors 4 and 5 are critical to the decision-making process. The fiscal impact of maintaining training centers or building new smaller institutions is significant. As noted in the report, rebuilding of the four remaining facilities is a huge financial commitment. In addition, over time capital outlay, staffing and other operational costs of the training centers will increase due to evolving federal standards of care. While the rebuilding is a major one-time cost, maintaining the facilities will be a long-term expenditure. Once

rebuilt, even as admission requests decline, the smaller facilities will divert funds which could be used to support those currently receiving services under a home and community based waiver or support some of the 9,000+ individuals waiting for a waiver slot. Re Factor 6, Council stated, "The Board agrees that geographic proximity is an important in sustaining family bonds. Waiver homes, non-state operated ICFs/IID, and sponsored residential placements in each locality served by the training centers exist throughout the Commonwealth and as capacity increases, so will geographic accessibility. It is only if a family chooses continued Training Center placement that geographic proximity becomes an issue; and the decision of a small number of families should not be the rationale for maintaining the current number of training centers or discontinuing the current plan to close the remaining three (excluding SEVTC) Training Centers by 2020. Six options were presented to the DBHDS Commissioner from the workgroup which did not represent consensus but rather an understanding that the legislation required the presentation of such options. Council did not support any of the six options, noting in its October letter: "We believe that such a decision is inconsistent with both the Supreme Court Olmstead decision and the Commonwealth's Settlement Agreement with the U.S. Department of Justice. The thoughtful and successful closure of Southside Virginia Training Center demonstrates that community services can support/serve these individuals. The Board applauds the efforts by DBHDS, the Community Service Boards and private providers to achieve that landmark closure. The Board strongly supports the closure plan outlined in the DOJ Settlement Agreement and hopes that the Commonwealth will not take a step backwards by considering maintaining or developing ICFs/IID of 16 or more beds." The DBHDS Commissioner provided a presentation on the six options in November 2014 to the legislative Joint Committee on Health Care and no further efforts were undertaken regarding SB 627.

e. Peer to Peer Education Project, a grant to the Dept. for Behavioral Health & Developmental Services (DBHDS) which began July 2013 and ended December 2014, had the goal of developing & implementing an educational and mentoring program for individuals with ID/DD to improve self-determination, community integration (through knowledge of community resources) & communication skills. In 2014, the project trained individuals with ID/DD and a mentor partner to serve as peer mentors to individuals who: 1) reside in state Training Centers to encourage & facilitate transition into community; or 2) newly transitioned individuals in community to foster & improve community participation. Training was on various topics of use to individuals transitioning to community, such as: Medicaid, community service systems, key terms of the DOJ Settlement Agreement, mentor role & skills (esp. reducing transition stress) & housing options. The peer mentor training curriculum was finalized in the last quarter of the project (Oct-Dec 2014) (SC01=1). This curriculum includes both the mentor skills training components and the community systems training component of the training delivered to the peer mentors and their peer support partners over the course of six training sessions. Also included in the final Curriculum document are the pre-test and post-tests.

The DBHDS Family Resource Consultant (FRC) worked on the development of the forms used to match mentors and mentees. Peer mentors and peer support partners provided valuable input to help capture needed information that will assist in the matching process. Five peer mentors were paired with five peer mentees from Training Centers at the end of 2014. The grant staff did not receive any referrals for peer mentors for current residents of the community during the grant period. Council followed post-grant activity for the remainder of 2015. The DBHDS Family Resource Consultant (FRC) attended Regional ID Support Coordination Roundtable meetings throughout the state to educate CSB support coordinators about the Peer Monitoring (PM) program to get more community involvement. FRC also provided an update to the training center Community Integration Managers to continue to present the option of PM during the transition and annual meetings. A total

of 19 PM referrals were received through June 2015. The regional breakdown is as follows: 5 for Region 1 (CVTC residents); 1 for Region 2 (NVTC residents); 4 for Region 3 (SWVTC residents); 1 for Region 4 (Community residents); and 8 for Region 5 (1-SEVTC & 7- Community residents). Mentees had Intellectual Disability, Mental Illness, as well as behavioral and medical challenges. Participant ages ranged from 20-50 years of age. Most were seeking social connectedness, employment tips, community living education and resources.

Identified barriers included: location and transportation issues, inability to connect with mentee, conflicting schedules and compensation. In general, the initiative was not as successful as anticipated. DBHDS held a meeting with state agency representatives in July 2015 to discuss an initiative to expand peer support/mentoring to all the population it serves. Council and other agencies represented additional individuals/organizations for inclusion, including self advocates. No additional meetings were held during FFY 2015 and an inquiry by Council in the fall of 2015 on the status of the initiative did not receive a response.

Story: Mentee from Southwest VA Training Center (SWVTC) successfully transitioned into her new community residence on 9/29/15 and received transportation, healthcare, employment (gaining employment at Goodwill) and recreation services. She had several transitional visits during the months of July, August and September. Her connection with the Peer Mentor assisted in her decision to move from SWVTC; reports from SWVTC staff indicated that she was able to talk about her options. FRCs have talked with all parties to ensure that Peer Mentor supports continue for this individual as she adjusts to her new home and community.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	1
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0

SC06b Other systems change measure: 0
SC06c Other systems change measure: 0

Performance Measure 3 (resource leveraging):
RL01 Dollars Leveraged: \$0

Objective 2.13:

In collaboration with agency & advocacy partners, including those in the aging community, influence at least three policies or initiatives to expand the availability of services & supports that foster self direction, choice, independence, inclusion & aging in place.

Implementation activities:

- a. Project to improve services/supports that promote "aging in place" and community life for individuals with ID/DD who are 55 years old or older.
- b. Liaison/advocacy with relevant workgroups and agencies and organizations for policy change or creation.

Activities undertaken were: All met Partially met Not met

Timelines:

- a. October 2015 - September 2017
- b. October 2012 - September 2016

Timelines established were: All met Partially met Not met

Annual Progress Report:

a. Council planned to fund a grant project to improve supports to individuals who were 55 years old or older and had an ID or DD. In December 2014, the Board determined it would not release the proposal due to significant new resources and initiatives that were available and taking place in the Commonwealth with respect to aging in place and those with disabilities.

b. Advocacy and Liaison. A \$500,000 grant was received by the Department for Aging and Rehabilitative Services (DARS) to expand by 2018 its No Wrong Door initiative with a goal to provide a barrier-free, high-quality, sustainable, person-centered, single statewide NWD System of long-term services and supports for individuals of all ages and disabilities. Council was and remains a participant in the No Wrong Door Advisory Council, which meets quarterly, as well as the Person Centered Planning Workgroup (PCP), the Assessment Workgroup, and a new Accountability workgroup. Grant objectives are to: 1) increase partner participation in the NWD System; 2) replace the case management system currently used by Local Departments of Social Services Adult

Protective Services/Adult Services with the NWD System; 3) integrate person-centered practices into the Uniform Assessment Instrument (UAI), related assessment tools, curriculum, training materials, and policies; 4) increase citizen-centric access, consumer direction and self-referrals and capture data entered by consumers in the NWD System through the NWD Virtual Provider Directory; and 5) develop and implement “Best Practices” for NWD that promote systems interoperability. Anticipated outcomes include: 1) older adults and individuals of all ages with a disability will have increased access to available options for home and community-based supports; 2) older adults and individuals of all ages with a disability will have increased person-centered decision support as part of the process for seeking home and community-based supports; 3) providers of LTSS will have increased access (with consent) to secure information for individuals seeking home and community-based supports; and 4) the Commonwealth will strengthen coordination and integration of multiple access functions associated with state-administered programs that pay for LTSS. Through monthly participation on the PCP workgroup, Council has reviewed and contributed to person centered language revisions to the Commonwealth’s Uniform Assessment Instrument used by institutions including but not limited to hospitals and nursing facilities. It is hoped that language changes, once approved will be used as a model for other assessment and eligibility instruments, such as waiver eligibility, etc. Multiple Council staff have participated in this initiative providing feedback and ensuring that the needs of persons with disabilities are addressed equally with those of the aging population and are focused on self-determination and independence.

The Council reviewed and provided input/feedback on the DARS 4 Year Aging Plan. This occurs annually.

The Area Planning and Services Committee is composed of the Central Virginia CSBs, the Virginia Dept. of Health, Council and VCU Partnership for People with Disabilities (UCEDD). The Committee held its annual conference in November 2014 and the theme was: “The Champions Toolbox: Resources on Safety, Wellness and Advocacy for People with Lifelong Disabilities.” Sessions included presentations on: ensuring food safety to prevent emergencies; prevention of financial exploitation and identity theft; crisis Intervention; and aging gracefully. Evaluations were positive and the conference was attended by 75 social workers, mental health workers, recreation specialists and individual support providers representing all localities in the state. (SC05=75)

The Area Planning and Services Committee held a second conference in June 2015 with the theme: “Mental Health Challenges and Possible Solutions in Aging with Lifelong Disabilities.” The keynote address was given by Adam Kaul, MD, Assistant Clinical Professor in Psychiatry, Virginia Commonwealth University. He had been an expert witness in the Olmstead decision in Virginia and provided a review of his evidence-based “Biosocial Approach” to the care of individuals with IDD. Following, there were three concurrent sessions that included information on: preventing abuse of Individuals with IDD by Leadership Empowerment Abuse Prevention (a Council grant); developing natural support friendship networks; Commonwealth Coordinated Care; mental health wellness; guardianship and conservatorship; crisis prevention and response; the Governor’s Access Plan for Long Term Mental Health; and a demonstration of the therapeutic power of music therapy for older adults with disabilities. The conference was well attended with 130 individuals representing Institutions of Higher Education, CSBs, VADSS, family members of individuals with ID/DD, and a range of state agencies. (SC05=130)

Council staff continued to monitor activities of the Virginia Public Guardianship and Conservator Board (VPGCAB) through review of meetings minutes. In years past the Council had an active input

into the work of this Board. Following the reorganization of the Department of Aging and the Department of Rehabilitative Services, the composition of this Board changed and Council representation no longer has a voice on this Board.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	205
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 2.14:

By 2016, facilitate a more secure and independent future for individuals with developmental and other disabilities by educating at least 500 individuals and policymakers on best practices and mechanisms for financial stability development.

Implementation activities:

- a. Monitor state agency regulatory proposals, statutes/legislation, and policies; and develop advocate input as indicated.
- b. Develop and support partnerships that focus on education, training and information sharing opportunities.

Activities undertaken were: All met Partially met Not met

Timelines:

- a. October 2012 - September 2016
- b. October 2014 - September 2016

Timelines established were: All met Partially met Not met

Annual Progress Report:

a. and b. Passage of the federal ABLE Act occurred later than anticipated. During the 2015 General Assembly Session, Virginia passed its own version of the ABLE Act (HB 2306) that established Achieving a Better Life Experience (ABLE) savings trust accounts to be administered by the Virginia College Savings Plan to assist individuals and families in saving private funds for the purpose of supporting individuals with disabilities. Virginia has been awaiting development of federal regulations prior to beginning the regulatory process in the Commonwealth. In September 2015, Council Director and staff met with the Director and legal counsel of Virginia 529 which will be implementing the legislation. The legislation provides for 529 like accounts for individuals who have manifested a disability before age 26. Council provided input regarding potential areas of concern within the federal program and provided copies of the NACDD's comments on the federal regulations. An ongoing relationship was established and VA 529 and Council will partner in development of state regulations as well as development of policies, practices, information, outreach and training. Council provided contact information to 529 staff regarding other agencies/organizations to reach out to, particularly those with expertise in Medicaid (ensuring the accounts do not count as income for certain programs is critical) and will be exploring ways to partner on communications and training efforts. At this point, the time frame is unknown and will hinge on the regulatory process. Council received a presentation at one of its meetings on financial stability for individuals with disabilities with a focus on benefits planning and work incentives.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

- SA01 People trained in area related to goal/objective: 0
- SA02 People trained in leadership, self-advocacy, and self-determination: 0
- SA03 People trained in systems advocacy: 0

Performance Measure 1.2 (self-advocacy/advocacy):

- SA04 People active in systems advocacy: 0

SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 2.15:

By 2014, increase the availability of affordable, accessible transportation in at least one or more rural and/or underserved areas through at least one Council supported initiative.

Implementation activities:

Grant project, Affordable Transportation Options in Rural and Underserved Areas, administered by Dept. for Aging and Rehabilitative Services.

Activities undertaken were: All met Partially met Not met

Timelines:

October 2012 - September 2014

Timelines established were: All met Partially met Not met

Annual Progress Report:

No activity planned.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 2.16:

By 2016, promote integrated local and regional planning by supporting at least 1 policy or initiative that ties planning for accessible transportation to the needs of individuals with disabilities to easily access community services and supports.

Implementation activities:

- Increasing the Use of the Transportation & Housing Toolkit (Thomas Jefferson Planning District Commission)
- Project to demonstrate improved driver competence for transportation providers through

education and training.

Activities undertaken were: All met Partially met Not met

Timelines:

- a. October 2011 - March 2012
- b. October 2014 - September 2016

Timelines established were: All met Partially met Not met

Annual Progress Report:

b. Council staff with expertise in transportation issues left Council in late FFY 2014. That position remained vacant for over a year resulting in little work done in this area. Council considered releasing a competitive RFP for driver competence using the Richmond GRTC training as a model. GRTC staff met with Council at its quarterly meeting and were excited about moving forward. Subsequently, GRTC management changed and the Council member who had the relationship with GRTC (and was Council's transportation representative) became ineligible to serve on Council. Council determined it would not pursue the initiative this year but would consider it for the next 5 year state plan.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0

SC06a Other systems change measure: 0
 SC06b Other systems change measure: 0
 SC06c Other systems change measure: 0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged: \$0

Objective 2.17:

By 2015, a minimum of 30 individuals with developmental disabilities will successfully transition from facility-based (sheltered) employment, day support or pre-vocational services to integrated employment.

Implementation activities:

a. Grant project, Employment for All Citizens of the Arc of Southside, administered by VCU/RRTC will demonstrate how to move individuals from facility-based employment to integrated employment.

Activities undertaken were: All met Partially met Not met

Timelines:

a. October 2013 - September 2015

Timelines established were: All met Partially met Not met

Annual Progress Report:

In 2013, Council awarded a grant totaling \$243,975 to VA Commonwealth University (VCU) RRTC for the project: "Employment for All Citizens of The Arc of Southside" The project began in October 2013. The Arc of Southside (The Arc) serves an economically depressed area of the state. One of The Arc's programs is the Hatcher Employment Program, a sheltered work facility that supports 108 adults. The goal of this grant was to employ 30 adults with disabilities in integrated, competitive employment in the community.

The major activity in Year 1 of the grant was for VCU RRTC to provide training to The Arc's staff. In 2015, an additional 5 staff were trained (SA01=5), bringing the total trained to 16. Staff were trained on: individual choice, Discovering Personal Genius, employment best practices & integrated employment outcomes. RRTC also provided weekly technical assistance to The Arc's administrative & employment services staff. VCU RRTC also educated The Arc's Board members who were integral in facilitating the conversion of the sheltered workshop. The employment team worked with the Board to develop a process to assist with job development leads allowing employment specialists & Board members to work together to share contacts & network with employers in the community.

Efforts toward achieving the goals included Supported Employment (SE) brochures to aid employment specialists when conducting job development activities with community businesses. In 2014, a new partnership was developed with Full Circle Employment Solutions to provide mentorship & training for The Arc as they became an Employment Network. 50 sheltered workshop employees received benefits analysis & counseling to help individuals & their families make informed decisions about community employment opportunities & the impact of work on current benefits.

Barriers to Placement: Limited jobs have been a significant barrier, forcing The Arc to compete with the large number of people looking for entry level positions in our area of high unemployment. Danville is the 6th poorest city in VA. The Arc supports people that often have little to no job history which makes searching for employment more difficult. It is a slow process to develop relationships with employers & attitudes of families & case managers about SE often serve as barriers. New trainings & directives from the state to case managers have reduced previous concerns/barriers. **Effective Strategies for Placement:** Meeting with employers individually & building long term relationships will lead to more opportunities. It is a task that takes time, energy & consistency.

Barriers to Empowerment: The barriers that exist to empowering people to choose SE usually revolve around fear of losing benefits, fear of the unknown, & fear about safety.

Effective Strategies for Empowerment: To move past the fears The Arc provided as much information as possible on the things that worry & scare people, including providing individualized benefits counseling for all 106 participants. Fears around safety & the unknown have to be met one person at a time. Employment specialists review the environment in which they are trying to obtain employment & make plans about any specific concerns. Efforts are also made to help individuals stay connected to friends that are still at the Hatcher Center to alleviate some of the fears of the unknown. Job Club & events at The Arc are a way for everyone to stay connected & will continue to be developed.

Stories:

SB was used to hearing what he couldn't do. He was separated from his family at an early age. He was called immature & childish as a young adult. He had limited reading & math skills. Although he did have some early work experiences in the community, no one ever followed up on these opportunities & SB was placed in a sheltered workshop in 1991. In the workshop, he averaged 30 hours per week at an average rate of \$.87/hr doing work at which he didn't excel. He always wanted to do more & if new work came into the workshop, SB was always one of the first ones to want to try the new job. When The Arc started the SE Program through the VBPD Grant, SB was not interested in the new program. He said he was happy in the workshop & didn't want to leave. This attitude changed once a couple of his friends made the decision to seek competitive employment & found jobs. He approached one of our job coaches asking if they could help him find a job. It took several months but SB found a job working at Food Lion four days a week, averaging about 20 hours per week. His pay is \$7.50/hr. He loves his new job & his employer is extremely impressed with their new employee. They have gotten multiple compliments from his fellow employees & from the customers that he comes in contact with. SB is saving some of his money for some large purchases he wants to make, including a scooter so he can travel in the community more easily. He loves eating out in area restaurants now that he can afford to do so. His goal now is to increase his hours & to earn more money!

TP is a young man that has always had a dream to work in the community. TP ended up being placed in a sheltered workshop right out of high school. Once an opportunity came up to get

assistance in getting a job in the community, TP was ready! He worked with his job coaches & went for an interview at a local restaurant that had a position open that he wanted. He interviewed & within a week was offered the position. In preparation to get ready for his new job, he went & bought new shoes & clothes (which he proudly showed to everyone). TP has also begun to dream about what his life will be like now that he is earning more money. He wants to continue saving & building for his future. A short term goal is to continue building up his collection of DVD movies. TP is looking forward to meeting & making new friends at work & just being one of the guys his new employer can count on.

DC was hired in April at Allgood Cabinets in Danville. In his position he prepares, sands & finishes wooden cabinets. His responsibilities also include cleaning the equipment used for these functions & tasks each day so each piece of equipment is ready for the next days work. These responsibilities provide him with 5 hours of work per day, 3 days a week. Depending on the week, he is called in to work up to 2 additional days to assist the owner in installation at various job sites. DC enjoys the installation & on site work very much & hopes to continue gaining skills in the area of cabinet installation. He loves the schedule & independence of his job position.

SH showed immediate interest in the job they had available. Even though she had no previous experience in dishwashing or working in a kitchen environment she was anxious to learn new skills. SH worked very diligently & was extremely happy with what she was doing. Her Job Coach only had to help periodically for the first week or so. Her employer gave her many well deserved compliments on her work ethic & positive attitude. They have been so impressed with her overall performance during this short term assignment, they have committed to transferring her to a permanent position in one of their other restaurants (they have 3 locations), once the person out on medical leave returns. SH is earning more money than she ever has, feels better about herself & radiates self-confidence now.

AD got his job from one of the connections made at the Workforce Roundtable. C&E Restaurant was losing a long term employee who had washed dishes in their kitchen for many years. When they heard about the program they were very excited to find the potential of another long term employee for their kitchen in the family restaurant. A.D. had looked for work for several months & often struggled with the interview portion of job development. This was due to his shyness & lack of confidence. Since starting his new job, he has become more confident & has started opening up & talking more about himself. He shared with his job coach many months ago that he wanted to one day learn to drive but felt he wasn't "ready." Now that he has been working he has started to feel much more confident in himself & as a result has studied with his job coach for the driver's test & was able to get his learner's permit. He hasn't gotten his license yet, but with his new confidence he is taking the on-the-road course to prepare.

The Arc developed & fostered many new relationships to promote integrated employment outcomes in VA. Strong partnerships were developed with local funding & referral sources as well as with state level officials to help facilitate change. Statewide systems impact was achieved through discussions with the state central office for the Department for Aging & Rehabilitative Services (DARS). The Arc began by seeking to form a strong partnership locally with the DARS office & was met with some barriers. This led The Arc to discussions with the state Leadership who were very supportive & anxious to have a SE vendor in the area. The Arc also worked closely with the CSB to provide education to staff & case managers about integrated employment.

During this project The Arc received a 3 year CARF accreditation for SE, allowing the program to market high quality services to businesses & families & ensuring ongoing funding for services. The Arc has also been approved to bill Medicaid Waiver for SE services. Another important part of the sustainability plan was becoming an agency in the approved network for the Ticket to Work program.

The Arc's Board was committed to the overall financial health of the org & it was a priority that they not incur any debt with the restructuring from the large segregated campus (plans that began prior to the grant). A total of \$962,000 was secured through local fund raising. The Arc was successful in purchasing & renovating four properties debt free for programs in the community.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	5
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	8
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 2.18:

By 2016, educate at least 250 self advocates, family members and professionals on the impact of federal health care reform on individuals with development and other disabilities.

Implementation activities:

a. Promote information and updates via social media.

Activities undertaken were: All met Partially met Not met

Timelines:

October 2014 - September 2015

Timelines established were: All met Partially met Not met

Annual Progress Report:

a. The Council shared specific information on the ACA on Facebook which was accessed by 596 individuals. While not directly related to the impact of health reform on persons w/disabilities, Council also posted information on open enrollment and the healthcare.gov website on Facebook and in its e-news. "Need a Refresher on the ACA" in E-news; 14 general public reached. (SC05=14) ObamaCare Facts (Facts on the Affordable Care Act) posted on FB; 596 general public reached (SC05=596)

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0

SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	610
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 2.19:

By 2016, in coordination with state agency and advocacy partners, improve access to early intervention services for high risk infants served in NICUs by educating medical professionals on best practice follow-up and referral protocols.

Implementation activities:

a. Potential demonstration project to improve follow-up and referral to needed services (e.g., Part C and family supports) for high-risk infants served in NICUs in a locality or region, with priority on rural or poverty areas.

Activities undertaken were: All met Partially met Not met

Timelines:

a. October 2015 - September 2017

Timelines established were: All met Partially met Not met

Annual Progress Report:

a. Council staff developed an RFP in December 2014 but due to financial limitations, Council voted not to release any competitive grants for the FFY 2015 grant cycle. Council staff received approval at the September 2015 Council meeting to present an RFP for this objective at its December 2015 meeting.

Although the RFP was not released, Council continued to promote the importance of follow up to babies who have spent time in a NICU. In its comments on the Part C Emergency Regulations (see also Objective 2.21), Council requested inclusion of a requirement for follow up with families with premature infants or those who have been in the NICU at 3, 6, and 12 months after hospital discharge. This was not incorporated into the regulations. In August 2014, Governor McAuliffe issued Executive Order 22 establishing the Commonwealth Council on Childhood Success (CCCS). This

diverse entity was charged with assessing the health and educational needs of children, from birth to age 8, and making recommendations for their alignment and improvement. The work of the CCCS work is done in partnership with various state agencies and entities, local schools and governments, the business community, private and nonprofit providers, and advocacy organizations. In coordination with the Governor's Children's Cabinet and relevant state agencies, the CCCS is designed to serve as a central coordinating entity to identify opportunities and develop recommendations for improvement including, but not limited to: 1) funding for preschool, 2) kindergarten readiness, 3) strategies to close the achievement gap in early elementary years, 4) the quality and accountability of child care programs and providers, and 5) coordination of services for at-risk families. While Council was not part of the overall CCCS, we were appointed in early 2015 to the CCCS Health and Well-being Workgroup. The workgroup was charged with bringing recommendation to the full CCCS regarding health and well-being priorities. The criteria established for bringing forth recommendations included the following: is it a best practice? Is there existing support? Is there an existing infrastructure? Does it have the potential for significant impact? Recommendations reflect values of (1) making long term investments in primary prevention/interventions which have great impact and cost the least; (2) that Virginia's public health policy should be data driven and based on best practice; (3) that current healthy disparities are unacceptable and that every community needs access to comprehensive, community based medical, dental, and behavioral health services. There were numerous recommendations discussed and developed by the workgroup over the course of many months in the areas of general health, home visiting, dental health, maternal and child health, behavioral health, data and professional development, long acting reversible contraception, breastfeeding support, universal screening, and insurance coverage. Council strongly recommended inclusion of its Assessment recommendation on NICU follow up. The recommendation made it into the top five for the committee and as part of 16 total recommendations (from all 5 of the CCCS workgroups) that were sent to the full CCCS for inclusion in the final report to the Governor under the heading of "Investing Early in Children's Health and Wellbeing." The final recommendations read: "DBHDS and the Part C Early Intervention Program should develop and promote a standardized Policy for early intervention providers to follow up with infants who spent time in the NICU." (SC01=1)

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	1
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 2.20:

Monitor and provide input on legislation, regulations and policy affecting students with disabilities.

Implementation activities:

- a. Provide input on teacher licensure certification/recertification and other related special education activities at the state level.
- b. Various liaison/workgroup activities.

Activities undertaken were: All met Partially met Not met

Timelines:

- a. October 2013 - September 2016
- b. July 2012 - September 2016

Timelines established were: All met Partially met Not met

Annual Progress Report:

a. & b. In FFY 2015, Council staff was active participating on workgroups, advising policymakers & commenting on proposed legislation during the General Assembly session related to legislation, regulations & policies that affect students w/disabilities (SwD). The Board undertook significant work in the area of education for SwD during FFY 2015, especially in the area of seclusion & restraint (S&R). Council provided input/guidance to the legislative Commission on Youth (COY) which had been charged the previous year w/conducting a study on this issue. Significant work was done through the Coalition for the Improvement of School Safety (CISS) in which Council was a key

member along w/other child & disability advocacy orgs. Coalition policy recommendations were: (1) Amend definitions of S&R; (2) Limit use of S&R in schools to emergencies; (3) S&R should only be used as a last resort to prevent immediate physical injury; (4) Require least restrictive measures (including de-escalation) to be implemented; (5) Prohibit use of the most dangerous restraints; (6) Prohibit use of seclusion rooms; (7) Parental notice of the use of S&R; (8) Collect data about use of S&R. Council spoke in support of SB 782 before the Senate Education & Health Public Education Subcommittee of the 2015 General Assembly. SB 782 requires the Board of Education to promulgate regulations governing the use of S&R in public schools. Council met legislators to educate them on the importance of the bill & about the issue itself. Council contacted the Secretaries of Education & Health & Human Resources regarding legislation. (SC04=8) Coalition developed/implemented response strategies regarding private company that conducts restraint training providing inaccurate information to the Governor's office & legislators. Governor signed the legislation on March 16, 2015. (SC01=1) DOE instituted stakeholder group on the development of the regs in August 2015 comprised of advocates & school reps. Council, P&A & UCEDD all represented on this group, advocating on behalf of students w/disabilities. Public school reps were concerned about the cost of training, among other things. Council recommended that regulations include a process for parents to challenge improper use of S&R; & include in parental notification of S&R, information about how to challenge if they feel that use was improper. Council & other advocates continued to promote consistency w/the federal USDOE 15 principles governing S&R. Regulatory development will take minimum of 18 months.

Council participates as an ad hoc (not voting member) of the State Special Education Advisory Council (SSEAC). At December 2014, SSEAC meeting, Council facilitated annual parent panel discussion for the VDOE Aspiring Leaders Program on family input in special education & transition processes. Council has done this for 3 years. Council recommended that SSEAC devote a meeting to developing feedback on the draft S&R regulations when available; committee agreed. Other issues considered by the SSEAC during the course of the year were: behavior/discipline, online IEPs, student outcomes & graduation rates; services for students w/dyslexia; licensure regulations, services for military families, private placements of students w/disabilities, & revisions to IEP diplomas. Council assisted in development of the 2015 SSEAC Annual Report. Report recommendations included recommendations on dyslexia, diploma information communication & inclusive education. Recommendations regarding dyslexia addressed awareness, professional development & licensure, supports services & testing accommodations. Recommendations regarding diploma options addressed improved communication & information dissemination on diplomas & assessment options as well as the importance of these decisions. This recommendation was brought forth by Council from its 2014 Assessment of the Disability Services System. Recommendations on inclusive education addressed programs that encourage the growth & development of best practices involving co-teaching & collaborative instruction to support high quality instruction for all students & allow for appropriate supports for general & special education teachers. There were also recommendations related to universal design for learning, the use of assistive technology, & self-assessments for universal accessibility & cultural & linguistic diversity through instruction, school events, & public meetings.

Council served on legislative Commission on Youth (COY) Advisory Group of HJR 196 Study on the Use of Federal, State & Local Funds for Private Educational Placements of Students w/Disabilities. HJR 196 (Adams) directed the COY to examine the use of the state Comprehensive Services Act for At-Risk Youth & Families (CSA) & Medicaid funds for private day & private residential special education placements. The Commission was required to gather local & statewide data on the extent

to which youth are placed in settings that are segregated from nondisabled students & determine the feasibility & cost-effectiveness of more integrated alternatives to provide special education services to students. In Year 2 an Advisory Committee was established to provide feedback on study findings & dialogue on recommendations. The COY will report findings & recommendations to the 2016 General Assembly. One recommendation within the draft Findings included weakening parental consent protections, which are very strong in Va. Council strongly opposed w/support of other disability advocates & the recommendation was eliminated (SC04=2; SC01=1). Council provided public comment on the draft report & supported most of the recommendations (having served on the Committee which developed them). Council had specific comments on a few recommendations that were unclear or concerning as follows: 1) any consideration of expanding Va's regional Special Education programs should be guided both by student outcomes & by IDEA requirement that students be educated in least restrictive environment (LRE); 2) Any study of Regional Programs should consider student academic success, post-secondary academic success, post-graduation employment success & consistency w/the tenet of least restrictive environment. Council recommended the following language: Council requested that VDOE include in its analysis special education programs, other states' funding formulas & policies that could be of benefit to Va.

Council reviewed & provided input (done annually) on the COY Collection of Evidence-Based Practices for Children & Adolescents w/Mental Health Needs. Chapters reviewed by Council were DD overview, ASD, & ID. The purpose of the Collection is to identify effective treatment modalities & improve outcomes for children, including juvenile offenders, w/mental health treatment needs.

In November 2014, Council received a complaint through a local Arc chapter that a parent was told that an advocate they brought w/them to their IEP meeting was not allowed to speak at the meeting & that school staff would not speak to the advocates. Council brought the matter to the attention of the Asst. Superintendent of Special Education Services & the Office of Dispute Resolution Services. A formal memo was issued by the Asst. Superintendent to all special education directors (SC04=130) in Virginia that this action was contrary to the letter & spirit of the Individuals w/Disabilities Education Act, & its corresponding Regulations Governing Special Education Programs for Children w/Disabilities in VA (SC01=1). The memo further stated that a parent has the discretion to invite individuals who have knowledge or special expertise regarding their child to be a member of the IEP team...the determination of knowledge or expertise is made by the parent...there is no exclusionary language within IDEA or the Virginia Regulations that limits any team member's right to speak at an IEP or eligibility meeting. The letter also stated that local school divisions have the responsibility to ensure that the parent understands the discussion at the table & is providing informed consent.

Council staff participated in quarterly stakeholder meetings held by VDOE. Issues addressed included S&R, virtual schools, SOL reform, Federal ESEA reauthorization, results based accountability, graduation rates, statewide assessments, preschool outcomes, parent involvement & dispute resolution. The meetings provide an ongoing opportunity for advocates to understand VDOE initiatives & provide feedback.

Council made a considerable number of recommendations regarding education services for students w/disabilities in its 2014 Assessment. In FFY 2015, Council met w/the state Superintendent of Public Schools & the Asst. Supt. for Special Education to discuss recommendations, assess progress & determine where Council might be of assistance. The meeting was productive & progress has been made on all recommendations. Some of the issues addressed in the Disability Assessment were the following: 1) closing the growing achievement gap for students w/disabilities in state assessments. This is in progress via multiple initiatives & increased work w/challenging schools, regional institutes

focused on co-teaching models, & a 5 year focus on achievement of students in several educational categories, including intellectual disabilities. 2) Improved outcomes for students & ensuring that those who receive the IEP diploma leave skills w/employment skills & options. Development of an Applied Studies diploma to replace the special diploma is underway. Council has been a participant in developing the parameters for the new diploma. 3) Analyze achievements & outcomes for students w/disabilities in relation to academic placements along the continuum to determine specific elements contributing to student success. DOE is studying graduation rates & student outcomes but noted it did not have the resources at this time to study outcomes by placement. Council considered funding such a study but decided against it at its September 2015 Council meeting. This may come up for reconsideration in the future. 4) Develop & mandate a statewide, universal IEP Program. This effort is underway & an RFP has been issued for development of an online IEP which will be phased in gradually & started w/10-12 schools. It will not be mandated. Council agrees w/the proposed phase in approach.

Council attended the legislative Autism Advisory Council (AAC) meetings comprised of 6 legislators and 2 citizen members (SC04=6; SC05=2). The Advisory Council staff put forth recommendations for inclusion in its final report and for potential legislative/budget actions. The vast majority of the recommendations put forth were based on Council's recommendations in its 2014 Assessment of the Disability Services System. These were included in their final report for the year but did not result in legislative or budget action. AAC did indicate they would be asking for updates on progress regarding the recommendations from relevant agencies next year.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	3
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	146
SC05 Members of the general public reached:	2

SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 2.21:

Monitor and provide input on legislation, regulations, policies and budget actions affecting individuals with disabilities and their families.

Implementation activities:

- a. Provide public comments; develop policy positions; and participate in state level task forces and advisory councils addressing policy issues.
- b. Development and dissemination of the 2014 Assessment of Disability Services System in VA.

Activities undertaken were: All met Partially met Not met

Timelines:

- a. October 2013 - September 2016
- b. October 2013 - September 2015

Timelines established were: All met Partially met Not met

Annual Progress Report:

a. This narrative speaks to public comments and other activities not otherwise described in previous objectives. Council spoke before the Senate Rehab and Social Services Committee (SC04=15) regarding a bill that would establish a voluntary certification program at a state agency for service dogs. It would prohibit individuals with disabilities from claiming their dog was certified if it did not receive that state agency's certification and would establish a penalty for individuals falsely claiming certification. The Board, the P&A and the state agency also met with the patron of the bill to express concerns regarding the importance of ensuring that businesses and public accommodations meet their obligation under the ADA and that it not be more difficult for individuals to gain access with their service dogs. As a result of these efforts, the bill was referred to the Crime Commission for study of criminal penalties and ADA issues.

Council also testified before the Senate Education and Health Subcommittee to express concerns about proposed legislation that would not allow training centers or CSBs to contact families of individuals in training centers for one year after a previous discharge plan was developed if they stated that they did not want their family member to move. The bill failed. (SC04=2)

Council submitted public comment on Emergency Regulations on Va's Early Intervention System. Recommendations were the following: a definition of consent be added to this section to ensure that it is understood that consent means "informed consent; addition of definitions differentiating prior written notice with notice; inclusion of a requirement for follow up with families with premature infants or those who have been in the NICU at 3, 6 and 12 months after hospital discharge (see also Objective 2-19); addition of the definition of early intervention case management services; clarification of assessment vs. comprehensive assessment and use of valid assessments; addition of intensity of services as another action for appeal; and considering creation of a time limited provisional certification or a grace period in which an individual is given a defined period of time to meet the behavior analyst certification requirements. Council recommendations were not incorporated; however Council continues to have productive relationships with Part C staff and has approached the Commissioner of DBHDS, the lead Part C agency, about an appointment to the Virginia Interagency Coordinating Council which advises on Part C Services.

Council served on the DBHDS Transformation Stakeholder Group which provided input/feedback to the DBHDS individual transformation initiatives teams that are undertaking a comprehensive review of the state's behavioral health and developmental services system. Council submitted public comment on Transformation team recommendations in Adult Behavioral Health team, Adult Developmental team, Child and Adolescent Behavioral Health, and Justice Involved Services (SC04=1). Public comment has been posted but no further action was taken during this fiscal year; the Commissioner who instituted the Transformation teams is no longer with DBHDS. The future of this initiative is unknown.

Council provided written comments on Virginia's Statewide Transition Plan for Compliance with CMS Regulations on Home and Community Based Waivers. Recommendations addressed the following areas: licensure changes for settings and providers serving individuals with IDD (Currently there is a single set of regulations for very diverse populations, DBHDS licensure regulations should be reorganized to have 1) a set of core standards truly applicable to all populations (I/DD, MH Substance Use disorder) and 2) distinct sections specific to each population covered by the regulations. (Massachusetts example). It was noted in the response to public comment that integrated regulatory updates are underway and this input would be considered. Council plans to be engaged in licensure revision activity. Council noted that both the physical setting and the types of services and supports with respect to their impact on individuals' quality of life must be considered in determining compliance with the rule. Council and other advocates noted that assessment of compliance appears over-reliant upon provider self-assessments. No changes were made to the plan but assurances were provided that "self-assessment information will be supplemented by DBHDS site visits and that the aggregate self-assessment data and the data from the site visits will be reviewed to determine the steps that need to be taken to achieve system-wide compliance." Council also made recommendations related to corrective action plans for non-compliant providers and noted that evaluation of current Quality Management Reviews (DMAS) as well as licensing observations (VDSS, DBHDS) – including respective review tools – was advisable to ensure that relevant needed information is gathered to make a compliance decision consistent with the CMS Final Rule on settings. Council recommended that DMAS and DBHDS establish and implement a standard process to assess settings compliance with the Final setting Rule, to include on-site visits; and DMAS, in partnership with DBHDS, incorporate results of the National Core Indicators (NCI) survey as part of that assessment. Response to Council comments noted that on-site visits are incorporated into the assessment process and that the possibility of using NCI surveys would be taken under advisement. Council also recommended that the plan complement the goals and direction set forth for the I/DD

service system in the Settlement Agreement and should consider compliance activities as an opportunity to enhance future system change and improved service quality. There should be a strong inter-relationship between rule implementation and Settlement agreement implementation, particularly in those areas pointed out as weaknesses or areas of non-compliance by the Independent Reviewer. The Board recommended that Transition Plan activities include a process for information gathering on barriers which can assist planning for service provider and workforce development. The agency response noted that an additional statement was added to the role of the Compliance and Monitoring Team (C&MT) to gather information on barriers. Council recommended that the selection of the stakeholders for the C&MT include (but not be limited to) regional representatives, especially from rural and underserved areas, self-advocates, especially those who have successfully transitioned into the community from an institution, family members, CILS the Arc of VA, and other Disability organizations. The Plan was updated to specifically denote each category of stakeholders that will be represented on the Compliance and Monitoring team and that there will be geographic diversity represented (SC01=1).

b. Council continued to distribute its 2014 Assessment of the Disability Services System in Virginia. The Assessment has two parts: 1) a factual description of available services that are funded, administered or licensed by the Commonwealth and trends re: use, availability, gaps, & costs; & 2) recommendations (82) for system improvements based on the findings. The Assessment is organized by the core categories of services and supports needed by Virginians with developmental and other related disabilities across the lifespan: early intervention, education, employment, health care, Medicaid, community housing, transportation, institutional supports, and community living supports.

Council Director followed up with key agencies at which its recommendations were directed and obtained feedback (either in person or in writing) on the status of those recommendations. This was the first time direct follow up on the report had been initiated by Council and was helpful with respect to future planning. It was also useful in determining how to support implementation of recommendations already underway and those not being addressed. Council presented its recommendation on autism to the legislative Autism Advisory Committee (AAC) in September 2014. In December 2014, the AAC voted to support 12 of 13 recommendations presented (although no legislative action was taken during session) and these were included in the 2014 AAC Final Report (SC04=5).

Council also presented to the Central Virginia Alliance for Independent Living in Lynchburg and to an undergraduate class in VCU policy. Council has proposed legislation to alter the format of the 2017 Disability Assessment to allow issue briefs on two or more areas a year as a way to provide more up to date timely information, a focus on emergent policy trends, and to reduce development barriers of what is currently an over 500 page report that takes 15 months to produce. The 2016 General Assembly will consider this proposal. Hard copy and CD Assessments were provided to 1,032 people during FFY 2015. This included dissemination at conferences, such as the Building Bridges, Collaborations, Commonwealth Autism for Inclusion and Area Planning & Services conferences. Various presentations were made by Council Director and staff to VCU Health & Human Resources policy classes, Waiver Redesign Service Array Committee, VA CSB meeting, Advisory Council on Health Disparity and Health Equity, and Central VA Alliance for community Living. It is also posted on the Council's website. (SC05-1,032)

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	1
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	23
SC05 Members of the general public reached:	1,032
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Section III: Progress Report - Goals and Objectives

Goal 3: Self-advocacy

Youth and adults with developmental disabilities and their families are actively engaged in leadership and systems advocacy on the local, regional and statewide levels.

Area of Emphasis	Planned for this Goal	Areas Addressed
Quality Assurance	planned	addressed
Education and Early Intervention		
Child Care		
Health		
Employment		
Housing		
Transportation		
Recreation		
Formal and Informal Community Supports		

Strategies	Planned for this Goal	Strategies Used
Outreach	planned	used
Training	planned	used
Technical Assistance	planned	used
Supporting and Educating Communities		used
Interagency Collaboration and Coordination		
Coordination with Related Councils, Committees and Programs	planned	
Barrier Elimination	planned	
Systems Design and Redesign		
Coalition Development and Citizen Participation	planned	used
Informing Policymakers	planned	used
Demonstration of New Approaches to Services and Supports		
Other Activities		

Intermediaries/Collaborators	Planned for this Goal	Actual
State Protection and Advocacy System	planned	used
University Center(s)	planned	used
State DD Agency		used

Other Collaborators Planned:

PIP & YLF alumni, disability agencies, CILs

Other Collaborators Actual:

Objective 3.1:

By 2016, at least 125 self advocates will be supported to influence public policy and systems change and increase their participation in civic, leadership and community activities.

Implementation activities:

Plan and conduct annual training programs- Youth Leadership Forum (YLF) & Partners in Policymaking (PIP). YLF is a competitive, 1 week long training program for youth to develop advocacy & leadership skills for rising HS juniors & seniors w/ DD & other disabilities. PIP is an 8-month long (1 weekend/month) advocacy training program for adults w/ DD or parents of youth with DD or other disabilities.

Activities undertaken were: All met Partially met Not met

Timelines:

October 2011 - September 2016

Timelines established were: All met Partially met Not met

Annual Progress Report:

In FFY 2015, neither Partners in Policymaking (PIP) nor Youth Leadership Forum (YLF) were held. A venue was not available for PIP and there were budget constraints affecting both PIP and YLF. Council decided in FFY 2015 that PIP and YLF would be held every other year on a rotating basis, rather than annually. It was also determined that in the off years, Council and staff would focus on further engagement of alumni to ensure post training and increased advocacy.

In 2015, Council members recommended an ad hoc committee be formed to explore restructuring the YLF. The YLF Restructuring Committee met twice during the year and reviewed the YLF curriculum. The committee was comprised of Board members (one of whom was a YLF alumni), other YLF alumni and a YLF volunteer. The committee reviewed the California model and the curriculum was slightly revised to focus on personal leadership, professional leadership and career development. In addition, the committee determined that the forum could accomplish its goals in 4 days, rather than 5. The committee also streamlined the YLF Application. These recommendations were approved by the full Council. The committee will continue to meet in FFY 2016 to continue discussions about marketing and recruitment strategies to ensure there is a big pool of applicants.

Council had not anticipated that PIP would not be held in 2014-2015 and had proceeded with recruitment. Those applicants were notified that they would be considered for the next available class and when this occurred, all were still interested (except one applicant who had moved out of state). An RFP for the venue was released in 2015 and one proposal was received. A Selection Committee comprised of PIP alumni selected the participants for the 2015-16 session. Seven self-advocates and 20 parents were selected. Session 1 was conducted in September 2015, with 6 sessions to follow in FFY 2016 (the number of sessions was changed from 8 to 7.) The first session focused on the history of self-advocacy and the disability movement with presentations from Council staff and local self-advocates (one of whom was a former Council member, one of whom is a current Council member). The second session was an all day session on the History of the Disability Rights, Independent Living, and Parent Movements.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 3.2:

By 2016, at least 75 parents/guardians of individuals with developmental disabilities will be supported and trained to influence policy and systems change.

Implementation activities:

Plan and conduct PIP, annually.

Activities undertaken were: All met Partially met Not met

Timelines:

October 2011 - September 2016

Timelines established were:

All met

Partially met

Not met

Annual Progress Report:

There are 20 parent advocates in the current PIP session that started in September 2015. Please refer to Objective 3-1 for details.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 3.3:

By 2016, increase participation and reporting by Board training alumni on their systems advocacy activities by 10% annually.

Implementation activities:

- a. Staff outreach to Board training alumni to encourage advocacy and reporting activities and to obtain input on advocacy barriers.
- b. Staff will obtain information from other DD Councils on strategies to promote advocacy and consistent reporting on those activities by training program alumni, and will identify/implement successful strategies.
- c. Conduct annual survey of alumni regarding advocacy activities.

Activities undertaken were: All met Partially met Not met

Timelines:

- a. October 2014 - September 2016
- b. October 2014 - September 2016
- c. October 2011 - September 2016

Timelines established were: All met Partially met Not met

Annual Progress Report:

a. In addition to the changes to PIP and YLF reported above, Council decided in FFY 2015 to increase its focus on alumni development. There are approximately 750 training program alumni and Council had not been as effective as it should to engage alumni, initiate follow-up activity, or obtain information on alumni advocacy and leadership activities after graduating the programs. Anecdotal accounts led Council staff to believe that significantly more activity was occurring than was being captured in Council's annual survey. In March 2015, Council hired a new Training Programs Manager (this was previously a shared position that also worked on policy) and in July 2015 hired a part-time Alumni Relations Program Assistant. The program assistant has thus far focused on developing an alumni database and updating contact information (ongoing). In FFY 2015, staff began work on an Alumni Development Plan that will utilize the database and social media to engage and network alumni to work on common advocacy activities in their localities, regions and statewide. Council's goal is to facilitate and provide technical assistance, and to keep in regular and frequent contact with alumni in order to learn of advocacy activities. In the fall of 2015, Council hired a new Director of Communications who will be working with training program staff on effective communication strategies for alumni.

b. There was no activity under outreach to other DD Councils in 2015 due to the training manager position not being filled until March 2015.

c. An annual survey for FFY2015 of PIP and YLF alumni was conducted from Nov. 4 - Nov. 20th, 2015, to gauge the advocacy activity of alumni. In an effort to capture a greater amount of survey data, this year Council expanded the reach of its training program feedback surveys to include the entire alumni group, as opposed to the 5-year cap used in previous surveys. As a result of the larger survey sample size, the total percentage of responses is lower.

Surveys were sent to alumni with reliable contact information available; 460 were sent to PIP alumni and 445 were sent to YLF alumni. The PIP survey received 71 responses and the YLF survey received 19 responses for an approximately 10% total response rate. As mentioned previously, the

larger sample size resulted in a lower percentage of responses than the previous year (26%), however the absolute number of responses was higher than the previous year. The survey was conducted electronically with periodic reminders to participants.

Of the 71 that responded, 22 PIP alumni were active in advocacy (SA04 = 22). This included meeting with legislators, testifying before legislative bodies, speaking with school boards, and participation with youth, community, and religious organizations with a focus on advocacy. 9 PIP alumni obtained membership in a public or private body or leadership coalition with advocacy intentions (SA05 =9), including the Governor’s Committee CIAC, disAbility Law Center of VA (P&A) Board, the Chair of Loudoun County Disability Service Board, multiple Arc’s, Seclusion and Restraint Coalition, multiple SEACs and the Autism Society of Tidewater.

Barriers to conducting advocacy cited by PIP alumni included: not having the time; balancing work and life; agencies always citing lack of funds; difficult getting appointments with legislators, keeping public testimony to 3 minutes is challenging, cannot drive, also taking care of elderly parents.

Of the 19 YLF alumni that responded, 2 were active in advocacy (SA04=2); activities included advocating successfully for curb cuts at a high school to make it accessible and mentoring students with disabilities at a middle school. 71% of applicable YLF respondents (post-2010 alumni) responded that they have completed or are actively working on the leadership and advocacy goals laid out during the training. When asked about progress in their Personal Leadership Plans (PLP), 3 alumni responded. One stated that plans were adjusted because of not being accepted into her college of choice. A second alum stated: “Currently I am working very hard on finishing college, and plan to graduate in May. This is helping me work towards my career goal of becoming a Child Life Specialist.” Another stated: “My Personal Leadership Plan is a work in progress. Although it is a great guideline, things change over time and sometimes take you in direction that you never thought you'd be. I've made great strides in developing my personal leadership and advocacy skills; some were taken directly from the PLP while others have been things that have come up along the way. As always the PLP is written in 'long term goal' format with many years to complete certain tasks. So I still have some time before I complete them all.”

Two YLF alumni attained membership in organizations in 2015 including one attaining membership on Council and another being selected to the National Honor Society and being elected Vice President for the Best Buds Club at school. (SA05=3)

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	25
SA05 People attained membership on public/private bodies and leadership coalitions:	11

SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Objective 3.4:

By 2016, provide technical assistance and/or financial support to one statewide conference in which self-advocates participate in planning/development and comprise a substantial proportion of attendees.

Implementation activities:

- a. Virginia Advocates United Leading Together contract terminated November 2013.
- b. Staff outreach to statewide disability advocacy organizations for collaboration on conference planning.

Activities undertaken were: All met Partially met Not met

Timelines:

- a. March 2012 - November 2013
- b. October 2014 - September 2016

Timelines established were: All met Partially met Not met

Annual Progress Report:

There was no activity in FFY 2015.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	0
SA02 People trained in leadership, self-advocacy, and self-determination:	0
SA03 People trained in systems advocacy:	0

Performance Measure 1.2 (self-advocacy/advocacy):

SA04 People active in systems advocacy:	0
SA05 People attained membership on public/private bodies and leadership coalitions:	0
SA06a Other self-advocacy measure:	0
SA06b Other self-advocacy measure:	0
SA06c Other self-advocacy measure:	0

Performance Measure 2.1 (systems change):

SC01 Programs/policies created or improved:	0
SC02 Number of organizations involved coalitions/networks/partnerships:	0
SC03 Organizations engaged in systems change efforts:	0
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	0
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
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Section IV: Satisfaction with Council Supported or Conducted Activities

Individual Survey Responses:

Number of responses:	225
Respect (%):	Yes 91.00% No 9.00%
Choice (%):	Yes 79.00% No 21.00%
Community (%):	Yes 79.00% No 21.00%
Satisfaction (%):	45.00% Strongly Agree 46.00% Agree 7.00% Disagree 2.00% Strongly Disagree
Better life (%):	44.00% Strongly Agree 44.00% Agree 9.00% Disagree 3.00% Strongly Disagree
Rights (%):	Yes 83.00% No 17.00%
Safe (%):	Yes 85.00% No 15.00%

Individual Comments:

Survey responses were collected online (interactive) as well as by targeted e-mails & regular mail (print). Respondents included past & recent graduates in Council training programs(PIP, YLF) & in Council supported projects (grants, contracts). They self-identified as: Indiv. w/ disability (IwD, 38%); family members of IwD, 27%; service provider,16%; govt. agency employee,6%; member of advocacy orgs, 5%; & Other,7%. Typical comments re: Council: "Getting the email information has been very helpful."; "I find the Board to be helpful in continuing to advance disability issues and rights for PWD. "; "I don't see anything from the Board that helps the deaf community. There are major gaps in services that continue to be unaddressed. "; "I found the LEAP training to be very helpful to keep people with disabilities safe."; "I learned so much at PIP. My son will always be better off from my experience."; "More workshops need to be held in the Tidewater area in order for advocacy to increase. The schools in the Tidewater area are failing our children with special needs. VDOE compliance agrees that the schools are not being held accountable according to regulations. Therefore, many children with disabilities are being left behind."; "My son attended YLF. I thought it was a great program but he is not very interested in working with others that have disabilities and is not very receptive. I really don't understand what else the board offers to individuals especially ornery ones."; "Really appreciate the information newsletters and email alerts to keep me informe."; "The Board has taken public positions against legal guardianship. As a guardian for my adult son, who is nonverbal, with severe intellectual and physical disabilities. He is unable to understand how to protect his own rights, my advocacy is essential for his health, well-being, and legal protection. A blanket ban on guardianship would reduce his human rights protections. A more nuanced approach by this agency is needed, if you wish to help people like him."; "The initial approach to our division was that we were doing something wrong. Once the representative reviewed our files and interacted with our staff, a good working relationship was established."

Stakeholder Survey Responses:

Number of responses:	173
Choices & Control (%):	43.00% Strongly Agree 31.00% Agree 16.00% Agree Somewhat 6.00% Disagree Somewhat 2.00% Disagree 2.00% Strongly Disagree
Participation (%):	42.00% Strongly Agree 29.00% Agree 17.00% Agree Somewhat 7.00% Disagree Somewhat 3.00% Disagree 2.00% Strongly Disagree
Satisfaction (%):	50.00% Strongly Agree 38.00% Agree 6.00% Agree Somewhat 6.00% Disagree Somewhat 0.00% Disagree 0.00% Strongly Disagree

Stakeholder Comments:

Respondents most often engaged w/ Council for info on disability services, issues, & policies. Use of Council website, social media & e-news continues to be strong. Numerous general comments about Council focused on distribution of the Accessibility Reference Manual: "Manual."; "Manual very helpful."; "Reference Manual was extremely helpful!"; "The Accessibility Reference Manual and accessibility training."; "The Accessibility Reference Manual and training."

Grant project respondents overall felt that the projects made a positive difference in their communities or lives. "I was only involved with the externship part of the project. It was successful but wished we could have had more externs. I like that this project involved VCU and there were multiple partners and focus groups to get input from stakeholders. I also like the multiple small outreaches. I would have liked to see more outreach into Northern Virginia. Thank you."; "It has been helpful to be linked with resources in our community that we did not previously know of."; "My non-verbal students were able to communicate with the VAIL staff and participate in meaningful activities"; "The training I received from the Peer Mentor training program. The conference calls were helpful. I liked it because it was confidential."

A small assortment of individuals experienced issues with Council publicity and marketing efforts and training program revisions, including: "The website is not helpful. Dead links, for example. Also insufficient training/events offered. No Partners in Policymaking offered this year. No training for parents of adult children, only school age. Most helpful is the Assessment publication."; "I think the Board needs to re-institute the Partners in Policymaking program. I found that program to be invaluable. I also think the Board needs to make a concerted effort to advocate more on the State level. I know there limitations to the politics involved, but I think legislators need to hear from as many people as possible."; "I didn't participate because I have never heard of you. You need more public outreach."

Section V: Measures of Collaboration

Critical issues/barriers affecting individuals with developmental disabilities and their families that the collaboration has jointly identified:

1. Implementation of DOJ Settlement Agreement
2. Use of Seclusion & Restraint in Schools

Section V: Measures of Collaboration

Issue 1: Implementation of DOJ Settlement Agreement

Description of collaborative issue/barrier or expected outcome:

In Aug. 2012, the federal court approved Virginia's Settlement Agreement with the U.S. Dept. of Justice (DOJ) which commits to significant improvements in services/supports to indiv. w/ ID/DD who: reside in state-operated Training Centers, nursing homes, or non-state ICFs; or are on a Medicaid Waiver wait list. To address issues raised by DOJ, Va. decided to expand community service capacity & oversight as well as to develop a plan to close 4 of 5 state Training Centers by 2020. Resistance to closures from some families of TC residents & some localities (NIMBY) continued. Nevertheless, the 1st center (SVTC in Petersburg) transitioned all residents & closed in June 2014; & at the end of FFY14, Training Centers' total census was < 650 indiv. Significant progress was made to implement a statewide crisis intervention program for indiv. w/ ID/DD, now called REACH (Regional Education, Assessment, Crisis & Habilitation program). Although some staff retention issues arose during program initiation, REACH programs (originally based on START model) have operated in all 5 regions since end of FFY13.

Through advocacy on proposed legislation, regulations/policies, & budget actions, Council & Network engaged in efforts w/ other partners to support the Settlement Agreement terms to ensure that lw I/DD are served in the most integrated setting appropriate to their needs. All Network entities serve on a variety of interagency workgroups addressing Settlement Agreement components. The network partners additionally have met & otherwise communicated periodically w/ the DOJ attorneys & the Independent Reviewer (IR), who provides oversight for the court & DOJ. The IR meetings are to provide our perspectives & feedback on both progress being made & challenges seen; and to convey what each entity individually & together are doing to support Agreement implementation. The IR uses the meetings to ask specific questions about the service system & implementation activities. Full implementation of plans to address Settlement Agreement will not be completed until 2020.

Life Areas:

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> Self-Determination | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Transportation | <input type="checkbox"/> Recreation |
| <input checked="" type="checkbox"/> Employment | <input type="checkbox"/> Education | <input type="checkbox"/> Childcare | <input checked="" type="checkbox"/> Housing |
| <input checked="" type="checkbox"/> Community Inclusion | <input checked="" type="checkbox"/> Quality Assurance | | |

Council roles and responsibilities in collaboration:

DOJ Settlement Agreement required Council to be rep in planning, increase integrated community housing options & to participate in groups. Council staff also have been active in other DOJ workgroups led by the Department of Behavioral Health & Developmental Services (DBHDS): provider training workgroup; Individual & Family Support workgroup; & the Stakeholder Advisory group (providing feedback on DOJ activities & progress made). Council sits on several Waiver Redesign workgroups & Waiver Redesign Advisory Council, on which P&A & UCEDD also sit. Council provides ongoing feedback to Secretary of HHR as well as DBHDS & Dept. of Medical Assistance Svs leadership (among others) re: issues & concerns on current/proposed policies & practices which affect Agreement implementation. Council informs constituents of Agreement progress & issues thru electronic, web, & social media. Council's investments have been, & will continue to be, supportive of Settlement Agreement goals. Since FFY13, a Council funded short film ("Place Matters") has been used for public awareness & education: it shows transition of 7 indiv. w/ ID/DD from training centers to community.

Several Council funded grant projects were initiated in FFYs13-14 specifically to support system change. One grant award went to UCEDD to develop & conduct training to indiv. w/ ID/DD on how to develop healthy relationships & to prevent/avoid domestic violence & sexual abuse. Council worked both within & outside of the service system to effect positive change; & benefitted from diverse expertise, knowledge held by Network partners. Sustained involvement & advocacy by DD Network is needed in support of ongoing, sustained system change & improvements. Council serves on the state Community Integration Implementation Team, which advises Governor on strategies & progress towards fulfillment of the Olmstead decision. In late FFY13, UCEED brought Council a draft project proposal from NASDDD & AIDD to develop data-sharing or a database betw. DMAS (Medicaid expenditures) & DBHDS (Natl. Core Indicators) to improve cost/benefit analysis of both DOJ-related & Medicaid reform initiatives. In FFY14, formal agreements were completed at federal level. In FFY15, project implementation is planned; both Council & UCEED will serve in stake-holder group of state & national leaders to provide guidance/direction, esp. on research questions to be examined.

Problems encountered as a result of collaboration:

There are no challenges with respect to the collaboration but there are challenges with respect to Settlement Agreement implementation. Challenges continue to include: timely, effective implementation of certain provisions of the DOJ Settlement Agreement; need for adequate resources; state revenue stress; resistance by some family members & some localities (NIMBY); and consensus building. Implementation of the Settlement Agreement is complex, with many components, and will take many years to accomplish. (Target date for closure of the 4th Training Center is 2020.) Virginia is the only state that has a single term Governor, which results in renewed efforts every 4 years to educate the new administrative team on issues & strategies for integrated, inclusive services. There is not always consensus among advocates in the disability community on specific strategies and service changes within or outside of the Settlement Agreement. The slow economic recovery continues to be a challenging environment. Moreover, because Va. has been very reliant on federal funds - directly & indirectly - its economy is being hurt more by federal cuts.

Unexpected benefits:

None

Issue 2: Use of Seclusion & Restraint in Schools

Description of collaborative issue/barrier or expected outcome:

A long-standing issue in Virginia, as in other states, is the largely unregulated use of seclusion & restraint (S/R) in school settings. This issue has gained attention nationally, including in the U.S. Congress, which has rejected multiple bills that would have regulated S/R nationally. The use of S/R has been the subject of investigative reports and studies both nationally and in Virginia, including a GAO report that highlighted numerous instances where students died or suffered serious injury due to the use of prone and unnecessary restraints. While the use of S/R is regulated in private schools in Virginia, their use in public schools is not currently subject to any statewide regulation. The Virginia Department of Education (VDOE) published guidelines on the use of S/R and updated those guidelines several years ago, but they are not mandatory and many school divisions have no policies or procedures on the use of S/R. The State Special Education Advisory Committee (SSEAC), on which Council serves, has taken up this issue; and parents and advocates provided compelling testimony on the issue to Virginia's legislature.

During the 2014 General Assembly session, Council Director joined other advocates in testifying in support of HB1106 which required the Commission on Youth (CoY), in consultation with VDOE & DBHDS, to:

- study policies & regulations related to use of seclusion & restraint (S/R) in public & private elementary & secondary schools;

- examine efforts in other states to reduce & eliminate use of S/R in schools; and
- submit recommendations for establishing modernized S/R regulations & policies to VDOE & legislature by 11/30/14.

The goal is to significantly reduce, if not eliminate, the use of seclusion & restraint in public schools and to protect students with disabilities, who suffer disproportionately from unnecessary and harmful R/S practices.

Life Areas:

- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Self-Determination | <input type="checkbox"/> Health | <input type="checkbox"/> Transportation | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Employment | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Childcare | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Community Inclusion | <input checked="" type="checkbox"/> Quality Assurance | | |

Council roles and responsibilities in collaboration:

Following passage of HB1106, Council joined w/ Stop Child Abuse Now (SCAN) & other advocacy organizations, including but not limited to the P&A & UCEDD, to form the statewide Coalition for Improvement of School Safety (CISS). CISS purpose is to discuss current public school policies related to S/R and develop consensus on recommendations to the CoY that would limit the use of restraint & seclusion. In August 2014, CISS submitted policy recommendations on seclusion and restraint in public schools to the legislative Commission on Youth (CoY). Council signed on to these comments as well as comments provided by the Virginia Coalition for Students with Disabilities, of which it is also a participant. The P&A also submitted public comment. Key policy recommendations were as follows: (1) Amend the definitions of restraint and seclusion; (2) Limit the use of restraint and seclusion in schools to emergencies; (3) Restraint and seclusion should only be used as a last resort to prevent immediate physical injury; (4) Require least restrictive measures (including de-escalation) to be implemented; (5) Prohibit the use of the most dangerous restraints; (6) Prohibit use of seclusion rooms; (7) Require Parental notice of S/R use; (8) Collect data about the use of restraint and seclusion. The CoY met twice in the fall & reviewed significant public comment. CISS members were asked to meet w/ members of the Commission prior to the decision-making meeting. Council Director & a member met with one of the Senators on the CoY. CISS supported a proposed CoY option to put forth legislation to require the Department of Education to promulgate modernized regulations governing seclusion & restraint in public schools. This option passed, & legislation was proposed during the 2015 General Assembly session, in January 2015, Senate Bill 782 (S 782).

S 782 directs VDOE to promulgate regulations on the use of S/R in public schools which are consistent with the US DOE’s published guidelines including its 15 principles on the use to S/R. Following the passage of S 782, VDOE convened a Stakeholders group to discuss and develop a regulatory framework, which Council is a member of, as is the P&A, UCEDD, and other advocates and stakeholders.

Collaboration on this issue resulted in the establishment of relationships with organizations with which the Council had not previously engaged, resulting in the potential for new partnerships on other issues.

Problems encountered as a result of collaboration:

None.

Unexpected benefits:

Collaboration in the Coalition resulted in the establishment of relationships with organizations with which the Council had not previously engaged, resulting in the potential for new partnerships on other issues.

Section VI: Dissemination

A ten page “Highlights” document of the FFY 2014 PPR report was developed, which added photographs, a pie chart on expenditures, and other visuals. The PPR Highlights presented information in simple, easy-to-read language and serves as the Council’s annual report. Grant investments, policy comments, and an overview of changes in Virginia’s approach to citizens with disabilities were included in an executive summary format. For approx. 2 months, for maximum exposure, the 2014 PPR Highlights document was featured on the home page of the Council’s website. The Council’s website received more than 18,719 visits during FFY 2014; more than 13,500 were new visitors to the site. Full accessibility of the Council website continues to be maintained for this and all other information.

Links to the Highlights document were distributed via e-news (total size of listserve is approx. 3,800 constituent contacts), including state & local policymakers, state agency & non-profit contacts, news media, & other stakeholders. It also was shared through key constituent list serves, newsletters, web postings, and on the Council’s Facebook page. Council makes the PPR Highlights, and all other publications, available in alternative formats upon request; notices of that are posted within documents and on all online websites. A hard copy was not printed due to budgetary constraints. The online PDF was accessible, and there were no requests for hard copies. Due to staffing issues, the document was not completed until late spring 2014. Because it is titled for the previous federal fiscal year, it appears outdated and may not attract as many readers as desired.

Council’s FFY 2015 PPR will be similarly distributed as a shorter, accessible “Highlights” document. We are targeting early February 2015 for completion & distribution.