

Virginia Board for People with Disabilities

Program Performance Report

For Federal Fiscal Year 2016

Submitted on: 2016-12-13 10:33:05

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, 2015 through September 30, 2016

Name of Person to Contact Regarding PPR Information

Contact Last Name: Lawyer

Contact First Name: Heidi

Phone: (804) 786-9369

Email: heidi.lawyer@vbpd.virginia.gov

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

There have been minimal changes to the state landscape since submission of the 2017-2021 State Plan. However, there are a few updates to report. The state-operated Training Center census is down to 350 and 240 individuals on the DD waiver wait lists have slots due to 2016 General Assembly action. The slots were approved to address the concerns of individuals at the top of the list about the change from a chronological to a combined wait list in the redesigned waiver system that went into effect on 9/1/16. The ID, DD, and Day Support Waivers transitioned to the Community Living (CL), Family and Individual Support (FIS) and Building Independence (BI) waivers. They include new services designed to facilitate integration, including housing subsidies, new crisis services, integrated day and community engagement. Community coaching and non-medical transportation go into effect 7/1/17. Reimbursement rates for integrated services are higher than for segregated options; there are tiered rates in certain services for persons with complex medical or behavioral needs. New employment services should result in increased competitive, integrated employment outcomes. Prevocational services are eliminated and workplace assistance added.

The case management (CM) system for the former ID/DD waivers is now a single point of entry system through the local community services boards (CSBs). CSBs will contract with private CM entities for persons on the former DD Waiver should they not want a CSB CM. The wait lists have been consolidated and are now based on Priority categories 1, 2 and 3 related to when services are needed. It is unclear how well the new prioritization system will work in terms of moving the more than 11,000 individuals off the waiver waiting list and providing services to children. There have been numerous implementation concerns since the 9/1 roll out. It will take months for the changes to be complete and for a true assessment of barriers and challenges, including most significantly whether there has been a positive impact on individuals and families and whether there are adequate quality providers. Some CSBs have worked with individuals with DD, while others had focused on ID only and so there will still need to be some extensive training to effectively work with the new populations.

Other areas receiving renewed focus as part of the DOJ Settlement Agreement with Virginia are moving children out of nursing facilities and children's crisis services, both of which are behind schedule. An RFP on crisis services will be released soon. Advocates and consumers have urged that an exception process be put in place for the limit of 40 hours of consumer-directed services under the new federal DOL rule. The Governor's office has stated this would require legislative action. At a 9/2016 Disability Commission meeting, the Commission supported an exception process and the Medicaid agency is working on drafting a process.

VA continues work on health care delivery system changes and innovations to try to improve quality and cost-effectiveness. Commonwealth Coordinated Plan (CCC) program for dual eligibles will transition by 2018 to CCC Plus, the new name for Managed Long Term Care Services and Supports. Seven health care providers have been selected following an RPF process to engage in negotiations with DMAS for potential provision of CCC Plus.

In education, several studies are coming to a conclusion related to effectiveness of regional programs; moving children out of day treatment programs and back into their local school district. Recommendations will be provided for possible 2017 legislative action. The first draft of the seclusion and restraint in public schools regulations has been released and it is not consistent with the 15 federal principles established by the USDOE as required. Finalizing the regulations will be a lengthy process.

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	planned	used
Technical Assistance		
Supporting and Educating Communities	planned	used
Interagency Collaboration and Coordination	planned	used
Coordination with Related Councils, Committees and Programs	planned	used
Barrier Elimination	planned	used
Systems Design and Redesign	planned	used
Coalition Development and Citizen Participation		
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	planned	used

Other Collaborators Planned:

DD Councils, State agency staff, VACIL, CILs, advocacy orgs, state disability agencies, local & state mass media, VCU Ctr on Aging, Office of Gov, VA Depts of Health, Criminal Justice Services, Social Services, Medical Assistance Svcs, CSBs, private & non-profit providers, Arc of VA, NGOs, non-profit orgs, Sec. of Health & Human Resources, Dept. of Public Safety, PIP & YLF grads

Other Collaborators Actual:

DD Councils, State agency staff, VACIL, CILs, advocacy orgs, state disability agencies, local & state mass media, VCU Ctr on Aging, Office of Gov, VA Depts of Health, Criminal Justice Services, Social Services, Medical Assistance Svcs, CSBs, private & non-profit providers, Arc of VA, NGOs, non-profit orgs, Sec. of Health & Human Resources, Dept. of Public Safety, PIP & YLF grads

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 created a 5 year communications plan, as well as a subsequent biennial communications plan, as well as having met the objective of sharing 40 stories. Forty-one stories were shared. Notable postings towards this goal include the April 1, 2016 story "Being a Leader," outlining the personal successes of a 35-year-old women with Down's Syndrome, the January 13, 2016 story "Why Community Supports Matter," by a woman with a disability outlining how community supports led to her educational and professional success, and the March 21, 2016 story "Why I Work in Youth Transition," which covered the career highlights and motivations of a man with Cerebral Palsy who used his own personal experiences to kick start professional work assisting youth in similar situations.

Facebook continues to be Council's main social media outreach tool. In FY2016, the number of overall likes increased from 1,356 to 1,935, a significant increase. The total volume of posts grew to 550, with a combined total of 386,720 views during that timeframe and an average per-post view rate of 612. The most popular posting was on the subject of the waiver approval by the Centers for Medicare and Medicaid Services on August 12, 2016. There were 4,859 views, 64 shares, and 182 likes.

During January-March 2016, Council migrated blog content to the Facebook Notes section, which increased readership dramatically. While previous blog content had typically registered a few dozen reads, the new formatting allowed for the creation of 28 individual content pieces with a total of 12,836 views and an average view rate of 475 per posting. Notable deviations in this average read rate occurred in content related to the sharing of personal stories of individuals with developmental and other disabilities living successfully in the community, per Objective 1-1, where total read rates typically struggled to break out of the double digit range, with some notable exceptions. The total views for this content are included in the Facebook metrics mentioned above.

Council also participated with other DD council communicators, and generated independent content for DD Awareness and Disability History Awareness Months in March and October 2015 respectively. Council participated in social media campaigns on Facebook, coordinating with other Councils and

also communicating through Constant Contact. The total public reached was 605,203 (SC05 = 605,203) with 405,203 reached through constant contact and an estimated 200,000 by traditional media.

The total messages sent by Constant Contact increased from 21 to 30. The messages were sent to a combined total of 79,334 subscribers and viewed 18,303 times with an average click-through rate of 11.04% per message. 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 continued at an average pace, with Council staff conducting multiple interviews on a variety of topics. In each case, these interviews were eventually included in Wire Service content, providing a state-wide impact with potential for regional readership in the Mid-Atlantic area. As a result of these Wire Service inclusions, exact readership numbers are difficult to assess, however based on hand-curation of content, readership is estimated at around 200,000 in total.

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:	605,203
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 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 2016. 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

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:

- a. Work with partners on collaborative strategy development to educate individuals with disabilities.
- b. Liaison with Governor Domestic Violence Prevention & Response Advisory Board towards prevention of domestic and familial violence for people with DD and other disabilities.
- c. 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 2013 - September 2016

Timelines established were:



All met



Partially met



Not met

Annual Progress Report:

a. During this reporting period, the Council participated on the Inclusion Committee that is advising on a project led by a group of youth leaders with disabilities from Council's Youth Leadership Forum and the Dept. of Education's (VDOE) "I'm Determined Project." This effort is funded by VDOE as an effort to reduce bullying of individuals with disabilities. The youth are concerned about what they perceive as a lack of general awareness of disabilities in schools by peers, educators and staff. During 2016, a tool kit that contains modules that support implementation in Virginia's K-12 schools was revised. During this period there was a pilot of the tool kit in a rural county which led to further revisions. The Inclusion Project will be featured at an upcoming Arc Convention.

Another initiative the Council continues to participate in is the ICAN Accessibility Project, a collaborative effort between the Supreme Court and the VCU School of Social Work. This effort promotes support services through the Centers for Independent Living to execute protective orders. The Advisory Committee is collaborating with the VA Poverty Law Center to explore alternative sources of funding beyond Criminal Justice Services (CJS). The Committee has discussed opportunities to reduce variability of court protocols for protective orders. The ICAN project also expanded partnerships between the Leadership & Empowerment & Abuse Prevention grant funded by Council so trainers have access to materials and resources and can identify additional prospective training sites. This year there was a series of enhancements to the video developed for individuals with brain injury and continued association with a community support day program to support individuals with brain injury to better access court services.

During this reporting period, Council continued its activity with the VA Department of Social Services (VDSS) in two areas of interest related to abuse and neglect- transition and placement services. Council staff participated in the rewriting of a Transition Manual for Children and Youth with disabilities in Foster Care to be used by social workers and staff. The manual was shared with the Virginia Intercommunity Transition Council and they suggested a total revision to ensure a focus on the capacity of youth to transition to higher education and competitive work. The second area of work with VDSS are placement challenges for children with disabilities as these children are the hardest to place in the community and often lack advocacy. Council staff served on the Child Welfare Advisory Council and a sub-committee, Continuous Quality Assurance. The Committee focused on data to better understand the length of time children are spending in foster care and the nature of the placement.

b. During this reporting period, Council staff continued to work with the Virginia Sexual Assault and Domestic Violence Leadership Council. This Council represents service providers throughout VA and may be a linkage to supports for providers when the Council funded LEAP grant ends in 2016. VA Sexual Assault and Domestic Violence Alliance (VADSA) Leadership Team has continued to focus this year on culturally relevant strategies to reach more minority populations, particularly those who live in lower socio- economic communities and individuals with disabilities. In addition, strategies to reach members of the LGBTQ community were added.

c. Council awarded a grant for \$178,125 to Virginia's UCEDD, the Partnership for People with Disabilities for the LEAP project which began on October 1, 2013 and continued through September 2016. The purpose of the project is to teach people with developmental and other disabilities about healthy relationships and how to protect themselves from assault, abuse, neglect and violence. The trainers ranged from self-advocates to PhD. level qualifications and included a retired Social Work

Professor at VCU and a teacher of domestic violence prevention and early childhood education. From October 2015 to September 2016, training was conducted for 281 people (SA02 = 281). Other performance measures to report in this period are: an adapted curriculum created (SC01 = 1) and a manual for trainers created and distributed (SA01 = 10). Also during this period, 5 training teams of individuals with disabilities and professionals were established. Since October 2013, a total of 468 individuals have been trained. The Council will continue to monitor the progress of the project in its next state plan.

Performance Measures

Performance Measure 1.1 (self-advocacy/advocacy):

SA01 People trained in area related to goal/objective:	10
SA02 People trained in leadership, self-advocacy, and self-determination:	281
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 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:

Council provided 17 formal written public comments on policies, laws, regulations and budget actions in FFY 2016. Five of these were related to community integration, 3 to the developmental services policies generally, 3 to education, 2 to employment services, and 4 to Medicaid/Healthcare services. Additional input and recommendations were provided in a multitude of venues, through participation on advisory groups, steering committees, legislative committees and other collaborative and interagency initiatives. All formal comment is guided by the Council's mission and values, including non-discrimination, cultural competence and full inclusion. Details about the Council's public comments are included in the specific objectives to which the subject matter of the comments relates.

Council also provided education to legislators and other policy makers on matters before legislative and regulatory bodies through less formal public comments. Council staff spoke before legislative committees to educate legislators on matters related to bills coming before the legislature. These included the following bills that Council supported: HB 415, a bill that amends the Council's statutory obligation to assess disability services in the state by moving from a triennial all-encompassing assessment to an annual segmented assessment process; HB 675, a bill that extended an auxiliary grant program to expand eligibility criteria, and which passed; and HB 1103, a bill that excludes ABLE trust accounts from determination of state means-tested benefits and assistance. Council also expressed concerns about the following bills through committee testimony: HB 294, a bill that would have reversed plans to close one of Virginia's training centers (institutions for individuals with developmental disabilities), which failed; a Bill that would have amended the COPN process in Virginia and may have removed intensive care facilities for individuals with intellectual disabilities from the process, which failed; and a bill that would have prohibited state employees from

communicating with individuals in one of the state's training centers (institutional placements for individuals with intellectual or developmental disabilities) and their families about community options more than once every 6 months if that person or his or her guardian informed the facility in writing of his or her wish to remain in that facility indefinitely.

In addition to providing education directly to legislative members, Council participated in the Governor's legislative advisory functions by providing education through formal channels to the governor's office. Council provided education related to 16 proposed bills during the 2016 legislative session. These communications are part of the confidential executive process; but all information provided by Council adheres to the principles contained in Council's benchmarks.

b. Due to budgetary constraints, the Council did not print additional copies of the Benchmarks, but they remain available on the Council's website, and they serve as the starting point for all public comment submitted by the Council.

c. various liaison/workgroup activities:

Council continues to work on a large number of workgroups, committees, and advisory groups. Most of these are discussed in the context of the specific goals to which the work of these groups relates. In addition to those groups discussed elsewhere, the Council participated in the following liaison and workgroup activities:

Council continued to work with the Department of Behavioral Health and Developmental Services (DBHDS) to sponsor the Building Bridges Conference (Building Bridges V). The conference was held on October 8, 2015, with 75 participants. Only 25 of these, however, are counted in the performance measures for this reporting period, because 50 of these individuals were previously counted in FY 2014 for this same objective related to the distribution of Council's Assessment (SC05=25). The keynote was titled "Cultural Competence to Cultural Agility", and this was followed by several workshops, including How to Differentiate Cultural Differences; Unconscious Bias; How your Organization Can Enhance Effective and Efficient Services For Everyone; The Impact of Poverty and Class; Actions Speak Louder Than Words; and Communication and Language Assistance. Forty-one Building Bridges V attendees completed an evaluation survey. Among these were representatives of CSB's, direct support providers, cultural brokers, teachers, state professional staff and nonprofit organizations. On a scale of 1-4, the conference received an overall ranking of 3.73 from those attendees who completed a survey.

Council staff continued to work with the Brain Injury Council this performance period. The Brain Injury Council is currently primarily focused on the following: 1) improving data on brain injuries in the Commonwealth, such as prevalence, available care and services, and costs associated with providing and expanding care; and 2) expanding the availability of care for individuals with brain injury in the Commonwealth. Currently, because of a lack of care within the state, a number of individuals with extensive brain injury-related needs are sent out of state for intensive care, which further isolates them from their families and communities. It is difficult to get a grasp on the scope of the problem, however, because of a lack of data in this area.

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:	25
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 1.5:

By 2016 (through VBPD 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 direct activity with respect to social media for emergency preparedness. Until May 2016, staff served on the Virginia Department of Emergency Management (VDEM Access and Functional Needs Committee) and provided input to that committee regarding communications. Lead staff retired in May 2016 and Council did not have the human resources to devote to this objective in which it was not a lead on any activities. VDEM continued to use the mobile application launched in 2015, interactive tool that makes it easier for citizens to be prepared for emergencies through accessing information using their phones. The free app provides emergency planning and guidance and other features not previously available in any mobile application. The Department also utilizes Twitter, Facebook and posts captioned videos on YouTube. Council has also posted emergency preparedness information on its Facebook page.

b. Council participated in interagency groups through April 2016 at which time lead council staff retired and was not replaced. This objective has not been carried forward to the FFY 2017-2021 State Plan. However Council will continue to participate in critical meetings. Workgroups included the Health and Human Resources subpanel (which falls under the Secretary of Public Safety and Homeland Security) and the State Managed Shelter Work Group. The representation at subpanel meetings has been in 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. Another effort in which Council participated was in a State Managed Shelter Workgroup which was established in FFY 2015. Council provided input into the design of a training program for Virginia Social Workers who are charged to manage State Shelters should there be a locality which cannot manage a local shelter following a Declaration of an emergency by the Governor. Much of the discussion has centered on medically fragile individuals. Work group members expressed concern and wanted to learn more about personal care attendant availability as well as cultural brokers and interpreters. Council staff provided information in these areas. Council recommended that the subpanel discuss this issue as well. At the request of DSS, Council recommended two individuals, one from the Dept. for Deaf and Hard of Hearing and one from the local Center for Independent Living to provide training for their staff. DSS notified Council that their agencies had improved their Emergency Preparedness Shelter Management protocol by including individuals with developmental and other disabilities in providing of training on how to support persons with sensory impairments as well as physical and developmental disabilities (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
-------------------------	-----

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		
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	planned	used
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		
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:

Various state agencies for disability, education, health, med assistance svcs, aging & rehab, housing & trans, social svcs, Dis Commission; Autism Center, state med/dental schools; SSEAC, ESOs, CSBs, VA APSE, VACIL, Arc, Voices of VA, local AAAs, health professionals, homecare, hospital assoc, homebuilders, pri/pub building professionals, local chambers of commerce, local Health clinics, private dental practices, high schools, community colleges, CILs, SILC, RRTC, DRPT, SCAN, Coalition for the Improvement of Safety

Other Collaborators Actual:

Various state agencies for disability, education, health, med assistance svcs, aging & rehab, housing & trans, social svcs, Dis Commission; Autism Center, state med/dental schools; SSEAC, ESOs, CSBs, VA APSE, VACIL, Arc, Voices of VA, local AAAs, health professionals, homecare, hospital assoc, homebuilders, pri/pub building professionals, local chambers of commerce, local Health clinics, private dental practices, high schools, community colleges, CILs, SILC, RRTC, DRPT, SCAN, Coalition for the Improvement of School Safety

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 2016
- b. October 2011 - September 2016

Timelines established were: All met Partially met Not met

Annual Progress Report:

a. Council chose not to complete this activity for several reasons: First, Council staff determined that significant information is already available on transition services produced by the Virginia Intercommunity Transition Council (VITC), of which the Council is a member. VITC has produced a series of 12 fact sheets on transition services and best practices that are available on the Virginia Department of Education website. Second, the Commonwealth of Virginia, like most states, is currently engaged in significant planning to change a number of aspects of its education system, including its transition services, in response to both the Every Student Succeeds Act (ESSA), and to the Workforce Innovation and Opportunities Act (WIOA). The Council plans to stay engaged with the policy discussions around this, and the outcomes of these planning efforts will likely make whatever product is created in this area obsolete. And lastly, the Council is undertaking a comprehensive assessment of Virginia's employment and education services for individuals with disabilities in 2016, and this assessment will result in recommendations to improve transition services and outcomes in the Commonwealth. Thus, a limited document at this point would be premature.

b. Council continued over the past year to actively participate in multiple liaison/workgroup activities related to post-secondary education. These included the Virginia Autism Council, the ACE IT-College Collaborations Advisory Council, and DD Network Collaboration activities. The Virginia Autism Council is a group of Autism experts that focuses on developing and disseminating information about skill competencies for professionals who support individuals with autism. In recent meetings, the Virginia Autism Council has discussed the potential utility of the competencies as a vehicle for educating business leaders in addition to their traditional use as a tool for educating disability professionals. Work in reaching out to the business community through the Business Leadership Network is ongoing.

Council participated in the ACE IT College Collaborations Advisory Council held by UCEDD and

VCU's Center on Transition Innovations. This initiative, aimed at youth ages 18-26 with developmental disabilities, provides a 30-month inclusive, individualized college campus experience through which students can earn a certificate for class completion. The ACE-IT Advisory Council hopes to expand this program to other colleges and universities. Recent work by the ACE IT Council has focused on identifying barriers to access to higher education and the development of proposals to address those barriers.

In FFY 2015, findings and policy recommendations were presented to the Legislative Disability Council, which included a recommendation that the state conduct a study of access to secondary education for students with disabilities. As a result of information presented, the State Council of Higher Education agreed to study access to higher education. The report was due out in September 2016 but has not yet been released. The report may be used to develop further action and possible legislation. Access to higher education and post-secondary opportunities is an objective in Council's 2017-2021 State Plan. The ACE Advisory Council recommended that the collaborative develop an action plan with specific steps toward achieving the goals envisioned. Barriers and strategies discussed at the previous meeting were K-12 education system, financing, college admission requirements, and education and awareness.

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 2.2:

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 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.

Activities undertaken were:

All met

Partially met

Not met

Timelines:

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

Timelines established were:

All met

Partially met

Not met

Annual Progress Report:

- a. Council did not renew the VAIL grant for FFY 2016, 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. Council continues to hold membership on the Virginia Intercommunity Transition Council (VITC). 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 UCED) Centers for Independent Living, Wilson Workforce and Rehabilitation Center, Centers for Independent Living, and the Virginia Department of Social Services, as well as the DD Council. Typically, VITC monitors outcome data related youth with disabilities with a focus upon improving educational outcomes for youth with disabilities. The 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. VITC continues to review and revise transition-related factsheets available on the VDOE website to ensure that families and education professionals have access to updated information about transition best practices. VITC also recently received a briefing from the VDOE on

transition-related components of the Commonwealth's obligations under WIOA, and the Commonwealth's plans to fulfill those requirements. The Commonwealth is still in the planning stages of figuring out how to direct more of its vocational rehabilitation efforts towards transition age students and to better coordinate vocational rehabilitation and VDOE efforts. VITC members have also been engaged in discussions about how to effectively disseminate information to individuals and families about available services, best practices, and significant changes that are occurring regarding transition related services and procedures. Discussion focused largely on how to leverage existing community resources, such as PEATC and the VCU Partnership for People with Disabilities, as partners in reaching families with the information that they need to make informed decisions and to access the services and supports that they need and desire.

Council also maintains ad hoc, nonvoting membership in the Virginia State Special Education Advisory Council (SSEAC) and attends its quarterly meetings. The SSEAC advises the Virginia Board of Education on matters related to students with disabilities. In its 2016 annual report to the VA Board of Education, the SSEAC urged the VABOE to increase access for students with disabilities to higher education, Workforce Readiness, and Career & Technical Education (CTE) programs and credentials (ensuring that those classes are being offered). For additional information about the Council's participation in the SSEAC, see the description of the Council's activities related to Objective 2-20.

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 2.3:

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 was deleted in the State Plan Update as this activity should be housed 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

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 Employment First 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 with increased 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 preferred option for individuals with intellectual and other developmental disabilities. The goal of employment services is to support individuals in integrated work settings where they are paid minimum or competitive wages.

The Council continues to participate throughout FY2016 in the Employment First Advisory Group (E1AG), formerly known as the State Employment Leadership Network (SELN) Advisory Group. Council staff chairs the E1AG policy subcommittee, which throughout this year has focused on revising/updating employment services provider manuals and provider competencies related to the Commonwealth's revised Medicaid Waivers for individuals with intellectual and other developmental disabilities. The Commonwealth has not previously required employment services providers to demonstrate unique employment-related competencies, but is adding this requirement under the revised waivers, in part because of anticipation that new, less experienced employment services providers will come on board with revised rates and newly added services. The E1AG has also worked on enhancing data collection to track employment outcomes for individuals who are receiving employment-related, state funded services. Council made recommendations to improve data collection during the E1AG meetings, including recommendations to collect wage data and data on hours worked per week in "pay bands," e.g. distinguishing between the percentage of individuals paid below minimum wage, percentage paid at minimum wage, and percentage paid above minimum wage; rather than simply reporting median wage and median hours worked per week. These recommendations were adopted and have been operationalized in recent employment reports (SC01=1). This allows the Commonwealth to more easily see how many individuals are achieving the overall goal of obtaining truly community-based and competitive employment at or above minimum wage, and to more easily track progress on this measure. In the most recent report, of 4606 individuals who are receiving state funded employment services, 1192 (26%) were receiving those services in sheltered workshops, versus 1240 (27%) in group supported employment, and 2174 (47%) in Individual supported employment. Two thousand sixty one (56%) were working 20 hours per week or less, while 2005 (44%) were working 21 hours per week or more. Only 477 (14%) of individuals were receiving wages below minimum wage, with the remaining 86% receiving minimum wage or above.

b. The Board has also participated in a workgroup related to Executive Order (EO) 46. Executive Order 46 directs relevant state agencies to take steps to increase the employment of individuals with disabilities in the Commonwealth, both in the private sector and among state agencies. An interagency workgroup was formed for the purpose of determining how to operationalize EO 46. Among the priorities identified by the EO 46 workgroup were to identify opportunities to expose people with disabilities to state employment and to address state hiring practices to minimize barriers to hiring individuals with disabilities. Council staff helped develop a proposal to model a state disability hiring authority that mirrors the Federal "Schedule A" hiring authority and similar hiring authorities adopted by several other states, which allow agencies to hire individuals with "severe" disabilities outside of the competitive hiring process. The status of this recommendation is pending.

Council also maintains membership on the Virginia Business Leadership Network (VABL N). VABL N provides education to businesses about the benefits of employing individuals with disabilities and relevant laws and regulations. Recent education programs have included a program in July that

focused on recent legislation and Executive Order 46 (discussed above).

The Board reviewed and submitted formal comment on the Commonwealth's Workforce Innovation and Opportunity Act (WIOA) State Plan. Recommendations included:

1. Expand the analysis of employment data related to people with disabilities in the Economic and Workforce Analysis section of the plan.
2. Address strengths and weaknesses of Virginia's workforce development activities that are specific to people with disabilities and the programs that are designed to serve them
3. Incorporate disability-specific goals and strategies into the Vision and Goals section of the Combined State Plan

Unfortunately, Council has serious concerns about the manner in which public comment was solicited and utilized in the WIOA plan development process. Two weeks were provided to review and comment on the 426 page plan. It is unclear how many comments the Workforce Board received other than the Council's. The finalized plan has not been made publicly available, and therefore Council has been unable to verify whether any of the Council's comments were acted upon.

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 2.5:

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 work to improve health and dental care in Virginia. Staff participated in the Advisory Council on Health Disparities and Health Equity (ACHDHE). The purpose of ACHDHE is to provide recommendations to the Commissioner of the Department of Health (VDH) as to how to develop or improve VDH programs and policies in order to reduce health disparities statewide. During FFY 16, the ACHDHE reviewed various programs and made recommendations. Many of the programs and policies reviewed are community-based and aim to improve the overall health of citizens. Examples include addressing food deserts, environmental issues and collaborative projects that address risk factors and the social determinants to improve outcomes.

Council staff continues to receive information and participate in the Virginia Waiver Network Coalition’s Yahoo Group, webinars and policy updates. This group of disability advocates is able to share their experiences, education and opportunities through social media and it has shown itself to be an excellent tool for galvanizing advocates. The network was initially funded by the Council and it has continued to be sustained.

At its September 2016, Council decided to appropriate funds to the Virginia Oral Health Coalition (VaOHC) in the amount of \$2,000 for a summit aimed at providing education and state policy updates to oral health and healthcare stakeholders. The summit, which was held November 10, 2016, provided an overview of the new Virginia Oral Health Report Card Initiative, which measures Virginia’s progress toward meeting the goals of the Virginia Oral Health Plan. The Report Card has the potential to improve care for adults with disabilities by measuring coverage, access, and prevention activities for vulnerable adults.

b. In late FFY 2016, Council staff attended a presentation by the Community Health Worker (CHW) Advisory Council where staff asked the Director if the initiative had considered focusing on individuals with DD who have chronic health needs. While that had not been a focus, the Director asked Council to join their stakeholder group. The initiative is to develop a community health worker presence in Virginia for the purpose of improving health in the community by providing support to individuals and improving their linkages to community services. Much of the initial strategy of the CHW project has been to implement certification requirements as these individuals generally do not hold a professional license. Their expertise is based on shared life experience (often culture and community) and a shared trust with people served.

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.
- b. Post-grant: "Improving Oral Health for Adults with DD."

Activities undertaken were: All met Partially met Not met

Timelines:

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

Timelines established were: All met Partially met Not met

Annual Progress Report:

a. No activity was planned.

b. Council continues to participate in various coalitions to improve access and availability of affordable health and dental care for Virginians with developmental disabilities. A major coalition Council funded and participated in was the Virginia Oral Health Coalition. The grant, "Improving Oral Health for Individuals with Disabilities" was an 18 month project that concluded in March 2015 but is being monitored through 2017. The goal of the project was twofold: to expand the number of dental professionals trained to serve individuals with developmental disabilities and to provide oral hygiene education & clinical services. This project had several components. First the grantee, the Virginia Oral Health Coalition (VaOHC) created a project planning team in collaboration with VCU School of Dentistry and the VA Dental Association. The planning team created a survey for individuals with developmental disabilities and their caregivers to gain a deeper understanding of their personal oral health knowledge and practices as well as their needs and access issues and developed an interview question guide to be used in focus group sessions.

Surveys and focus groups indicated that many people with severe disabilities or behavioral issues do not get basic dental care and end up with tooth extractions. Providers noted that some people lived with pain and fear of dental procedures. They also found that training needed to be enhanced for nurses, hygienists and dentists. A finding was that frustrations with the person's behavior and long

waiting lists contributed to oral hygiene problems developing over years due to a lack of preventative care. One recommendation was to improve opportunities to build trust by providers showing individuals how to brush teeth with repetition and the dentist explaining what he/she is going to do. With 3 provider trainings completed between 2014 and 2015, VaOHC and grant partners concentrated on utilizing the data collected through the grant period to develop stories that demonstrated the need for oral health services. Data analysis as well as identifying opportunities to share information and raise awareness among the general public and decision-makers will continue in a post grant monitoring process.

The Virginia Oral Health Coalition staff is using feedback collected through the previously mentioned survey to provide information and support to help providers deliver care. Similarly, staff is maintaining communication with contacts from organizations and individuals that attended dental clinic care days and received funding for follow up care. The coalition distributed a reporting template to organizations that participated in the clinical care days so they could track the follow-up care their clients received and the money spent on oral health care services. A report dated June 30, 2015 reported that 45 individuals received dental services as a result of the grant funding (SA06a = 45). Additionally, VCU has implemented a clinical rotation for fourth year dental students at a residential facility that cares for adults with developmental disabilities. A VCU dental educator and a coalition board member continue to meet with administration and faculty and are working to make further progress.

While there was no legislation during the 2016 Session to directly improve coverage for this population, legislation was passed to allow dental hygienists to practice under remote supervision and to improve the certification process for mobile safety net dental clinics, which may impact individuals with special health care needs who cannot regularly visit a dental office. There have been many successes in obtaining dental care for the special needs population, but there have also been challenges including communication with residential facility contacts. For the most part, contacts at facilities respond and submit their care report in a timely manner, however a small number of partners have required significant follow up. Additionally, clients still face lengthy wait lists for dental care, and as a result, have not been able to utilize the funding provided through the grant. VaOHC staff continues to provide support and information to residential organization contacts to help facilitate follow up dental care.

VaOHC distributed a reporting template to organizations that participated in 1 of the 3 clinical care days to track follow-up dental services clients received and the money spent on oral health care services. A key response from these reports is included below:

"One of our clients recently had to have his few remaining teeth pulled. He had not had dental care for many years before we met him. However, he is going to be fitted for dentures once his gums completely heal and we are using some of the remaining grant funds. He is excited both about getting his wonderful smile back and about being able to eat a wider variety of foods. These grants funds have had the most positive and direct impact of any grant we have ever received. One of my staff asked yesterday if we could find another grant like this one! Thank you so much for the difference you have made in the lives of the adults with disabilities that we support."

c. Council staff also participated in the UCEDD's Advisory Group referred to as Virginia Medicaid Costs and Outcomes Study. The goal of the study is to examine the impact of Medicaid financing on the quality of life, services and supports and outcomes by merging datasets from DMAS (Medicaid expenditures, service use) and DBHDS (National Core Indicators and SIS data). Study findings are

expected to measure progress on the DOJ Settlement Agreement, inform as to the legislative impact of Medicaid Funding and ID cost effectiveness of various services, including residential outcomes. It is not clear when the analysis will be complete and this project is ongoing into the new 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:	45
HE-01 = 45	
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 2.7:

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. In recent months the Virginia Housing Commission was presented with proposed legislation that would criminalize fraudulently requesting accommodations to no-pet policies and pet fees by claiming a disability need for an assistance animal when no such need exists. Council testified before the Housing Commission on the various disabilities for which assistance animals may be helpful, some visible and others nonvisible, and the potential for the proposed legislation to have a chilling effect on individuals with legitimate disability-related reasons for requesting accommodation. Six legislative members of the Housing Commission were present during this testimony (SC04 = 6). Council is a member of a workgroup formed for the purpose of discussing this issue and reporting back to the Commission. Thus far, the workgroup has met one time, and will meet at least one more time in the coming months before the next Legislative session in January 2017.

b. Council continued to participate in Virginia's DOJ Interagency Housing Workgroup during FY 2016. The Workgroup updated Virginia's Plan to Increase Independent Living Options, FY 15-16. The revised plan calls for the creation of an additional 340 rental assistance options for the target population of Virginia's ongoing DOJ settlement agreement over three years: 88 for FY 16; 126 for FY 17; and 126 for FY 18. The DOJ Interagency Housing Workgroup held its last meeting in May 2016. Virginia's Plan to Increase Independent Living Options continues to be in effect, and the work of monitoring that plan has been transferred to a newly formed Interagency Housing Advisory Committee, membership of which includes many of the former members of the DOJ Interagency Housing Workgroup, along with newly engaged community stakeholders. Council is a member of the Interagency Housing Advisory Committee which held its first introductory meeting on 09/13/2016. It is not yet clear what impact this change is not yet clear.

As of September 30, 2016, the total number of individuals in the DOJ target population who are living in their own homes is 499; 156 of which have obtained their independent living status since July 2015 when 343 individuals were living in their own homes. As of that same date, 382 rental assistance resources had been set aside for the target population.

Virginia's 2016-18 state budget allocated additional dollars to provide rental assistance for individuals with intellectual and developmental disabilities, including \$1,875,000 for the first year of the budget and \$3,750,000 for the second year of the budget to implement a program of rental subsidies for this population. The budget also allocated \$400,000 for year one and another \$400,000 for year two of the budget for the Rental Choice VA program, which serves a number of individuals with intellectual

and developmental disabilities.

Virginia's DOJ settlement agreement activities are monitored by an Independent Reviewer. The Independent Reviewer's early reports were skeptical of Virginia's progress towards providing additional independent housing options for individuals with intellectual and other developmental disabilities in the settlement agreement population. The Independent Reviewer's June 2016 report was much more positive. The reviewer noted that the Commonwealth had surpassed its projection of ensuring that 393 individuals in the target population were living independently by June 2016, with a total of 434 such individuals living independently.

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:	6
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 2.8:

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.
- d. Post-grant: ABLE

Activities undertaken were: All met Partially met Not met

Timelines:

- a. October 2011 - March 2012
- b. October 2011 - June 2016
- c. October 2013 - March 2015
- d. April 2015 - September 2016

Timelines established were: All met Partially met Not met

Annual Progress Report:

- a. No activities planned.
- b. The Council and its partners came together to collaborate, recognize mutual interests and individual system challenges to work toward a common goal of influencing policy and program outcomes for improved housing opportunities for individuals with disabilities. Council collaborated with trade groups like the Home Builders Association of Virginia, the Virginia Association of REALTORS, Community Development Financial Institutions and architect and design professionals to raise awareness of housing needs and preferences of individuals with disabilities. An example of this was Council's funding of the Virginia's EasyLiving Home (ELH) program, conducted by Virginia Accessible Housing Solutions, Inc. which promotes the development of single family homes that meet specific Universal Design (UD) and visitability standards. The Council was active in the promotion and expansion of the ELH program and attended meetings regularly. During this reporting period, conversations regarding sustainability planning led to an idea that waiver redesign might include funds for retrofitting properties in community integrated settings. There remains an interest in the certification of accessible affordable properties; however, this has not resulted in a sufficient funding strategy for sustainability. During this period, an ELH board member made a \$25 contribution (RL01 = \$25). They have approached the Virginia Housing and Development Authority for a three year planning grant (\$60,000.00) which provides technical assistance in fundraising, and board development and were recently notified that they received that grant. In April 2016, a 3-year Strategic Plan was received, which proposed a shift in focus of ELH's role to a broader engagement

with accessibility in housing, and a special focus on affordable housing. The vision is that VAHS would take on the role of being a clearinghouse for information, advocacy, policy, and tools related to understanding, improving and expanding housing accessibility and would provide a range of services in addition to the Easy Living Home Program. In June 2016, the consulting company HD Advisors made a \$2,000 contribution (RL01 = \$2,000). The ELH project ended June 30, 2016. Through this work, voluntary UD standards, modeled after EasyLiving Home certification standards have been included in Virginia’s Uniform Statewide Building Code.

c. In October 2013, Council awarded a grant in the amount of \$171,409 to the VA Association of Centers for Independent Living (VACIL) to conduct the “Advocates Building Livable Environments” (ABLE) project. In fiscal year 2014, VACIL conducted 3 focus groups in Charlottesville, Richmond and Fairfax. Participants (58 total) included building inspections officials, architects, builders, Fair Housing officials, planners, project engineers and consumer advocates. The sessions highlighted 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 grant initially ended on March 31, 2015. Three additional training sessions were conducted in Charlottesville, Fredericksburg, and Richmond with private sector professionals during the 2nd quarter of the 2-year post grant phase and 26 individuals were trained. VACIL consulted with the Mid-Atlantic ADA Center for assistance with the effort to produce an electronic version of the reference manual that contains hyperlinks that link to specific relevant sections of the 2010 ADA standards. During the 3rd quarter, an additional training session was held in Charlottesville with local architects and 8 members of the general public were reached. A total of 34 individuals were trained during the past grant phase (SC05 = 34). In 2015, VACIL determined an additional need to create a focused training on the 2010 ADA guides for building professionals and successfully received a grant from Council to create a virtual interactive training simulation which extended the project to March 14, 2017. A major objective of this proposed training program was to ensure Continuing Education Credit (CEU). To date, a task force has been convened and work has begun to identify requirements for CEU certification while maintaining Section 508 compliance.

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:	34
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:	\$2,025
-------------------------	---------

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:

For information about the Council's work in relation to the development of additional housing options for individuals with intellectual and other developmental disabilities, see the narrative for Objective 2-07. Council supported or opposed several legislative bills during the 2016 legislative session that implicate the balance of resources between institutions and community housing. One bill supported was House Bill 675 (HB675). HB675 extended eligibility for state funded income supports in the form of an auxiliary grant, which previously was available only to individuals in an assisted living facility, to individuals who reside in supported housing under certain circumstances. To be eligible for the auxiliary grant, an individual's supported housing provider must have entered into an agreement with

the Department of Behavioral Services and Developmental Services (DBHDS). While this is a small extension of the eligibility criteria, it does remove one of many institutional biases in the system of supports and services for individuals with disabilities. Council spoke in support of this bill in legislative Committee and met with several legislators individually to educate them on the benefits of allowing for the use of these income supports in community housing options. HB675 passed both houses and was signed into law by the Governor.

Council opposed Senate Bill 683 (SB683), which would have prohibited DBHDS staff from communicating with the family members of individuals who reside within one of the Commonwealth's Training Centers (institutions for individuals with developmental disabilities) about available community housing options more than once every 6 months if the individual, or his or her family, had communicated in writing to the director of the training center that they were not interested in community placements for the individual. This Bill would have hampered the Commonwealth's ability to comply with its obligations under the DOJ settlement agreement, which required community options for individuals currently residing in the Training Centers. Council spoke against the Bill in Committee, and it was ultimately defeated in Committee.

Council also opposed House Bill 294 (HB294), which would have reversed the Commonwealth's current plan to close all except one of its Training Centers by requiring the Commonwealth to continue to operate at least two Training Centers and to continue to accept new admissions to those centers. Council expressed concerns about this Bill before Committee and met individually with several legislators to educate them about the impact of this Bill, and the Bill was ultimately tabled in Committee.

Council opposed a portion of a Bill that would have removed Intermediate Care Facilities for individuals with intellectual disabilities (ICF-IIDs) from the Commonwealth's Certificate of Public Need (COPN) Process (HB350). Currently, the COPN process must be followed for any ICF-IID that has 12 or more beds. The removal of this process would allow for the development of large ICF-IID's without any check, which would be contrary to the Commonwealth's obligation in its DOJ Settlement Agreement to move away from reliance on large institutions for this population. Council met with legislators individually to educate them on the impact of this portion of the Bill. Ultimately, this component of the Bill was changed, so as not to remove the current COPN process for these facilities, thought the Bill as a whole proceeded and was ultimately held up in Committee for further review until next legislative session.

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 2.10:

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. no activity planned.

b. no activity planned.

c. RGI – No activity planned.

d. Council engaged in considerable work related to the redesign of Virginia’s Intellectual (ID), Developmental Disability (DD) and Day Support waiver as it is the primary strategy of the Commonwealth to meeting its obligations under its Settlement Agreement with the U.S. Department of Justice. The Council Director and Director of Public Policy participated on multiple state level workgroups established by the Dept. of Behavioral Health and Developmental Services (DBHDS) and the Department of Medical Assistance Services (DMAS), the two lead agencies. These included the Waiver Design Advisory Committee (WDAC), WDAC subgroups on case management, waiting lists, community engagement, conflict free case management, and other ad hoc workgroups. The Executive Director sits on the DOJ Stakeholder Advisory Committee, and the Director and staff are engaged in Employment First policy and other workgroups associated with the employment components of waiver redesign. Council’s Director of Public Policy chairs the Community Engagement Policy workgroup. Community Engagement is a new service under the redesigned waivers and played a lead role in addressing data needs and developing service definitions and parameters. Council submitted 13 pages of recommendations through formal public comment on the DMAS/DBHDS Amendments to the Intellectual Disability (ID), Individual and Family Developmental Disability (DD) Supports, and Day Support (DS) 1915(c) Home and Community Based Services (HCBS) Medicaid Waivers. Key comments addressed the following areas with additional specificity. The waiver amendments were approved in August by CMS. Waiver implementation began on 9/1/16 in the final application. Key recommendations made by Council with respect to waiver redesign were as follows:

1. Council is concerned that the quality of stakeholder input through formal comments will be diminished because of the number of errors and inconsistencies within the waiver applications.
2. The paradigm shift underlying waiver redesign should be clearly articulated and should drive decisions about the structure of the three new waivers.
3. The statement of goals and objectives should be revised to better reflect the purposes of waiver redesign and consideration should be given to modifying the waiver titles.
4. The Commonwealth should delay transition to the Virginia Intellectual and Developmental Eligibility Survey (VIDES) until it has had an opportunity to conduct a legitimate study of the reliability and validity of the assessment, which should include a sufficiently large number of individuals to extrapolate meaningful information.
5. Council recommends (1) specifically spelling out wait list criteria and prioritization in the waiver applications; and (2) redefining the criteria for inclusion in three waiver waitlist priorities to ensure compliance with CMS waiver eligibility rules and to better approximate the needs of individuals on the waitlist.

6. A psychological evaluation should not be routinely required as part of evaluation or reevaluation for eligibility.
7. Assignment to a specific waiver should be based on an individual's person-centered needs and goals, rather than on universal presumptions.
8. Council recommends implementing a combined service limit of 66 hours per week for day and employment services, rather than the 780 hours per year that is available in the waiver application.
9. Council recommends allowing for community transition services costs to include payment of first month's rent when this is a barrier to community living.
10. The Board recommends including dental services as a waiver service and adding consumer-directed options to the Building Independence waiver.
11. Council recommends improving the Commonwealth's grievance and complaint system.
12. Council recommends including in the Commonwealth's Quality Improvement strategy the regular collection of information about the availability of integrated housing, competitive employment opportunities and integrated daytime activities for individuals with developmental disabilities that is stratified based on geography.

Few of the Council's recommendations were adopted in the final application. The recommendation regarding allowing a service limit of 66 hours per week for day and employment services (recommendation 8), which was made by several other advocacy organizations as well, was incorporated into the final application. Several of the Council's comments were not specifically addressed in the amendments to the application, but were addressed in subsequent clarifications of processes, such as the specific eligibility criteria for each of the three waivers (recommendation 5), the process for selecting individuals for specific waivers (recommendation 7), and the Commonwealth's ongoing collection of information about the availability of integrated housing and services (recommendation 12).

Council also was a member of a small interagency group that met regularly with the Secretary of Health and Human Resources to review progress on the DOJ Settlement Agreement and Waiver redesign. The Council Director served on the interagency workgroup on Communications related to waiver redesign following a number of challenges related to external communication to stakeholders and was engaged in the development of a communications framework, determination of approval protocols and development of a work plan for regular communications to different stakeholders. Council assisted in the review and editing of multiple documents to ensure message accuracy and consistency. This team stopped meeting regularly in the summer of 2016. Council regularly communicated with staff to the HHR Secretariat on issues of concern as it related to waiver redesign and also helped the lead agencies prepare for the twice weekly stakeholder phone calls that took place prior to waiver redesign implementation.

Council participated as a member of the Community Engagement Advisory Group. This group was formed as a corollary to the Commonwealth's Employment First Advisory Group to address the elements of Virginia's Medicaid Waiver redesign that deal with community services other than employment. The group has been active in making recommendations to DBHDS and DMAS related to community engagement services included in Virginia's redesigned Medicaid Waivers. The group's work has focused on recommendations related to service definitions and allowable activities to include in the Waiver application, and Medicaid provider manual revisions to reflect the services in the redesigned waivers. The group has also worked on developing educational materials for individuals, families and service providers to explain the new community engagement services, and to promote their use to ensure that individuals with disabilities experience increased opportunities to

access their communities.

Council also submitted comments on DBHDS Transformation Team Recommendations. The DBHDS Transformation teams went beyond waiver redesign to systems redesign in a variety of areas. However, a number of the recommendations from the groups were relevant to waiver redesign. Council Director served on the DBHDS Transformation Team Advisory Council which heard the various team presentations and recommendations. These teams met until the DBHDS Commissioner resigned and the new Commissioner focused on priorities using different strategies. Council provided formal comments were made on recommendations by the Child and Adolescent Behavioral Health Care Team in the areas of: Early Intervention, Workforce Development, Certified Community Behavioral Health Centers, Systems of Care and School Based Calendars. Comments were made with respect to the Adult Developmental Services Team: Comments/recommendations made in the areas of Emergency Slots, Wait List Prioritization, Data Collections, Waiting List Process, Centers for Excellence. The transformation team recommendations are under consideration by DBHDS as it focuses on overall system of care redesign, particularly in the area of mental health.

Council participated in a multi-stakeholder Traumatic Brain Injury (TBI) workgroup meeting led by DBHDS. This workgroup was formed because advocates (including legislators) were concerned that this constituency was not included in the waiver redesign effort. Stakeholders were invited to join the WDAC but CMS informed DBHDS that TBI could not be included in the redesign of the ID/DD Waivers. Three TBI workgroup meetings were held. Advocates expressed an interest in bringing individuals out of state back to Virginia for care. The group had multiple discussions about options for expanding services to people with brain injuries. No final resolution was formally adopted, but the matter has been taken up by the Legislative Disability Council, which is currently considering legislative proposals to address the lack of sufficient services and supports in the Commonwealth for people with Brain Injury-related disabilities.

e. Post Grant, Sprayground - Project 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
-------------------------	-----

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:

- a. 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.
- b. Liaison with state agencies and relevant workgroups to develop or improve state policies and practices.
- c. Post-grant: Empowerment to Prevent Institutionalization

Activities undertaken were: All met Partially met Not met

Timelines:

- a. October 2013 - September 2015
- b. October 2012 - September 2016
- c. October 2015 - September 2016

Timelines established were: All met Partially met Not met

Annual Progress Report:

a. The Empowerment to Prevent Institutionalization (EPI) grant project began in October 2013 to provide education to medical and related healthcare professionals on community services and supports available to individuals with DD in order to help maintain individuals in the community. The grantee, the VA Association of Centers for Independent Living (VACIL), enlisted 10 local CILs from

rural areas (Eastern Shore; Grundy & Norton in Southwest VA) and urban areas (Norfolk, Hampton, Fredericksburg, Roanoke, Winchester, and Richmond). In 2016, CIL advocates distributed resource directories to 2,104 individuals (SC05=2,104) and to diverse community groups and organizations. In addition, 300 individuals with disabilities received support including people that were able to access transportation and affordable housing (SA06a = 300). Over the course of the grant, 74 workshops were held across all 10 CIL regions training 967 individuals. This far exceeded the estimated target for the grant.

Stories:

In Tazewell, Russell, Buchanan and Dickenson counties, 7 people were referred to affordable, accessible housing and transportation. Due to a presentation made to nursing home staff, a social worker from the nursing home called CLINCH Center for Independent Living looking for housing for a patient whose house burned down while she was in short-term rehab. Temporary housing was found for the individual upon discharge and the CIL is working with the person to find more permanent housing.

In Fredericksburg, an individual came to the disAbility Resource Center's office seeking help finding long-term care for his father. He was provided a Resource Directory and the different resources available for his father was explained. He followed up on the information so that his father could remain in his own home.

In Norfolk, a young man with autism was struggling to obtain services to assist him with productive daytime activity. Information about DARS vocational services was provided and he then initiated services with DARS.

The family of a child who uses complex medical equipment had been enrolled in the Technology Assisted Waiver and was told that their nursing services would be decreased and that they had to choose between nursing home services at school or at home. Information was provided to the family about the use of EPSDT nursing and the EDCD Waiver to obtain the number of needed nursing services each day, including school services.

b. The majority of policy related activities in this area relate to implementation of the DOJ Settlement Agreement (covered in multiple objectives) and Waiver redesign (covered in Objective 2-10). Council participated in the Individual and Family Support (IFSP) Design Advisory Committee. The IFSP is a requirement of the DOJ Settlement Agreement and concerns were expressed by stakeholders, including Council, and the DOJ Independent Reviewer (IR) regarding its focus and processes. Beginning in February 2015, meetings were held to discuss the plan to create a more comprehensive IFSP that would increase accessibility and provide supports to more people. Workgroup members were asked to consider redesigning the IFSP into a program managed by 5 regional, family-run councils (501 c3) with oversight provided by DBHDS. In 2016, the model was adopted and a funding request for 5 positions was put in to the legislature. Only 1 position, an IFSP coordinator was funded. DBHDS will implement a state council and regional committees in FFY 2017 responsible for defining program strategies and operations, planning for data collection and evaluation of outcomes; developing and implementing a public awareness and outreach program, developing quality measures for satisfaction and an annual evaluation.

Another area of advocacy was a signed letter with multiple organizations asking the Governor to consider an exceptions process to the 40 hour limit on consumer directed personal care, respite and companion services resulting from the federal Department of Labor's new overtime rule. The Governor had included a provision for 16 hours of overtime in proposed budget for the 2016 General Assembly (GA). However, the GA removed the provision. The Governor's office replied in the

summer of 2016 noting that legislative action would be required. The legislative Disability Commission considered the issue at its meetings and will likely propose an exception process during the 2017 session. Individuals with significant disabilities are fearful that they will have to enter / reenter an institution should an exceptions policy not be put into place. Council has been active in educating its constituencies about the issue and in advocating for the exception process in various arenas.

Additional activities related to the objective include Council review of the Dept. of Medical Assistance Services (DMAS) submission of an 1115 Delivery Systems Reform Incentive Payment (DSRIP) waiver; involvement in the DMAS Managed Long Term Care Supports and Services (MLTSS) initiative and the MLTSS communications workgroup. Council also submitted formal comment/recommendations on the following:

1. State Board of Behavioral Health and Developmental Services Policy (BHDS) on Behavioral Health and Developmental Services for Children and Adolescents and their Families. Key input included the following: Council recommended: 1) updating the background to include studies and reports post 2009. A number of comments were made with respect to needed language changes, definition clarification, and consistency with other Board policies such as early intervention. 2) Language consistency with the ADA and removing references to child welfare and public safety needs which are subjective. 3) The addition of gender identification and sexual orientation and changing “spoken language” to mode of communication. Reference to the CMS Final Rule in Integrated Settings and the state’s requirements under ADA and “Olmstead were also recommended. Council noted that reference should be made to CSBs being the single point of entry for services for all children with developmental disabilities not just those with intellectual disabilities. The reference to expanding training center support options for families of children and young adults should be eliminated, and language should clearly indicate the importance of serving children and adolescents in their homes, or if that is not possible, in their communities close to family. References to employment opportunities should mention the Commonwealth’s Employment First policy as well as work with schools and the importance of transition planning at an early age. The Policy should be updated to reflect recent changes to the program both in the background section and as they relate to program implementation at the state and local level. At the time of this report, the policy had not been finalized.

2. Virginia's Section 1115 Waiver Application to Department of Medical Assistance Services. Council expressed concern that some of the proposed changes to Virginia’s Medicaid system contained in the Section 1115 Waiver proposal could adversely affect this broad objective and return VA to a medical model of LTSS. Concerns included ensuring substantial personal choice, possible service interruptions, loss of access to preferred providers, and the creation of additional barriers to accessing quality services and supports. Council urged that mandatory transition to MLTSS for people with disabilities should occur only after significant evidence is available that these and other negative consequences will not occur and that the anticipated benefits of this transition will be realized. Council urged DMAS to ensure that decisions about the future of disability services in Virginia are evidence-based, that major transformations to Virginia’s Medicaid system are gradual and carefully monitored, and that the Commonwealth proceeds with an eye towards the ultimate goal of advancing the independence, autonomy, and inclusion of people with disabilities in Virginia. DMAS has been very open to stakeholder feedback. It is clear from discussions at these groups and through conversations with managed care companies that they are aware of these issues.

3. Medicaid Delivery System Reform Incentive Program (DSRIP). DSRIP programs are part of the larger §1115 Waiver Authority and offer states investment dollars and a mechanisms to support providers in changing how they care for Medicaid beneficiaries. DSRIP seeks to support provider collaboration and integration of their services to enhance the patient experience, improve health outcomes, and slow the growth of health care spending in Virginia.

Virginia applied to use the funding to support providers to effectively coordinate care by integrating behavioral and medical health services, ensure strong transitions between care settings, and address social determinants of health; create data pathways among provider partners and others within the continuum of care to facilitate care coordination and inform better interventions through data analytics; and establish proper incentives for high-quality, efficient care by transitioning to alternative payment models and generating new funding streams for community-based services within the continuum of care.

Council staff participated in several DSRIP stakeholder meetings as DMAS sought to determine the best way to go about this complex initiative. Council provided feedback through this stakeholder process in the fall of 2015. Formal comment included the following: focus mobile care teams on underserved areas (e.g. rural); ensure that person-centered care and maximum consumer choice are foundational principles ; focus on Data Platform development on Day 1; include transportation in community capacity building; include quality of care outcomes in value-based care metrics (including consumer satisfaction and avoidance of unnecessary institutionalization).

In January 2016, DMAS submitted the application to the Center for Medicaid and CHIP Services (CMCS), for §1115 waiver authority to conduct a DSRIP demonstration in Virginia and is awaiting approval as of the writing of this report.

In addition to the comments submitted in September 2015 (see summary under 1115 Waiver Application summary), Council met with 6 managed care companies considering submission of proposals in response to the MLTSS RFP. These companies met with Council and other stakeholders to learn about the needs of persons with developmental disabilities and what they might seek in a managed care system with respect to long term care supports. Council focused on providing education about the system itself, the importance of consumer direction, continuity of care, access to providers and medications and responded to a multitude of questions. Seven managed care companies have been selected for negotiation by DMAS with final selections in December 2016.

Council staff also serves on the Commonwealth Coordinated Care Advisory Council, a stakeholder group that advises the Commonwealth Coordinated Care Plus program, a newly rebranded program that has expanded to transition the majority of the LTSS population to managed care. The program had covered 30,000 lives and is expected to cover 200,000 lives after a regional roll out takes place from July 1, 2017-January 2018. CCC Plus is designed to be Virginia's single program to coordinate delivery of primary, preventive, acute, behavioral, and long-term services and supports for individuals currently served by both Medicare and Medicaid, although not served all are dual eligible. The medically complex populations covered included all aged, blind and disabled and those with LTSS coverage.

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:	300
CS01 = 300	
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:	2,104
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.

f. Post-grant: Peer-to-Peer Education Project

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

f. January 2015 - September 2016

Timelines established were:

All met

Partially met

Not met

Annual Progress Report:

a. No activities planned.

b. No activities planned.

c. No activities planned.

d. Council continues to monitor the Commonwealth's progress in meeting its settlement agreement obligations, and participates on a number of settlement agreement-related workgroups and advisory groups, including the DOJ Stakeholder Advisory Council. The Council receives updates on DOJ compliance issues, and makes recommendations about how to improve the Commonwealth's compliance with the settlement agreement. This activity is covered in depth in objectives 2-07 and 2-10.

The Commonwealth has made progress in reducing the number of individuals with intellectual and other developmental disabilities in its 5 large state-run Assisted Living Facilities (Training Centers). As of September 2016, 2 of the 5 Training Centers have been closed with all of the facilities' residents moved either to the community or to another institutional setting. Southwestern Virginia Training Center is scheduled to close in 2018, and its resident population has been reduced by over half from 192 residents in 2010, to 95 today. Central Virginia Training Center is scheduled to close in 2020, and its population has also been reduced by more than half from 426 in 2010, to 185 in September 2016. Southeastern Virginia Training Center is the only Training Center that is planned to remain open with a maximum occupancy of 75 residents. Its occupancy has also been reduced to 65 which is less than half of its 2010 occupancy of 143.

Council continues to maintain membership in the Advisory Consortium on Intellectual and Developmental Disabilities (TACIDD), which serves as an advisory group for the Department of Behavioral Health and Developmental Services (DBHDS). TACIDD makes recommendations to DBHDS related to the provision of state funded services to individuals with intellectual and other

developmental disabilities. The work of TACIDD has been centered on the Commonwealth's redesign of its Medicaid waivers. In the past year, TACIDD has focused on processes for determining one's level of support needs, waitlist processes, and service planning.

e. No activities planned.

f. The Peer to Peer Education Project is a grant to DBHDS for the period of July 2013-December 2014 and had the goal of developing and implementing an educational and mentoring program for individuals with DD to improve self-determination, community integration and communication skills. In FY 2016, DBHDS continued to provide education to support coordinators to get more community involvement in the program. Trainings were held at state training centers in Central and Southwest Virginia for staff, individuals, and family members. DBHDS Family Resource Consultants also attended regional support coordinator roundtable meetings across the state to continue educating about the program. However, there were not any peer mentor referrals received this year.

Story:

Mentee from SWVTC successfully transitioned into her new community residence on 9/29/15. 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, as reports from SWVTC staff indicate 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:	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 2.13:

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. 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 2012 - September 2016

Timelines established were: All met Partially met Not met

Annual Progress Report:

Interagency liaison activities related to this objective include the No Wrong Door (NWD) Resource Advisory Council (RAC) and its subgroups; the Community Integration Implementation Team which did not meet during FFY 2016, the Autism Advisory Workgroup and the Aging and Disability Conference.

Council participated in and provided input into numerous meetings relative to Virginia's No Wrong Door Resource initiative which has been nationally recognized. A \$500,000 grant was received by the Department for Aging and Rehabilitative Services to expand NWD by 2018 with a goal of providing a barrier-free, high-quality, sustainable, person-centered, single statewide system of long-term services and supports for individuals of all ages and disabilities. Council was and remains a participant in the Advisory Council which meets quarterly. This year, staff participated as well on the Person Centered Planning, Accountability and Governance and the Marketing and Communications workgroups. 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; 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; and 5) develop and implement best practices that promote systems interoperability.

During this past year, key accomplishments were as follows:

ACL conducted on-line person centered counseling training; 91 additional slots filled by CILs, AAAs and CSBs. Person-centered advocates were established in all agencies that deliver Options Counseling as a condition of reimbursement. The Uniform Assessment Instrument was revised to incorporate person centered practices. Council played a key role in recommending revisions to the UAI. A new logo and tag-line were developed. Council played a role in the selection of the logo and in providing input into the development of a NWD website which will be launched in January 2017 as well as a video. With respect to Governance and Administration, a charter was developed. A new Infrastructure Organization Chart was completed. A new group—the NWD Representatives Council was established and a charter is being drafted. A new communication exchange serves as a valuable mode for providing information that can be forwarded to decision makers at all levels to influence positive change in the system. Council attended the legislative Autism Advisory Council meetings in June and August 2016. The work in this group is discussed further in objective 2-21.

In FFY 2016, Council continued to serve on the Area Planning and Services Committee for the annual Aging and Disability Conference. Partners include the Central Virginia area Community Services Boards, the Virginia Dept. of Health, and the VCU Partnership for People with Disabilities. The first day long Conference was held on November 12. Council assisted in developing the agenda which included among its workshops, Analyzing body language for non-verbal individuals; effective communication with medication professionals, and health care advocacy. There were 69 members of general public reached (SC05=69) by the conference. Evaluation results were not provided to Council.

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:	69
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 2.14:

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. During the 2015 General Assembly Session, Virginia passed its own version of the ABLE Act via HB 2306: an Act to amend and reenact §§ 23-38.75, 23-38.76, 23-38.77, 23-38.80, 23-38.81, and 58.1-322 of the Code of Virginia, relating to establishing 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 determined that it will not create regulations relative to the implementation of this program but will

rely on federal regulations.

b. Council continued its partnership with Virginia 529 regarding education, training and information sharing opportunities. Council had several meetings with Virginia 529 staff, providing contact information for advocacy organizations, advising on messaging, information dissemination, audiences to reach, and provided some clarification regarding consent, guardianship and alternatives and accessibility. Council has promoted the implementation of the ABLEnow account program in Virginia, which will begin in December 2016. Board staff coordinated efforts with Sarah Pennington, ABLEnow Senior Marketing Communications Associate, to promote account features, rollout timeline, qualification requirements, and other relevant and promotional ABLEnow features. As of Oct 18, 2016, 1,642 individuals have received and read ABLEnow-related messaging from the Board's email communications (SC05 = 1,642) while 5,576 have seen relative content via the Board's social media (SC05 = 5,576). These efforts will continue in the 2017-2021 state plan activities.

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:	7,218
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 2.15:

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:

Although this objective has been met, Council has begun to expand on this work in its new state plan by reviewing regional transportation plans to determine how well these plans address the needs of individuals with disabilities. Some of the plans reviewed to date do not directly address the needs of individuals with disabilities at all. Council is beginning to consider how to address the lack of planning in transportation, particularly in rural and underserved areas where transportation issues often pose significant barriers to community integration and employment opportunities.

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 2.16:

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:

- a. Increasing the Use of the Transportation & Housing Toolkit (Thomas Jefferson Planning District Commission)
- b. 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:

- a. This was previously completed, yet no activities were planned in 2016.
- b. Council considered releasing a competitive RFP in 2015 for driver competence using the Richmond GRTC training as a model. However, due to the loss of Council staff with expertise in transportation issues in 2014 and based on available funding at that time, Council decided it would not pursue this initiative.

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:

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

b. Post-grant: Employment for All Citizens of the Arc of Southside

Activities undertaken were: All met Partially met Not met

Timelines:

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

Timelines established were: All met Partially met Not met

Annual Progress Report:

a. In 2013, Council awarded a grant totaling \$243,975 to VA Commonwealth University Rehabilitation Research and Training Center (VCU RRTC) for the project: "Employment for All Citizens of the Arc of Southside." The project began October 1, 2013 and ended on September 30, 2015. However, a 2-year post grant reporting period is required of the grantee. The employment team at the Arc of Southside continues to provide services in the post grant period.

b. The Arc of Southside, located in Blairs, VA, serves an economically depressed area of the state and one of The Arc's programs is the Hatcher Employment Program which participated in this grant. The work shop is a sheltered work facility that supports 108 adults with disabilities. The goals of this grant were to assist 30 adults with disabilities in the transition from work shop employment to integrated, competitive employment in the community and to ensure that all individuals seeking integrated employment make informed choices. The strategies included creating comprehensive individual profiles and all employees placed received intensive job training and participate in supported employment programs.

From July-Sept. 2016, 3 more individuals gained a job of their choice bringing the total to 25 (SC06a=25). No new businesses were engaged in that same quarter, however the cumulative total of organizations engaged in system change efforts is 17 (SC03=17).

Stories of individuals:

B.L. was hired at Old Navy on 11/25/15 as a quality and facility associate. She earns \$8.75 per hour working 18 hours per week, not including the holiday season where she worked up to 25 hours per week.

L.C. was hired at Food Lion on 12/1/15 as a quality assurance associate. She earns \$7.25 per hour and works 16 hours per week.

P.F. was hired 1/11/16 as a housekeeper at Sleep Inn for 20 hours per week making \$7.25 per hour.

J. N. was hired on 3/22/16 as a custodian at White Oak School working 6 hours per week earning \$8.00 per hour.

S. K. was hired 6/2/16 as a custodian at The Arc offices for 6 hours per week earning 8.00 per hour.

J.B. was hired 5/2/16 as a custodian by The Arc to clean Hatcher center for 25 hours per week at 7.25 an hour. J.B. has worked at Hatcher center for over 6 years after leaving another workshop she had worked at for several years. J.B. is a hard worker and showed interest in competitive employment at the onset of this grant. Her family however felt she needed to remain in the workshop

setting for personal safety and to protect her benefits. After many talks between the family and our employment director, her family agreed to a benefits query where he could show them that her income could be protected along with her Medicaid. The family also opened up to new options once they saw several of J.B.'s friends go to work safely. J.B went through discovery and had the opportunity to sample several types of work. Through this process it was discovered that she liked cleaning but she found that the rigorous time requirements in hotels did not suit her cleaning habits, while she is very detailed in her work, she needs more time to complete some tasks. She was hired as the custodian with The Arc when we relocated to a new building that would require that we hire custodial staff.

J.B. has more than doubled her income, her family is extremely happy and JB plans to save her money and one day live on her own, in the meantime she says she loves shopping and being able to afford lots of new clothes!

P.G. works 15 hours per week at Essel Propack for 7.25 per hour as a box maker. P.G. went to work in the Hatcher sheltered workshop in February of 2011 after some vocational training received at Woodrow Wilson during the summer of 2009 and a brief stint at Goodwill Industries. He was initially shy at the workshop and was slow to make friends. He was however, excellent at whatever job he was given. He was always on time, never missed a day and always had an excellent attitude regardless of what he did. When our supported employment program started up, P.G. was one of the first candidates everyone thought would be excellent in the program. P.G., however, showed no interest in leaving the workshop. P.G. was inquisitive and would ask his friends who did decide to work how it was going and what they liked about working outside the workshop. P.G. also had some friends participate in the job club and P.G. was beginning to ask others about working a competitive job. Soon afterwards he had his annual planning meeting and during that meeting he decided he wanted to "get a real job." Within a couple of weeks, P.G. landed a job with the support of his job coach and is doing great. He is so excited about this opportunity and his family is so proud of him! He is saving much of his money and plans to get his own car one day.

In addition, individuals who benefitted directly from this grant were given the opportunity to present and share their stories at the Arc of Virginia 2016 State Convention. The presenters shared with staff that they were nervous but excited because they hoped someone listening to them would choose to leave a workshop and find community employment as they had. The panel presented to a full room and additional seating was required to accommodate all audience members. Presenters each shared personal experiences and answered audience questions. Audience engagement was high and the each presenter did very well. All presenters shared that their community based employment has led to feeling more connected and confident. Below are some excerpts from what they had to say that day:

S.H. was employed through the grant last year in May, 2015. She started working at Dellano's pizza as a dining room attendant and assistant server. S.H. loved her new position right away. She is very engaged with her community now and was thrilled when she was surprised with cake and balloons at work on her birthday by some of her regular customers.

S.B. was employed at Food Lion in November 2014 as a quality assurance staff member. Since starting his job, he has bought a brand new scooter which he rides to work. S.B. loves having money to be more independent.

M.C. started working at Red Lobster in October of 2014 and reports how happy he is to be able to

work less hours but make more money than he ever made at Hatcher center. He also told attendees that he is using his money to make updates to his condo and is saving for a new truck.

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:	17
SC04 Number of public policymakers educated:	0
SC05 Members of the general public reached:	0
SC06a Other systems change measure:	25
EM01 = 25	
SC06b Other systems change measure:	0
SC06c Other systems change measure:	0

Performance Measure 3 (resource leveraging):

RL01 Dollars Leveraged:	\$0
-------------------------	-----

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. No planned activities for FFY 2016. Objective met.

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):

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 project to improve follow-up and referral to needed services 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 2016

Timelines established were: All met Partially met Not met

Annual Progress Report:

This activity was initially scheduled for FFY2015 but due to financial limitations, Council voted not to release any competitive grants until FFY 2016. The development of the RFP was driven by information learned through Council’s participation in the Lt. Governor’s Council on Childhood Success, an initiative to assess the health and educational needs of Virginia’s children from birth to age 8 and make recommendations for their alignment and improvement. By participating in the Council on Childhood Success and serving on the Health and Wellness sub-group, staff learned of barriers to families as they related to Virginia’s early intervention system, including inconsistent or nonexistent procedures by hospitals in referring families to services. The RFP developed during November of 2015 was designed to support effective strategies on information dissemination with a focus on high risk families.

The grantee selected was the Virginia Hospital Research and Education Foundation (VHREF) and the title of the project is the Virginia NICU Early Intervention Collaborative. The overall project goal is to achieve systems change as it relates to referral practices to drive improvements in outcomes for infants and young children with DD. The strategies include engaging all Virginia NICUs and their community partners in a statewide learning and improvement collaborative to enhance linkages to early intervention services for families that have had babies that spent time in the NICU. The project will improve and expand NICU referrals and follow up, enhance current policies, practices, and competencies by developing training models that ensure effective and efficient linkages to support and services. The grant begins implementation in the new state plan (2017-2021) year and key objectives to be completed between October-December 2016 are: a) secure a signed commitment from each VA Hospital and Healthcare Alliance member hospital administrator who commits his/her

hospital to participate in the collaborative; b) secure a signed formal commitment between the hospital and Infant and Toddler Connection of Virginia through the Virginia Part C Administrator; c) establish an Advisory Council to steer project development, implementation, and evaluation activities; and d) establish a Patient and Family Advisory Council.

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 2.20:

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. Council staff was active in advising policymakers and commenting on proposed policies, laws and regulations related to students with disabilities. Council was significantly engaged in the issue of Seclusion and Restraint (S&R) in public schools and a founding member of the Coalition for the Improvement of School Safety (CISS) along with the Arc of Virginia, the Virginia Association of Centers for Independent Living (VACIL), JustChildren, Stop Child Abuse Now, the UCEDD, the P&A and a national expert in S&R and author of How Safe is the Schoolhouse?

In FFY 2015, Council supported legislation that requires the Board of Education (BOE) to promulgate regulations governing the use of S&R consistent with the 15 USDOE principles. Following passage, the Virginia Dept. of Education (VDOE) instituted stakeholder groups to help guide regulatory development. Council and other advocates continued to promote consistency with the principles. In March 2016, CISS submitted public comment, with the help of the Council, on what should be included in October 2016 regarding the strengths and weaknesses of the draft regulations. Council conducted a legal analysis of the corporal punishment (CP) statute, disagreeing with the finding of conflict. Council communicated with the Office of the Attorney General regarding its interpretation of the statute and relationship to the S&R regulations (SC04=2). Key points made were:

The proposed regulations are not required by Virginia's CP statute §22.1-276.2, which simply prohibits corporal punishment and defines the limits of that specific prohibition. The proposed regulations improperly exempt categories of S&R by using Overly Broad Exceptions. This allows schools to use S&R for the reasons described by those exceptions without any regulatory limits contrary to the S&R statute.

Parental notice and data collection will not be required allowing the practices to be hidden. These exclusions are not required or sanctioned by the CP statute.

The proposed regulations would allow S&R for all property destruction, including breaking a pencil or tearing paper.

The 15 Principles and Virginia Guidelines emphasize positive and preventative measures. The proposed regulations must place greater emphasis on less restrictive, preventative and require that every effort be made to avoid the use of restraint and seclusion.

8 VAC 20-750-40 describes seclusion conditions. There are numerous requirements to keep students safe if they must be secluded in an emergency because someone is in danger. Some of the

suggested requirements are good; some are quite dangerous and appear to resemble solitary confinement in a jail or prison.

The 15 Principles and 2009 Virginia Guidelines require parental notification, data collection, and staff reviews and prevention. But the proposed regulations, 8 VAC 20-750-50 and 8 VAC 20-750-80, eliminate these requirements for most children. They also eliminate the requirement for notification when restraint is used to maintain order and control. This is highly inconsistent with the principles and guidelines.

Parents should be notified on the day of a restraint or seclusion incident. The regulations allow for notification within 24 hours and would leave notification up to volunteers who have little incentive to notify parents. Combined with the limits on written notification, parents may never learn what happened to their children. The regulations should permit email notification to improve efficiency for everyone. They should not allow unaccountable volunteers to make some kind of “reasonable effort” to notify parents—rather than requiring school division employees to act promptly.

The regulations should require schools to work with School Resource Officers (SROs) and School Security Officers (SSO) to implement positive and preventative supports, rather than dangerous S&R.

CISS strongly supports the ban on mechanical and chemical restraint in 8 VAC 20-750-20. These are important protections for students. CISS also supports the regulatory ban on dangerous aversive stimulation, the prohibition on the use of prone or face down restraints, restraints that restrict breathing, harm students, or interfere with a student’s ability to communicate, and the required continual visual monitoring of students in seclusion.

A second draft will be presented to the Board of Education in early FFY 2017 reflecting areas in which there was broad consensus. VDOE is still categorizing public comments. There are significantly divergent viewpoints among the family/advocate vs. school representatives and it’s anticipated the regulatory process will be lengthy.

Council participates as an ad hoc member of VDOE’s State Special Education Advisory Council (SSEAC). At the December 2014 meeting, Council facilitated its 4th year of the annual parent panel discussion for the Aspiring Leaders Program on family input in special education and transition processes. Issues considered during the course of the year were consistent with past years and included: behavior/discipline, online IEPs, student outcomes & graduation rates; services for students w/dyslexia; inclusion, private placements of students w/disabilities, regional programs for students with disabilities, and S&R.

Council assisted in development of the 2016 SSEAC Annual Report with recommendations that included:

1. Utilizing current initiatives, identify and highlight inclusive education practices with efforts to understand how the special educational needs of students with disabilities are being met in general education settings with appropriate supports, including extracurricular activities/programs, to increase understanding alongside data from Indicator 5 of the State Annual Performance Report.
2. Increase access for students with disabilities to higher education, Workforce Readiness, and Career & Technical Education programs and credentials.
3. Identify school divisions who are providing exceptional best practices in inclusion and utilize existing platforms that facilitate sharing and

reinforce best practices through this recognition. 4. Develop guidance on the use of Universal Design for Learning, both as a part of Virginia Tiered Systems of Supports as well as in the general education classroom to move forward with inclusive practices. 5. Create training and guidance to inform families and school personnel, beginning at the elementary level, regarding the use of different state-mandated tests and their implications for diploma options. 6. Provide capacity-building professional development to address the use of functional behavior assessments, behavior intervention plans, collaborative problem solving, assistive technology, and creating safe/nurturing/inclusive school communities. The Board of Education received the recommendations well and posed a number of questions to the SSEAC Chair.

Council also presented information to the Education and Employment Subcommittee of the Legislative Disability Commission on work being done by the Center for Transition Innovations and other reforms such as the Applied Studies diploma. There was one legislator present with the citizen members being the remainder of attendees (SC04=1).

Council attended a VDOE Inclusive Education Workgroup which addresses concerns expressed regarding inadequate inclusion opportunities. The workgroup is identifying barriers to inclusion and existing efforts to promote inclusion. Meetings were held in June and October 2016. The group discussed a 5 year vision for current practice, barriers to achieving the vision and recommendations. One recommendation agreed to was to have the Joint Legislative Audit and Review Commission conduct a study on student characteristics, interventions utilized, outcomes, and cost to see what does and does not work. VDOE noted that it did not have funds to implement the recommendations but that they would go forward to the Commission on Youth in FFY 2017 so that it could determine how to proceed.

Council's work on the ACE IT College Collaborations Advisory Council, a 30-month inclusive, individualized college campus experience to improve access to secondary education for students with disabilities is detailed further in objective 2-01. Council provided its annual input on the Council on Youth Collection of Evidence-Based Practices for Children & Adolescents w/Mental Health Needs. The purpose is to identify effective treatment modalities and improve outcomes for children, including juvenile offenders, w/mental health treatment needs.

Council funded a grant to the Department of Education (start date October 1, 2016) to develop and deliver curriculum and training for families and school staff regarding the critical decision-making points that can affect whether a student is able to receive a standard or advanced diploma. This includes education of families of young children of the ramifications of removing their child from the Standards of Learning to an alternative curriculum. Other recommendations from Council's assessment are also being addressed by VDOE. These include the development of the Applied Studies Diploma, an analysis of graduation rates and student outcomes, and development of a statewide, universal IEP. Due to a lengthy procurement process, selection of the vendor was still underway at the time of this report.

Council participated on Office of Children's Services (OCS) stakeholder workgroup established as a result of a study mandate from the legislative Commission on Youth relative to the Children's Services Act (CSA) a pooled source of funding for services for certain mandated populations of students under an IEP or in foster care. The study mandate was to provide recommendations to the State Executive Council on how to reduce the use of day treatment programs for students with disabilities and move those students back into their home school divisions. The workgroup met 3

times, heard presentations on the use of CSA funds for private day treatment placements, including cost and educational data and trends. The group discussed and identified issues and areas of concern related to initial placements, when placements may be appropriate, use of "regional" tuition reimbursement structures which is limited by area but lower cost than private schools, and return to public school and transition. Recommendations were presented in late FFY 2016 with Council firmly supporting increased integration and removal of financial and programmatic barriers. A final report is due to the General Assembly November 1, 2016. Next steps will be up to the Governor and General Assembly.

Council met with PEATC staff and staff from Virginia Community College System to discuss the VCCS Rural Horseshoe that is providing coaches in high schools in rural parts of the state to assist teachers and students with developing plans for post-secondary and employment options after graduation. Information dissemination mechanisms were discussed including a potential webinar to train coaches. Council recommended possibility of obtaining data on the numbers of students with an IEP or 504 plan being served via the horseshoe. PEATC may also now be invited to conduct a webinar for program staff and follow up is 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:	3
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 2.21:

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, formal policy positions, and other activities not otherwise described in previous objectives such as waiver redesign. Public comment developed during this FFY included the following:

1. State Board of Behavioral Health and Developmental Disabilities Policy 1036 (SYS) 05-3 Field Review Comment: Vision/Policy Statement. Two of the Council's 3 recommendations were adopted and much of our proposed language was adopted verbatim. Although not directly impacting service provision, the revised vision better reflects the diversity of individuals encompassed by the policy and emphasizes the right of people with disabilities of all kinds to receive services and supports in the most integrated setting appropriate. The proposed changes better align the Board's vision statement and accompanying policy with the Commonwealth's obligations under federal law and the DOJ Settlement Agreement (SC01=1).

2. Proposed and Revised Virginia Statewide Transition Plan (STP) for Compliance with CMS Home- and Community-Based Services (HCBS) Final Regulation's Settings Requirements. Virginia's plan has not yet been approved and is being redrafted. Among Council's recommendations were: a) ensuring compliance with settings requirement is assessed when an individual lives with a family member or in their own home and including this in ongoing compliance monitoring activities; b) re-evaluating the Commonwealth's conclusions about the compliance status of Adult Day Health Centers and ensuring that these settings are included in the Commonwealth's ongoing monitoring

activities; c) clarifying discrepancies in the provider self-assessment data; e) providing information in the STP about the percent of VA providers represented in the self-assessment data, and percent of VA sites represented by the DBHDS licensing staff site assessment data; d) providing information about the training that DBHDS licensing staff received prior to completing site assessments; e) presenting provider self-assessment data and DBHDS licensing staff assessment data in a manner that allows for comparisons, including comparisons between corresponding assessments when both self-assessments and licensing staff assessments are available for the same providers; f) disaggregating data to allow for comparisons between types of settings, such as day support versus residential settings, and comparisons between different sized residential settings; g) designating a single responsible party with the authority and responsibility to receive complaints and reports of noncompliance, promptly investigate alleged violations, and remedy violations that occur with prompt corrective action; h) allowing individuals and families to directly submit HCBS-related complaints directly to the responsible party; i) making data about progress towards compliance available and accessible to the public; j) requiring remediation plans from all noncompliant settings that include milestones and a reasonable timeline for achieving compliance; and k) requiring newly enrolled providers to demonstrate compliance prior to enrollment beginning immediately; l) including additional provider capacity development strategies and addressing which of the existing planned activities are intended to address provider capacity;

3. DBHDS Policy 1021 (SYS) 07-0 Core Services. Council comments focused on updating language and ensuring conflict free case management within the policy by requiring CSBs which provide both case management and direct services to adopt strong firewall procedures. The policy was finalized but was not yet available for review at the time of this report.

4. Department of Social Services (DSS) Proposed Standards for Licensed Assisted Living Facilities. These regulations are still in the proposed stage. Council comments commended the DSS for limiting the use of restraints in Assisted Living Facilities to instances when they are legitimately used to provide medical/orthopedic support to residents, or when they are used as an emergency measure to prevent serious injury to residents of the facility, staff members, or other third parties. Council urged that the regulations be strengthened to prohibit the use of any restraint technique that restricts the resident's breathing, interferes with a resident's ability to communicate, or applies pressure on the resident's torso, including prone and supine restraints. Council asked that DSS remove language from the regulation authorizing the use of restraints to "treat... symptoms from mental illness or intellectual disability; more clearly define and delineate between nonemergency (medical/orthopedic) and emergency restraints; clarify the requirements of a physician's restraint order and more clearly distinguish the requirements of a medical/orthopedic restraint order from the requirements for an emergency restraint order; and require a review of a resident's individualized service plan following an emergency restraint and documentation of the steps to be taken in order to prevent the necessity of future emergency restraints.

5. DBHDS Policy 4037 (CSB) 9102, Early Intervention for Infants and Toddlers with Disabilities and their Families. This policy has not yet been finalized. Comments were mostly focused on language changes that were needed for consistency and clarification. Council also recommended that the policy be updated to reflect changes to the program since 2009, when the policy was last reviewed to including development and implementation of the Medicaid early intervention program and program implementation changes at the state and local levels.

Council was also actively engaged in the 2016 legislative session. Council's work was done in

partnership and collaboration with many other advocacy entities and agencies. Key pieces of legislation which garnered active involvement were as follows:

1. Council expressed concern regarding the potential impact of HB 297 which would increase the number of occupants served in an Assisted Living Facility from 4 to 7. Facilities serving less than 7 would not fall within the definition of an ALF nor be subject to ALF licensing regulations. In addition, individuals with disabilities would not be eligible for an auxiliary grant if they were in the smaller facility. The bill did not pass.
2. Council expressed concern regarding the potential impact of HB 270 and SB 363 related to fraudulent representation of service dogs. Council met with sponsoring legislators along with the P&A and the Dept. for Aging and Rehabilitative Services to discuss the bill and Council drafted language that ensured that ADA requirements were met. Although the draft language was initially accepted, it was removed in committee and the bill passed without the recommended language. The patron indicated a willingness to work with advocates to refine the statute at a later date (SC04=15).
3. Council met with legislative sponsor to express concern regarding HB 294 which would have kept Southwestern Virginia Training Center open. The facility is slated to close in 2017. Council also testified as to the negative impacts of this bill should it pass, which it did not (SC04=9).
4. Council was actively engaged in work related to -HB 342, SB 466, and SB 632—all of which related to guardian ability to restrict communications between their ward and others. Intent of all bills was to protect individual but the language needed to be strengthened. Council worked with disAbility Law Center, VA Poverty Law Center, Alzheimer's Association and long term care Ombudsman to develop mutually acceptable language and present to the legislators. The amended language was accepted and the various pieces of legislation were conformed and passed (SC04=11 and SC01=1).
5. Council supported HB 1103 which would ensure that having an ABLE account would not affect other state benefits, such as Medicaid, received and needed by the individuals (SC04=1).
6. A series of bills addressed the Commonwealth's Certificate of Need (CON) process for hospitals and other facilities. Council expressed concern about HB 621 which would have removed ICFs/IID from the CON process. Council testified in support of HB 193 which kept ICFs/IID in the CON process. The bill along with other CON related bills were continued until the 2017 session due to divergent views on how to move forward with this very complex process (SC04=5).
7. Council testified in support of the positive impact of HB 675. This bill expanded auxiliary grant (AG), the state's SSI supplement, availability to supportive housing for a limited population. The bill passed. Portability of the AG has been a Council priority working in coalition with DD and mental health advocates for a number of years. All past bills have failed. The work of NAMI-VA work was critical to the bill's success this year; Council was pleased to support this effort (SC04=22).
8. Council testified as to its concerns regarding the potential impact of SB 683. The proposed legislation would prohibit more than once every 6 months contact to families who have indicated they do not want to be contacted about discharge from a state training center. In addition, only written contact could occur under the bill. The bill did not pass (SC04=10).

Council attended the legislative Autism Advisory Council meetings in June and August 2016. At the

June meeting, Council provided public comment in support of waiver redesign with a focus on the importance of serving individuals in the most integrated setting and citing research showing that smaller settings lead to better health and social outcomes. This was in response to a legislative member who was broadly proposing that it would be good to look at facility-based settings in which individuals could live or be served by one another. Council also educated the group on its new grants designed to support community integration and effective decision-making. There are 4 legislative members of this commission but only one was present at the time of public comment (SC01=1).

b. The Disability Service System Assessment was published in 2014 and the data in it are fairly old and other reports are available in the areas covered with more updated data. Council did respond to a few requests for the Assessment in CD format but did not otherwise focus on dissemination. Council used the Assessment as part of its information and referral, particularly for those individuals or families seeking information on how the disability services system operates. Responses to queries contained the stipulation regarding numerous changes underway in the system, particularly with respect to the redesign of the Commonwealth's Home and Community Based Waivers. In 2016, the General Assembly altered the statute regarding the Assessment requirement. Council will now conduct an in-depth assessment of a minimum of two of the 8 areas currently included in the Assessment and submit the first of those reports to the Governor and General Assembly by July 1, 2017. In June 2016, Council determined that the first two areas to be addressed will be employment and education.

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:	73
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 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		
Supporting and Educating Communities		used
Interagency Collaboration and Coordination		
Coordination with Related Councils, Committees and Programs		
Barrier Elimination		
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	planned	used

Other Collaborators Planned:

Dept. of Education, PIP & YLF alumni, CILs, disability advocacy orgs, other DD councils, DVBI, DARS, VDDHH

Other Collaborators Actual:

Dept. of Education, PIP & YLF alumni, CILs, disability advocacy orgs, other DD councils, DVBI, DARS, VDDHH

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:

a. Council has operated an in-house Youth Leadership Forum since 1999. In 2014, Council determined that due to fiscal impact, the program needed to switch to every other year rather than every year. Council also determined that a restructuring committee should convene to determine whether and what changes were needed to the program. The Committee met a number of times and determined that the YLF should go back to the roots of the California model which are Personal, Leadership, and Career/Professional Development. Council also determined that the program would go from 5 days to 4 days. All materials were revised and the program was rebranded with a more up to date logo.

Twenty-five delegates were selected to participate in the forum; however the final program was comprised of only 19 youth despite extensive recruitment (SA02 = 19). The YLF was held at Virginia State University, a centralized, accessible campus. A highlight of the program was the mock legislative panel during which youth testify before legislators, legislative aides, and agency officials regarding topics of importance to them. YLF delegates developed their own Personal Leadership Plan and participated in such sessions as “No IEPs in College,” Assistive Technology, Effective Communication, Civic Participation and Leadership, Celebrating Differences, Employment Rights, and Resume Prep and Interviewing. A parent session was held for the first time which was extremely well received. Council received in person and financial support from the Virginia Department of Education. Many other agencies, including the P&A, the Department for Aging and Rehabilitative Services, and the Department for the Blind and Vision Impaired, Centers for Independent Living, and the Dept. for the Blind and Vision Impaired participated in the YLF. Student evaluations were positive and included comments such as:

“I like the large group team building session because we got to work together as a team and we supported each other.”

“I liked learning about resumes, because I didn’t know a lot about it; but I am glad I got the chance to learn it.”

“I liked the Assistive Technology session because there was lots of emotions.”

“I liked the Assistive Technology panel discussion because I liked the equipment; it was important

and interesting.”

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:	19
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 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:

a. Recruitment efforts resulted in 30 PIP Partners being selected. However, by the start of the program, only 27 partners remained due to unexpected challenges. Of the remaining 27 partners (SA03 = 27), 7 were self-advocates and 20 were parents with children with disabilities. PIP sessions were held 7 months beginning September 2015 - April 2016. In FFY 2016, a redesign of the PIP projects resulted in the development of teams focused on 7 policy areas: early intervention, education, housing, transportation, Medicaid, healthcare, and employment.

Council uses the Minnesota model and engaged a number of national and state experts to deliver training. A mock legislative panel and the graduation ceremony were both held at the state capitol. PIP 2015-2016 evaluations were completed and partners highly rated the overall program, its curriculum, presenters/ speakers, special events and effectiveness. Several recommendations were made regarding the need for project team development. The partners and staff considered the program a success overall. Among comments made by partner grads were the following:

“When I applied to the VBPD PIP Program, I thought I was going to learn more about resources to support my son as well as tools to cultivate a bridge between my role as a medical provider and the wish to advocate for others on a larger platform. I got that and more, as our sessions continued to humble, grow, stretch, cocoon, inspire, inflame, and motivate me. While our paths are each unique, I share a common culture, language, and hope with fellow PIPers - a striving for better and a yearning for more, a searching for the union between appreciation of differing abilities and inclusion simply because we have hearts that beat and dream ... just like anyone and everyone else. It is difficult to find the words to completely describe my PIP experience and what it means to me - except that whatever it is, it is only the beginning!”

“I feel special to have been selected to participate in PIP. Now I will be a member of this wonderful fraternity of PIP graduates and feel empowered to further advance quality of life issues for persons with disabilities. I also feel happy to have made friends that I feel comfortable sharing difficult experiences with, friends that really understand. The whole experience is priceless.”

“I feel very fortunate to have participated in PIP this past year. I came in expecting to learn information that would help me be a better advocate for my son and a few others in my community. However, the knowledge that I have gained will be invaluable and I now feel empowered to advocate on a much larger scale. Thank you!”

“I feel incredibly honored and blessed to have been selected as part of the PIP class of 2016. But, more than that, I feel charged with responsibility. I know that now, more than ever, I owe it to others in any stage of their journey of being a person with a disability, a family member of a person with a disability, or a person living in a community with persons with disabilities (so, everyone) to share what

I have learned to leave this society better than I found it. I know that I will take with me forever the friendships, relationships, and connections that I have made along this journey and I am incredibly thankful for that.

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:	27

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 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 2015 the Advocacy and Outreach Committee asked Council staff to move forward with respect to the goal of increasing training program alumni engagement. A 3 year work plan and budget proposal was presented and approved at the June 2016 Council meeting. In consultation with the Executive Director, Training Program Staff identified 4 regions (Tidewater, Central, NoVA and Southwest) to develop Alumni Chapters. A detailed marketing strategy was developed that required outreach, reconnecting and cultivating Alumni via social media connections and through agency marketing software Constant Contact. Beginning May 2016 – September 30, 2016, two regional alumni inaugural meetings were held with approximately 70 alumni. Two additional regions will meet in November-December 2016. Meeting agendas focused on chapter structure, communication avenues, support needs, and development of collaborative advocacy agendas. Following the inaugural meetings, chapters are required to hold at least one meeting per quarter (in person, using technology, etc.). Council will provide ongoing support and technical assistance to alumni and will evaluate the effectiveness of regional chapters on an ongoing basis. In 2017, Council will determine the feasibility of developing a statewide alumni organization. Among factors to be considered will be ensuring that establishment of a statewide organization will enhance vs. fragment advocacy efforts. Partners in Policymaking and Youth Leadership Forum graduates have a strong identity as a result of their participation in these programs. That said, it is critical that ongoing grassroots advocacy be accomplished collaboratively with other advocacy organizations to ensure that divided agendas are not created.

b. Council sought information from other DD Council regarding their leadership training activities, including information on Partners in Policymaking and the Youth Leadership Forum. Council used this information in further development of its training program curricula and to help shape the alumni development program designed to further engage training program graduates in grassroots advocacy. Council had extensive discussions with the NY State Council in particular to learn about its hybrid learning system Partners Program which combines in person and computerized lessons.

c. An annual survey of Partners in Policymaking and Youth Leadership Forum alumni was conducted from October 5, 2016, through November 18, 2016. As in the previous year, all training program

alumni for whom Council possesses accurate contact information were invited to participate in the survey, approximately 560 individuals at the time of distribution, as contact information cleanup and curation efforts over the past year have revealed a percentage of Council’s data to be out-of-date. Efforts to improve this are on-going.

The PIP Alumni survey received a total of 27 responses and the YLF Alumni Survey received a total of 8 responses after three subsequent invitations to participate were sent to each group, each with an approximately 30% open and read rate per email.

Of the PIP respondents, 17 were active in advocacy work over the previous year, 62.9% of the total (SA04 = 17). This included meeting with legislators, testifying before legislative bodies, speaking with school board, writing editorials, letters, emails, etc. Eleven PIP Alumni (40.7% of the total) obtained membership on a public or private body or leadership coalition with advocacy intentions, including the DBHDS Settlement Agreement Stakeholder Group, the Autism Society of America, and The Advisory Council on Intellectual and Developmental Disabilities (TACIDD) (SA05 = 11). Fourteen PIP Alumni are members of public or private bodies or leadership councils that they joined more than one year ago, including the Down Syndrome Association of Greater Richmond, the Family Engagement Network, and Autism Dads of Northern Virginia.

Of the YLF respondents, 5 have participated in leadership activities in their school or community (62.5%), including services as a camp counselor, church volunteer, service with the National Federation for the Blind, and volunteer service as a staff member for the 2015 Council Youth Leadership Forum (SA04 = 5). Five respondents also advocated for the benefits of others over the past year, including legislative testimony, curriculum changes at their school, and advocating for accessible Internet access in rural areas of the state.

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:	22
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
-------------------------	-----

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:

- a. No activity planned.
- b. Council has funds available each year to fund conferences and events which aim to further specific state plan goals and objectives. At it's September 2016 meeting, Council approved funding to Commonwealth Autism in the amount of \$500 for its 16th annual conference, which aims to provide self advocates, families, caregivers and other service providers updated information on Autism Spectrum Disorder and other developmental disabilities. The conference will be held March 8-9, 2017.

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 IV: Satisfaction with Council Supported or Conducted Activities

Individual Survey Responses:

Number of responses:	109
Respect (%):	Yes 95.00% No 5.00%
Choice (%):	Yes 90.00% No 10.00%
Community (%):	Yes 83.00% No 17.00%
Satisfaction (%):	56.00% Strongly Agree 38.00% Agree 5.00% Disagree 1.00% Strongly Disagree
Better life (%):	47.00% Strongly Agree 47.00% Agree 3.00% Disagree 2.00% Strongly Disagree
Rights (%):	Yes 95.00% No 5.00%
Safe (%):	Yes 88.00% No 12.00%

Individual Comments:

Council used multiple methods to collect responses (interactive online survey w/recruitment via website, email & social media, targeted email & printed questionnaires) by most accessible means from all constituent groups & activities. Principal self-identifications: 39% IwD, 36% family, 2% advocates, 16% providers, 6% gov't employees, 1% other. Activities: 42% I&R, 14% advocacy, 30% training, 29% grants. 67 open-ended responses, many lengthy & specific, nearly all appreciative. Ratings somewhat higher this year in part due to resumption of PIP & YLF which were overwhelmingly favorable. No negative comments on Council policy/advocacy actions; positive recognition of monitoring & reporting on progress in USDoJ settlement with state. A few concerns that Council does not provide comprehensive direct local services or enough services for specific types of disabilities. Typical summative comments:

Appreciate action alerts & latest news. Instant info on Medicaid & education. Solid technical info & data provided. Does not provide a service I can access. Not enough advocacy/outreach for blind/for workers w/D. Not aware of activities; want more info. Better able to advocate for my child & help other parents; no longer feel alone. Owe much of my success/advocacy for my son & community to PIP. YLF gave my daughter confidence, allowed her true self to shine. Learned how to fight for my children's & my rights. Advocacy statewide. Increased accessibility. Improved outreach & schools' collaboration with advocates & providers. Summaries news relevant to families (e.g. redesign of Waivers) in clear terms. Helped me be a better advocate to legislators & media on transportation & housing issues for IwD. Noticeable improvements in understanding, relationships & communication skills for IwD. Reinforced my belief that IwD can & want to be independent as possible. My feelings are important/matter. Council activities lead to full inclusion and life in the community free from abuse, neglect, discrimination, etc. Council activities are positive & welcome in the community. Empowered, continuing my quest for knowledge & its dissemination.

Stakeholder Survey Responses:

Number of responses:	61
Choices & Control (%):	47.00% Strongly Agree 37.00% Agree 12.00% Agree Somewhat 0.00% Disagree Somewhat 3.00% Disagree 2.00% Strongly Disagree
Participation (%):	42.00% Strongly Agree 37.00% Agree 15.00% Agree Somewhat 0.00% Disagree Somewhat 2.00% Disagree 3.00% Strongly Disagree
Satisfaction (%):	57.00% Strongly Agree 33.00% Agree 5.00% Agree Somewhat 2.00% Disagree Somewhat 2.00% Disagree 2.00% Strongly Disagree

Stakeholder Comments:

In addition to annual targeted CS&SF surveys, Council collects input thru public comment at its meetings, extensive involvement w/interagency-workgroups & liaison activities, participation in public hearings & review of public comments collected by partner agencies. Ratings somewhat higher across all categories this year, in part due to resumption of PIP program & favorable responses from its participants. 32 impact & 33 satisfaction open-ended responses, some lengthy & specific, were received. As in past years, a few indicating limited knowledge of Council & its activities but interested in learning more about it. Praise for Council, especially PIP & YLF programs, but frustration that its work is not better known & that it cannot do more for Individuals with disabilities (IwD) to impact systemic issues with state services. No disagreement expressed with Council policy positions. Typical summative comments:

Council making a positive difference for IwD & families; need more advocates to ask policymakers to do more; become more involved in local gov't to align service delivery & improve consistency. What can be done to raise public awareness of Council? More services are closer to home, but not all have ease of access or are affordable. Schools & service providers could be more effective in empowering IwD & families as Council envisions. Brings people out of their shells to open more doors. Teaches people how to stand up, make a change to improve their lives. Not sure enough is being done to ensure rights, community access, health & safety, quality assurance for IwD still in congregate residential. PIP helped me understand options & create a vision of community living for my son & family. Trying to change government culture from bad to good. Positive impact has led to better lives for IwD & families in community & schools, better regulations & laws, better informed communities. Increased IwD's opportunities to be leaders & decision-makers, preserve their rights & be actively involved in their communities. Opens more doors for everyone. In programs like PIP & YLF, seeds are planted & effects go beyond individuals to families & community; education & empowerment for all.

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:

The University Center for Excellence in Developmental Disabilities (UCEDD), the Protection and Advocacy organization (P&A), and Council continue to collaborate on initiatives related to implementation of the DOJ Settlement Agreement. Through advocacy on proposed legislation, regulations/policies, and budget actions, the network engaged in efforts with other advocacy partners to support the Settlement Agreement. All network entities served on a variety of interagency workgroups. Network partners have met and otherwise communicated periodically with the DOJ attorneys and the Independent Reviewer, who provides oversight. Council staff also has been active in other DOJ workgroups as detailed in the activities report. In FFY 2016, Council sat on Waiver Redesign workgroups and Advisory Council. The UCEDD was also on this Council and the P&A attended several meetings. Council served on an interagency communication workgroup to improve consistency and clarity of communication at the state level to the various constituents. Council provides ongoing feedback to Secretary of Health and Human Resources as well as the DD and Medicaid agency leadership regarding policies and practices which affect agreement implementation. Council consults regularly with network partners and seeks advice and guidance as needed. Council informs constituents of agreement progress and issues through electronic, web, and social media. The UCEDD received a grant from Council to develop model and curriculum and delivered training to individuals with DD on how to develop healthy relationships and avoid abuse, neglect and exploitation. People with DD were co-trainers. Council worked both within and outside of the service system to effect positive change and benefitted from the diverse expertise and knowledge of network partners. The 3 network Directors met to talk about a coordinated effort relating to protection of individuals with DD from abuse and neglect. The DisAbility Law Center of Virginia (dLCV) is implementing a community monitoring program. This year they implemented training which will be continuing. Council (who has a staff member volunteering) and the UCEDD will be involved in disseminating information and assisting in other ways as determined appropriate as this effort moves forward.

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 represented in planning for integrated community housing options. Council served on an interagency communication workgroup to improve consistency and clarity of communication at the state level to the various constituents. Council provides ongoing feedback to Secretary of Health and Human Resources as well as the DD and Medicaid agency leadership regarding policies and practices which affect implementation. Council consults regularly with network partners. Council informs constituents of progress and issues through electronic, web, and social media. The UCEDD received a grant from Council to develop model and curriculum and delivered training to individuals with DD on how to develop healthy relationships and avoid abuse, neglect and exploitation. People with DD were co-trainers. That grant ended on September 30, 2016. Council worked both within and outside of the service system to effect positive change. 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. Council staff chairs the Employment First Policy Advisory Committee working on settlement agreement issues. 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 individuals w/ ID/DD from training centers to community. 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. dLCV, the P&A is implementing a community monitoring program. This year they implemented training which will be continuing. Council (who has a staff member volunteering) and the UCEDD will be involved in disseminating information and assisting in other ways as determined appropriate as this effort moves forward.

Problems encountered as a result of collaboration:

There are no challenges with respect to the collaboration. However, due to the nature of the P&A's focus on legal advocacy, they are not involved in as many collaborative workgroups as the Council and the UCEDD. Therefore formal collaboration opportunities have been more limited. The P&A, Council and UCEDD collaborate extensively during legislative session, taking advantage of each other's separate strengths in advocating for legislation and regulations that support the DOJ Agreement and the right of persons with DD to live, work and play in integrated communities of their choice.

Unexpected benefits:

None

Issue 2: Use of Seclusion & Restraint in Schools

Description of collaborative issue/barrier or expected outcome:

Use of seclusion and restraint (S&R) in public schools is an ongoing issue. In FY 2014 a legislative study was requested followed by passage in 2015 of legislation requiring the Board of Education to promulgate regulations governing the use of S&R in public schools consistent with the 15 principles put forth by the U.S. Department of Education. The legislation also puts forth education and training requirements. The regulations will govern all students, not just those with disabilities. In 2014, the 3 DD network partners worked along with Stop Child Abuse Now (SCAN), the Arc of Virginia, the Virginia Association for Centers for Independent Living, JustChildren, Jess Butler, a national seclusion and restraint advocate, other advocacy organizations, and families to form the statewide Coalition for Improvement of School Safety (CISS) which is still active. The CISS has submitted several sets of public comment and recommendations regarding legislative proposals and regulatory drafts. In 2015, VDOE held several stakeholder advocacy group meetings of advocates and school personnel to discuss content of the regulations. The stakeholder group included Council, P&A, and UCEDD all of whom delivered a consistent message. Council provided extensive feedback and engaged in research regarding certain issues deemed to be problematic such as how regulations would apply or not to school resource officers. In FFY 2016, the CISS submitted extensive public comment in advance of the first draft of the proposed regulations. VDOE held stakeholder meetings in which DD Network partners participated and coordinated their message. Council's Director of Public Policy contributed a legal analysis of Virginia's Corporal Punishment statute which the Dept. of Education worried was in conflict with the S&R statute. This was shared with the CISS, with VDOE and with the Office of the Attorney General and used as the basis for a component of the public comment developed by the CISS following the issuance of the first draft of the regulations which DD Network partners and the CISS deemed

unacceptable as they are not consistent with the 15 principles. There will be multiple drafts of the regulations developed and it will likely be a number of years before they are finalized because there are so many areas of contention. All of the network partners continue to be engaged in this issue and will be throughout the regulatory process.

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:

In 2014, the 3 DD network partners worked along with Stop Child Abuse Now (SCAN), the Arc of Virginia, the Virginia Association for Centers for Independent Living, JustChildren, Jess Butler, a national seclusion and restraint advocate, other advocacy organizations, and families to form the statewide Coalition for Improvement of School Safety (CISS) which is still active. The CISS has submitted several sets of public comment and recommendations regarding legislative proposals and regulatory drafts. In 2015, VDOE held several stakeholder advocacy group meetings of advocates and school personnel to discuss content of the regulations. The stakeholder group included Council, P&A, and UCEDD all of whom delivered a consistent message. Council provided extensive feedback and engaged in research regarding certain issues deemed to be problematic such as how regulations would apply or not to school resource officers. In FFY 2016, the CISS submitted extensive public comment in advance of the first draft of the proposed regulations. VDOE held stakeholder meetings in which DD Network partners participated and coordinated their message. Council's Director of Public Policy contributed a legal analysis of Virginia's Corporal Punishment statute which the Dept. of Education worried was in conflict with the S&R statute. This was shared with the CISS, with VDOE and with the Office of the Attorney General and used as the basis for a component of the public comment developed by the CISS following the issuance of the first draft of the regulations which DD Network partners and the CISS deemed unacceptable as they are not consistent with the 15 principles. There will be multiple drafts of the regulations developed and it will likely be a number of years before they are finalized because there are so many areas of contention. All of the network partners continue to be engaged in this issue and will be throughout the regulatory process.

Problems encountered as a result of collaboration:

There are no challenges with respect to the collaboration.

Unexpected benefits:

None.

Section VI: Dissemination

A five-page illustrated and professionally-designed Highlights document of the FFY 2015 PPR report was developed and included multiple descriptive illustrations, examples, and photographs of the described work. The PPR Highlights presented information in simple, easy-to-read languages and serves as the Council's annual report. Information on grants, policy efforts, public comments, and advocacy and outreach efforts were included and summarized. The FFY 2015 PPR Highlights have been featured on the Council's homepage since publication, ensuring maximum exposure and readership.

Additionally, links to the Highlights documents were shared via social media, emails to Board constituents, policymakers, legislators, state agencies, non-profits, and other interested parties, as well as news media. It was also featured prominently on the Council's social media. Council makes the PPR Highlights, and all other publications, available in alternative formats upon request and notices of that are posted within documents and on all websites. A hard copy of the FFY 2015 PPR Highlights document was not printed for budgetary reasons, but the online PDF was made disability-accessible and no requests for hard copies were received.

The FFY 2015 PPR Highlights report was completed, as anticipated and noted in Council's 2014 PPR, in late January of 2015.