

**REPORT OF THE
VIRGINIA BOARD FOR PEOPLE WITH DISABILITIES**

**EVALUATION OF THE
DISABILITY COMMISSION**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



SENATE DOCUMENT NO. 49

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COMMONWEALTH of VIRGINIA

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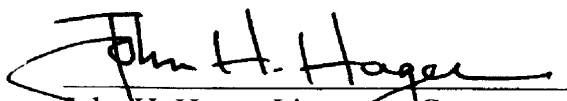
The General Assembly of Virginia

The 1999 General Assembly, through Senate Joint Resolution 170, requested the Disability Commission to "study past progress, present status, and future delivery of services to people with disabilities in the Commonwealth." It is my pleasure as Chairman of the Disability Commission to present to you and the people of the Commonwealth the work group's findings regarding past progress and future directions of the Disability Commission.

The work group, in conjunction with researchers, policy analysts, and specialized consultants, conducted a comprehensive review of the service delivery systems developed for people with disabilities under the auspices of the Disability Commission's leadership over the past decade. Although much progress has been made in developing services that are consumer-focused, community-based, and adequately evaluated, there are still gaps in services, fragmented programming, and delays in receiving services that still result in inadequate and sometimes non-existent care. Consumers report that many service and program options are available to them now that were not available to them ten years ago—in areas of assistive technology, access, workplace accommodations, and opportunities for greater community participation. But they also report need for greater program flexibility, for better participation of decision-makers at the local level in designing and implementing local services, and in improved planning for the future needs of both young and aging individuals with disabilities.

The Disability Commission gratefully acknowledges all those who provided input into the work and subsequent recommendations developed for this report. Clearly, the Disability Commission is a unique and important forum for collaborative discussion of the issues and for informed policy-making on behalf of people with disabilities in Virginia.

Respectfully submitted,


John H. Hager, Lieutenant Governor
Chairman, Disability Commission

Preface

The Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support for Persons with Physical and Sensory Disabilities, known as the Disability Commission, was established in 1990 by the General Assembly to assess the delivery of services to persons with physical and sensory disabilities. In 1994, House Joint Resolution 274 was passed by the General Assembly continuing the Disability Commission and requesting the Commission to complete a study in 1998 to evaluate the overall progress of the implementation of the Disability Commission recommendations. The study was also to address the needed services and appropriate funding recommendations in order to address the unmet needs of persons with physical and sensory disabilities. Further, the Commission was to complete its study and submit a comprehensive report on the status of services for persons with physical and sensory disabilities to the Governor and the 2000 Session of the General Assembly.

Pursuant to Senate Joint Resolution 170 passed by the General Assembly in 1998, a Work Group was established to develop an evaluation work plan. The plan contained specific methodologies to study the Commission's past progress, present status, and future delivery of services to people with physical and sensory disabilities and the implementation of the Disability Commission recommendations, and recommendations for future activities of the Commission.

The document which follows reports on the impact of Commission efforts which were studied, and recommendations for future Commission driven activities aimed at improving service delivery for citizens of the Commonwealth with physical and sensory disabilities.

Disability Commission Members

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The Honorable Kenneth R. Melvin	The Honorable Jane H. Woods
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The Honorable Marian Van Lanningham	Dr. Charles H. Bonner
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The evaluation of the Disability Commission completed under SJR 170 involved the combined efforts of a large number of individuals. Work groups comprised of persons with disabilities and state and local personnel were instrumental in designing and implementing a number of activities. Representatives of Centers for Independent Living (CILs), Disability Services Boards (DSBs) and DRS were integrally involved in the design and distribution of the satisfaction surveys. Representatives of multiple state agencies freely shared their time, information and opinions.

Special acknowledgement is given of the important contribution made to this study by the many individuals with sensory and physical disabilities who participated through the Disability Commission evaluation process.

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Executive Summary

The Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support for Persons with Physical and Sensory Disabilities, known as the Disability Commission, was established in 1990 by the General Assembly to assess the delivery of services to persons with physical and sensory disabilities. In 1998, the General Assembly approved Senate Joint Resolution 170 requesting the Disability Commission to conduct a study and submit a comprehensive report on the status of services for persons with physical and sensory disabilities to the Governor and the 2000 Session of the General Assembly. SJR 170 established a legislative oversight task force to study past progress, present status, and future delivery of services to people with disabilities in the Commonwealth. A work group comprised of consumers, family members, representatives of Disability Services Boards, state agency representatives, Centers for Independent Living and local service providers was created to develop a study plan. The plan, which was adopted by the Disability Commission, identified specific methodologies to study the four areas that were identified in SJR 170 to be addressed in the evaluation.

- (1) The impact of the accomplishments achieved as a direct result of recommendations made in the 1992 and other Disability Commission Reports;
- (2) The impact of recommendations from Disability Commission reports which have not yet been met, such as establishing a disability consortium and meeting the health-related needs of people with disabilities;
- (3) The unmet service needs of persons with physical and sensory disabilities, as well as prioritize unmet needs, and develop cost estimates associated with meeting these needs; and
- (4) The effectiveness of the Disability Commission in accomplishing its recommendations, including consideration of the future of the Disability Commission itself.

This report summarizes the information gathered during the evaluation of the Disability Commission under SJR 170. In developing this report, information was synthesized from 11 different sources.

- A statewide survey of consumer satisfaction with services and supports for over 2000 individuals with physical and sensory disabilities;
- A series of 11 town meetings held throughout the state in the Spring of 1999;
- In-depth reviews of 11 funding initiatives begun by the Commission over the past decade;
- A detailed review of eight administrative and policy recommendations made by the Commission;
- A statewide research project on employment options for people with developmental disabilities;

- A statewide survey of the future service needs of 490 students with physical and sensory disabilities exiting public schools;
- A statewide needs assessment survey of 572 individuals with physical and sensory disabilities, conducted in collaboration with Disability Services Boards;
- In-depth specialized studies in the areas of transportation, personal assistance services housing, and employment.

The Disability Commission reviewed all of the findings and appointed a legislative subcommittee to review the findings and recommendations and bring forward those recommendations for consideration by the full Commission. After a thorough deliberation of the study results, the Commission developed their legislative recommendations for the 2000 General Assembly session.

Consumers' Views of the Present Accomplishments and Future Role of the Disability Commission

Information regarding the consumers' view of the Disability Commission was obtained through responses to the survey of consumer satisfaction and comments made in the series of 11 town meeting sponsored by the Commission across the state. The results of the satisfaction survey indicated that many individuals in the Commonwealth are unaware of the Commission and its work (41% reported that they had not heard of the Disability Commission). However, over 90% of the individuals who had heard of the Commission felt that it was fulfilling a critical role in the state and recommended that it be continued.

Recommendations

Recommendation #1: The Disability Commission should continue its efforts for the foreseeable future. The Commission should extend its charter beyond the current termination date. The name should formally be changed to the Disability Commission.

Recommendation #2: The Disability Commission should continue its efforts to promote the Disability Services Board network, the Rehabilitative Services Fund, Consumer Services Fund, Personal Assistance Services and other current funding initiatives. In addition, it should expand its efforts to improve the delivery and coordination of job training and employment, housing, education and transportation services.

Recommendation #3: In continuing its efforts into the coming years, the Commission should review and address its mission, composition, scope of activity, source of staff and other issues.

Recommendation #4: The Disability Commission should undertake a series of activities designed to inform citizens of the Commonwealth of its role in improving the coordination of services for individuals with physical and sensory disabilities.

Disability Services Boards and the Rehabilitative Services Incentive Fund

Disability Services Boards

The results of the survey of consumer satisfaction indicate that the vast majority of consumers are unfamiliar with the work of the DSB in their local community. Nearly half of all respondents indicated that they had never heard of DSBs. Only one in five (19%) reported that they were very familiar with the DSB program.

Those individuals who are familiar with the DSB program are moderately satisfied with the performance of their local Board. Slightly over half (56%) felt that the DSB has improved services in their community. Positive comments focused on the impact of the DSB in increasing resources in the community and increasing awareness of the needs of people with disabilities. Concerns expressed focused on the view that the DSBs had done little to meet the critical needs of local communities and that the little was known about the role and activities of the DSB in their local area.

Recommendations

Recommendation #5: The Disability Services Boards (DSBs) have had some success in fulfilling a number of their mandated functions. The Boards should be supported as they continue and expand their efforts to promote innovative coordinated activities in local communities.

Recommendation #6: § 51.5-48 – 4 of the Code of Virginia should be modified as follows:

D. Review and update the report every three years.

The DSBs frequently indicate that the needs of people with disabilities don't change dramatically over a two year time period. A six-year projection of needs, updated half way through the six year would fulfill the Boards' planning functions and free up the boards to focus on some of their other mandated responsibilities.

Recommendation #7: § 51.5-47 – D of the Code of Virginia should be modified as follows:

Local boards; appointment; membership and staff

D. The Department of Rehabilitative Services shall administer the funding appropriated to local disability services boards and provide guidance and technical

assistance to the local boards. Localities may provide additional supplemental staff support to the boards.

Recommendation #8: The housing needs and perspectives of people with disabilities are not adequately incorporated at the state or local government planning levels. Disability Services Boards (DSBs) should be charged with the responsibility of ensuring consumer participation and advocacy with Planning District Commissions or other applicable entities in the development of state and local Consolidated Plans.

Rehabilitative Services Incentive Fund

While the RSIF program has generally been successful, a number of concerns were identified throughout the review process. First, the vast majority of consumers responding to the survey of consumer satisfaction were unaware of the existence of the RSIF. Second, little evidence exists to indicate that the RSIF program has leveraged large amounts of additional funds from local governments and other entities. Third, lack of systematic program monitoring and evaluation limit our knowledge of the impact of the program in local communities. Fourth, the current staffing level for the program seems inadequate to meet its needs.

Recommendations

Recommendation #9: Awards to local communities through the Rehabilitative Services Incentive Fund (RSIF) are quite small, yet they have been effectively and creatively used in many communities as seed money to initiate badly needed services and fill service gaps. The Disability Commission should continue support of the RSIF.

Recommendation #10: The Department of Rehabilitative Services and the Disability Services Council should be required to develop a plan to (1) increase the financial commitment of local governments to activities funded through the RSIF and (2) increase program accountability in order to document the use of these funds in ways that directly promote the goals of the Disability Commission.

Disability Commission Funding Initiatives
Administered by the Department of Rehabilitative Services

Consumer Services Fund

Consumer satisfaction with the fund is extremely high. In the consumer satisfaction survey, the CSF was rated highest among all programs initiated by the Disability Commission. This high level of satisfaction is also reflected in the comments of consumers attending the series of town meetings held throughout the state.

Recommendation

Recommendation #11: Consumer Services Fund – The Consumer Services Fund (CSF) is highly valued by consumers, appears to meet an important need within the state, and is effectively and efficiently managed. The CSF should be continued and expanded. Requests for funds routinely exceed the funds available by over \$1 million each year.

Regional Technology-Related Assistance Centers

An external evaluation of the regional sites was completed in 1998. The review indicated that consumers were extremely satisfied with the quality and timeliness of the services received. In contrast, however, the report also indicates that key community-based individuals and organizations reported minimal contact with regional site personnel. Many of these informants expressed reservations about the future role of the system if continued in its present form. The evaluation report concluded that change in the management of the sites by VATS must occur and advanced a series of recommendations for improving the regional system. The high degree of consumer satisfaction with the regional centers was also reflected in comments provided in a number of the town meetings.

Recommendation

Recommendation #12: Regional Technology-Related Assistance Centers – Consumer satisfaction with the Assistive Technology Regional Centers is extremely high. The Virginia Council on Assistive Technology (VCAT) and the Department of Rehabilitative Services should develop and submit a comprehensive plan for continuing funding beyond the present federal funding period to the Disability Commission on or before June 30, 2000.

Assistive Technology Loan Fund

While consumers are generally satisfied with the loan fund, individual speakers in the series of statewide town meetings raised a number of concerns about the program. One speaker summed up the situation this way.

The barriers in administering this fund are certainly not barriers that this Disability Commission envisioned or would, I think, live with. Barriers such as folks saying, "We're not going to buy assistive technology for automobiles," or "We don't do that type of technology—it's not what this loan was created for."

Recommendation

Recommendation #13: Assistive Technology Loan Fund – After a slow start, the ATLF has made a significant number of loans through the program. Consumers generally express a moderate level of satisfaction with the program. Many consumers have not been able to use the program because it has not been the low interest loan program initially envisioned. The Assistive Technology Loan Fund Authority should complete an assessment of the level of consumer satisfaction with the fund as currently administered and submit the results to the Disability Commission on or before September 30, 2000.

Long Term Rehabilitation Case Management

The LTRCM program has consistently used a number of different strategies to assess consumer satisfaction. An advisory council, which includes a family member of a client, meets regularly to assist in planning. In 1994, the program conducted a survey of active and follow-along clients to collect information on client satisfaction and evaluate program effectiveness. The program has consistently received high ratings from consumers receiving services.

Recommendation

Recommendation #14: Long-Term Rehabilitation Case Management – The Long-Term Rehabilitation Case Management (LTRCM) program is viewed quite favorably by consumers and evaluation data collected by DRS document the efficacy of the program. The LTRCM program should be continued and expanded. The program maintains a lengthy waiting list and serves only a fraction of the individuals who could benefit from the services provided. Program expansion should be coordinated with efforts to design and implement a Developmental Disabilities waiver.

CIL Youth in Transition

The Youth in Transition program exceeded the projections for service activity in its first year. All indications are that there will be growth in this program in FY99. Individual and community services being provided through this program vary across the CILs. The services reported include:

- Peer counseling
- Peer support groups
- Social and recreational events
- Skills training
- Assistive technology
- Personal assistance services
- Support in planning services in IEPs and Transition Plans
- Disability awareness education and training for parents, teachers, and “mainstream” youth groups

Recommendation

Recommendation #15: CIL Youth in Transition – The CIL Youth in Transition Program is a new program that appears to be effectively fulfilling its purpose in addressing a significant need that was not being addressed previously. The impact of these initial activities should be fully evaluated before additional expansion of the program is contemplated.

Expansion of the Centers for Independent Living Program

The Disability Commission has been very active in promoting the expansion of the Commonwealth’s network of Independent Living Centers. The Commission’s role in expanding the CIL program was the focus of many speakers during the town meetings. Speakers discussed the accomplishments of the CILs and expressed appreciation for the support from the Disability Commission in helping them to grow and improve their services. They also discussed the need for more funding and to continue increasing the number of CILs throughout the state.

Recommendation

Recommendation #16: Expansion of the Centers for Independent Living Program – The expansion of the state’s network of Centers for Independent Living should be viewed as a major accomplishment of the Disability Commission. Services provided through CILs are consistently rated highest by consumers in surveys of consumer satisfaction. The CIL network should be further expanded so that citizens in all areas of the state have access to independent living services.

Interpreter Services Provided through DDHH

Available information suggests that the capacity of providing individual interpreter services through the Department of Deaf and Hard of Hearing (DDHH) has narrowed in recent years. It appears that DDHH is presently only able to directly fill requests for interpreter services in court related situations. Information provided by the Department appears to indicate that the costs of delivering this single service places significant pressure on the agency’s budget.

Lack of adequate interpreter services was a major topic at a number of the town meetings held in the spring of 1999. Participants recounted difficulties experienced when they were attempting to obtain legal, health care, and other governmental services.

Finding #1: Demand for interpreter services provided through DDHH continue to exceed the capacity of the program. No new funding has been provided to the program since the Disability Commission's initial report in 1992.

Conversion of Printed Materials

This recommendation for funding was never advanced through the Virginia General Assembly. DVH no longer provides this service. Seemingly, the technological advances made in computer hardware and software minimize or negate the impact that the loss of this service at DVH might have on public agencies and private entities. Agencies and entities are increasingly developing in-house capacity to convert materials or can access the service through private sector vendors.

Finding #2: No new funding has been appropriated to DVH to support the conversion of printed materials to tape or Braille. Based on currently available information, recent technological advances have eliminated the need for the type of service expansion recommended in the initial Disability Commission report.

Establishment of a Disability Consortium

The original Disability Commission report requested the Secretary of Education, the Secretary of HHR, the State Council on Higher Education and the Virginia Community College System develop a proposal for the creation of a university consortium. The Consortium was intended to address training for service providers, research, and technology transfer in the area of physical and sensory disabilities, specifically in the areas of prevention and early intervention. The Commission further requested the Secretary of HHR and the Secretary of Education (with the assistance of DPT) to conduct an expanded needs assessment for personnel development in the delivery of services to people with physical and sensory disabilities. The Secretaries, DPT, and the Council on Higher Education would then work cooperatively to develop or to contract for the needed pre-service and continuing education programs throughout the Commonwealth.

No action was taken in the 1993 Session or in subsequent sessions to fund the proposal.

Recommendation #17: Establishment of a Disability Consortium – A statewide University Consortium should be established to provide personnel training and conduct necessary research to meet the needs of individuals with physical and sensory disabilities. The Consortium should involve multiple institutions of higher education in the Commonwealth and be based on the study conducted in 1992 by the Virginia Institute for Developmental Disabilities.

Summary of Findings from the Administrative Recommendation Review

State Government Special Appointment System for People with Disabilities

DPT conducted a study concerning the feasibility of a special appointment system and advanced a draft report to the Secretary of Administration. The proposal advanced would have used the existing policies for wage positions to promote opportunities for people with disabilities to gain work experience and thereby improve their ability to compete for classified positions. The proposal did not provide for special appointments.

When interviewed in April 1999, DPT staff cautioned that additional research would be needed in order to assess the viability of implementing the proposal in the draft report or any special hiring program. Since the draft was prepared there has been a significant trend to eliminate preferential hiring programs. Thus, the information concerning the federal Schedule A appointment system should be updated. From a policy perspective, the Commonwealth must consider the full spectrum of protected classes.

Recommendation

Recommendation #18 - The Department of Personnel and Training (DPT) should study the feasibility and make recommendations to the Governor and Disability Commission regarding strategies that would facilitate the entry of people with disabilities into the Commonwealth's workforce.

Health Care for Virginians with Physical and Sensory Disabilities

Since the early 1990s, the Joint Commission on Health Care has considered many issues that are relevant to the health care needs of Virginians with physical and sensory disabilities. A review of Commission reports reveals an emphasis on topics such as "Virginia's Uninsured", "Essential and Extended Health Benefits Plans", "Long Term Care" and "Health Insurance and Essential Benefits." However, there is no evidence that there was specific consideration of the needs of persons with physical and sensory disabilities as recommended by the Disability Commission.

Finding #3: Specific information on the need for further consideration of action on this issue was not obtained. However, the information provided during the series of town meetings and the results of the needs assessment surveys make it reasonable to conclude that this issue is still an area warranting attention.

Recommendations from the Report on the Needs of Medically Fragile Students – SD 5, 1995

SD 5 recommended that the local Health Advisory Board, required by §22.1-275.1 of the Code of Virginia, should take an active role in assisting school divisions in developing policies related to children who are medically fragile. This recommendation was

advanced by the Departments of Education and Health to improve services for children who are medically fragile.

DOE and VDH report that information contained in SD 5 has been shared with SHABs and others through training and in response to requests for information and technical assistance. VDH also reported that the recommendations from SD 5 would be included in a 1999 publication of the Virginia School Health Guidelines. The planned publication of the recommendations in a 1999 report indicates that they are still considered relevant.

Recommendation

Recommendation #19: Recommendations from the Report on the Needs of Medically Fragile Students – SD 5, 1995 – The Departments of Education (DOE) and Health (DOH) should insure that the Commonwealth’s network of local Health Advisory Boards, required by §22.1-275.1 of the Code of Virginia, should take an active role in assisting school divisions in developing policies related to children who are medically fragile. The Department of Education should assist local school divisions to review and evaluate their policies and procedures relative to Section 504 of the Rehabilitation Act of 1973.

A second recommendation resulting from SD 5 indicated that School divisions should review and evaluate their policies and procedures relative to Section 504 of the Rehabilitation Act of 1973.

Based on available information, it does not appear that DOE conveyed this recommendation to local school divisions. It should be noted that the Department of Education and the Department of Health are working cooperatively to provide detailed guidance and technical assistance to local schools on serving children with medical needs. The 1996 *Guidelines for Specialized Health Care Procedures* establish the standard of care expected of schools in Virginia. This standard provides a valuable benchmark for school divisions to use in evaluating compliance with Section 504 and other civil rights laws addressing the education of children.

Finding #4: It appears that requesting implementation of this recommendation may still be a viable option for the Commission. If a request is advanced, it should designate DOE as the lead agency and include guidance on the product local school divisions should prepare as a result of the self-study. The request should also include a timeframe for completion of the self-study and specify who should receive the product locally, such as School Health Advisory Boards and Special Education Advisory Committees.

Recommendations from the Report on Access to Buildings and Services by People with Disabilities - SD 9, 1998

SD 9 recommended that DRS should examine and develop recommendations concerning the appropriateness and feasibility of the agency's role in carrying out the provisions of

§51.5-12 of the Code of Virginia pertaining to the elimination of environmental barriers. DRS is instructed to undertake four activities to exercise the authority granted.

Best available information indicates that DRS has not undertaken a formal examination in response to this recommendation. However, DRS does, in part, perform some of the duties specified in §51.5-12. DRS performs and reports on accessibility surveys in response to requests and also when needed to facilitate a job placement for a consumer. It also pursues accessibility concerns with public agencies on behalf of consumers and provides technical assistance and demonstrations on accessibility to address access to services.

It may be that the proper role for DRS relative to the monitoring and oversight functions specified in §52.5-12 is that the agency should have a technical assistance role rather than lead responsibility. Experience suggests that an entity with enforcement authority and enforcement staff should exercise these functions. Ultimately, it appears that such an entity would need to be involved to properly direct and oversee any compliance actions needed.

Recommendation

Recommendation #20: Recommendations from the Report on Access to Buildings and Services by People with Disabilities - SD 9, 1998 - DRS should examine and develop recommendations concerning the appropriateness and feasibility of the agency's role in carrying out the provisions of §51.5-12 of the Code of Virginia pertaining to the elimination of environmental barriers.

SD 9 also recommended that the Department of Housing and Community Development (DHCD) should examine the manner in which local building code officials resolve access complaints in localities and should consider developing a standardized process for resolving accessibility complaints. Further, the report also recommended that the Department should consider including these procedures in the training of building code officials.

Two findings in the SD 9 report led to this recommendation for examination by DHCD of complaint management by local building code officials. First, that 99% of local building code officials stated that they seldom or never receive complaints concerning access to buildings. Second, that since there is no standardized process for resolving complaints concerning accessibility there is no way to evaluate the management of complaints for compliance with legal requirements or the timeliness and responsiveness of local building code officials. When interviewed in April 1999, the DHCD did not report any specific action that had been taken in response to this recommendation.

Recommendation

Recommendation #21: Recommendations from the Report on Access to Buildings and Services by People with Disabilities - SD 9, 1998 The Department of Housing

and Community Development (DHCD) should examine the manner in which local building code officials resolve access complaints in localities and should consider developing a standardized process for resolving accessibility complaints. The Commission may also wish to consider the development and implementation of a plan of action to address the ten recommendations advanced in SD 9.

Statewide Research Project on Employment Options for People with Developmental Disabilities

Employment outcomes and opportunities for persons with developmental disabilities in Virginia vary substantially across agencies and specific disability populations. During the study period of FY 96-98, the Department of Rehabilitative Services achieved positive outcomes in the areas of increasing the number of persons with developmental disabilities who obtained successful employment outcomes and in improving its overall success rate. Certain disability groups such as persons with autism appear potentially underserved because of the low participation levels. Persons with cerebral palsy and orthopedic impairments did not experience the growth in service levels or the improvement in success rates found in the overall population of persons with developmental disabilities served by DRS.

The Department for the Visually Handicapped serves a small number of persons with a Developmental Disability. This small number makes it difficult to identify potential trends in service outcomes beyond noting the wage outcomes achieved by the DD population served by DVH exceed those achieved by the DD population served by DRS.

The Department of Mental Health, Mental Retardation and Substance Abuse Services is facing significant challenges in meeting the need for employment related opportunities for the DD population with mental retardation it serves. The non-Home and Community Based Medicaid Waiver funding and participant level for employment related programming for this population in Virginia in FY 98 continues at FY 92 levels. Within the HCB Medicaid Waiver, there is very minimal funding of employment related services, caused largely by severe disincentives within the existing rate structure of the Waiver to providing employment services. The lack of employment related funding opportunities, both within and outside of the HCB Waiver, for individuals with mental retardation needing long term employment supports through DMHMRSAS is a potential contributing factor to the trend within DRS of limited growth in serving persons with moderate mental retardation and reductions in service levels of persons with severe mental retardation.

Recommendations

Recommendation #22: The Department of Rehabilitative Services (DRS) should develop and submit to the Commission a plan to increase access to DRS services and improve employment outcomes for individuals with autism, cerebral palsy and orthopedic disabilities.

Recommendation #23: Consumers participating in SJR 170-evaluation process indicated a desire for community-based employment services. Competitive employment opportunities in their local communities should be available to all individuals with physical and sensory disabilities in the Commonwealth who desire this service. DRS, DMHMRSAS, DVH, DOE, and DMAS should work with localities and service providers to furnish the financial and technical support necessary to enable them to meet the anticipated demand for these services.

Statewide Survey of Future Service Needs Of Students with Disabilities Exiting Public Schools

A total of 490 Virginians participated in the survey, representing 89 different cities and counties across the state. Survey responses were first analyzed for the entire sample. Additional analyses were completed by type of identified primary disability and region of the state. Results of these analyses were then applied to the entire population of special education in order to project the actual number of individuals needing specific types of services in the near future.

Finding #5: Based on the results of the survey generalized to the entire population of special education students in the Commonwealth, it is estimated that significant numbers of students will require specific services *each year* for the next five years. It is anticipated that students with disabilities will need services and supports in such areas as specialized support services at 2 and 4 year colleges and universities, job training services, case management services, supported employment services, independent living services, and subsidized housing. The number of students needing services projected in the study represent annual averages and represent students exiting public schools over the next five years. The numbers do not include adults already residing in local communities.

Utilization of Funding Options to Meet the Housing Needs Of People with Disabilities in Virginia

The evaluation work plan that resulted from SJR 170 included an examination of the extent to which the available Federal funds are being used in Virginia's housing

programs. Specifically, the study was to look at those programs that are coordinated by state agencies and that result in housing options for people with disabilities.

From the information collected and analyzed, and the interviews conducted, five findings emerged. The first is the need for accessible and affordable housing for people with disabilities far exceeds the current availability of housing options as evidenced by the numbers of individuals on waiting lists for Section 8 vouchers. Second, there is evidence that the need for housing options for people with disabilities will continue in the future.

The third finding from the study is that systematic, coordinated efforts should be made to increase the supply of affordable housing units for individuals with disabilities in the Commonwealth. Fourth, the housing needs and perspectives of people with disabilities are not adequately incorporated at the state and local government levels. And finally, there is no current coordinating effort within government that specifically addresses the needs of housing for people with physical and sensory disabilities.

Recommendations

Recommendation #24: The need for accessible and affordable housing for people with disabilities far exceeds the current availability of housing options as evidenced by the numbers of individuals on waiting lists for Section 8 vouchers. Systematic, coordinated efforts should be made to increase the supply of affordable housing units for individuals with disabilities in the Commonwealth. A coordinated plan that includes the direct participation of all relevant agencies [HUD, DHCD, DMAS, VHDA] and organizations should be developed to insure that Federal, State and local agencies are working cooperatively to meet the housing needs of individuals with disabilities.

Recommendation #25: The Disability Commission should request that the Virginia Housing Study Commission recommend a single point of contact in the Commonwealth at the state level for all issues pertaining to accessible and affordable housing for people with disabilities. The single point of contact should have the responsibility for coordination of Federal and state funding programs and staff an interagency task force that would be set up to address housing program options for people with sensory and physical disabilities.

Review of Current Efforts to Provide Consumer Directed Personal Assistance Services in the Commonwealth of Virginia

From the information collected and analyzed, and the interviews conducted, five findings emerged. First, current consumer-directed PAS programs in the State serve only a portion of the population in need of this service. Second, based on the needs assessment data collected through the SJR 170 evaluation, there will be an increasing need for personal assistance services over the next five years. Third, consumers traditionally have been dissatisfied with PAS services provided by Home Health Care agencies and have

expressed the need for more consumer directed PAS services. Fourth, there are significant differences between the DMAS Consumer-Directed PAS program and the DRS State-funded PAS program in terms of the number of service hours provided, the hourly wage paid to personal attendants, and the types of services provided in the two programs. And finally, in Virginia there is currently a dual system for providing PAS services.

Recommendations

Recommendation #26: Consumers traditionally have been dissatisfied with PAS services provided by Home Health Care agencies and have expressed the need for more consumer-directed PAS services. Consumers have expressed a need for increased consumer-directed PAS services that enable them to hire, train, and fire their personal assistant. Consumer-directed services should be the preferred service delivery model for individuals in need of PAS services in the Commonwealth.

Recommendation #27: The capacity of the Commonwealth's consumer-directed PAS service programs is insufficient to meet the current or future demand for the service. Program capacity must expand to meet the increasing need for personal assistance services anticipated over the next five years.

Recommendation #28: There are significant differences between the DMAS Consumer-Directed PAS program and the DRS State-funded PAS program. A task force comprised of consumer and State agency representatives should identify ways in which improved coordination between the programs would lead to increased effectiveness and efficiency. The task force should focus its efforts on maximizing the number of service hours provided, the hourly wage paid to personal assistants, and the types of services provided in the two programs and report its findings to the Commission on or before September 1, 2000.

Funding Coordination of Public Transportation for Persons with Disabilities In the Commonwealth of Virginia

Based on the information gathered throughout the study, six findings emerged concerning the state of transportation services for people with disabilities in the Commonwealth.

- (1) Virginia is receiving Federal funds to support public transportation. These Federal funds are distributed to local transportation providers who serve persons with disabilities.
- (2) The Virginia General Assembly appropriates state funds to support public transportation, and DRPT administers and manages the funds. However, no state transportation funds have been allocated to DRPT to directly support transportation coordination or transportation of persons with disabilities.

- (3) Virginia transportation providers and sponsors of programs that leverage Federal, state, and other funding sources in order to provide transportation can be identified.
- (4) Virginia receives Federal funds to support social service, community, education, and training programs such as the Temporary Assistance to Needy Families (TANF) program.
- (5) Virginia has a Specialized Transportation Council. This group has not met in nearly three years, nor has the General Assembly ever funded the Specialized Transportation Incentive Fund.
- (6) Coordinated transportation has not been a high priority for Virginia State government.

Recommendations

Recommendation #29: The Department of Rail and Public Transportation (DRPT) should work with localities and other state agencies to routinely track efforts to support transportation coordination or transportation of persons with disabilities, as well as the impact of these efforts on individuals with physical and sensory disabilities.

Recommendation #30: Coordination of public transportation for individuals with disabilities remains a significant problem for the Commonwealth. The Specialized Transportation Council was initially established to support the development of safe, cost-effective, coordinated, and specialized transportation services for elderly and disabled Virginians. This group has not met in nearly three years. The Specialized Transportation Council should serve as the focal point for coordination of transportation services in the Commonwealth.

Introduction

The 1992 Report of the Commission on the Coordination of the Delivery of Services to Facilitate Self-Sufficiency and Support of Persons with Physical and Sensory Disabilities (Disability Commission) created a blueprint for the design, implementation and evaluation of a comprehensive service delivery system for individuals who previously had been denied the services and supports necessary to maximize their independence and productivity. The Commission proposed a ten-year plan, which emphasized consumer-focused services, which are developed and implemented at the local level. Local planning capacity was addressed through the creation of a system of local Disability Services Boards guided by a Disability Services Council. Several service programs were identified for expansion. Multiple administrative recommendations were developed that were designed to eliminate barriers to service delivery and coordination.

In 1994, House Joint Resolution 274 was passed by the General Assembly continuing the Disability Commission and requesting the Commission to complete a study in 1998 to evaluate the overall progress of the implementation of the Disability Commission recommendations. The study was also to address the needed services and appropriate funding recommendations in order to address the unmet needs of persons with physical and sensory disabilities. Further, the Commission was to complete its study and submit a comprehensive report on the status of services for persons with physical and sensory disabilities to the Governor and the 2000 Session of the General Assembly.

Pursuant to Senate Joint Resolution 170 passed by the General Assembly in 1998, a Work Group was established to develop a work plan for the Disability Commission evaluation. The plan contained specific methodologies to study the Commission's past progress, present status, and future delivery of services to people with physical and sensory disabilities and the implementation of the Disability Commission recommendations, and recommendations for future activities of the Commission. The work group established by the Commission was comprised of consumers, family members, representatives of Disability Services Boards, state agency representatives, Centers for Independent Living and local service providers to assist in planning and conducting the evaluation. The Virginia Board for People with Disabilities provided staff support for the SJR 170 Work Group. Over a series of meetings in the summer and fall of 1998, the Work Group developed a comprehensive evaluation plan that was approved by the Commission members and subsequently implemented in 1998-1999.

To ensure that the evaluation plan directly responded to SJR 170, the Work Group focused its activities in four areas:

1. The impact of the accomplishments achieved as a direct result of recommendations made in the 1992 and other Disability Commission reports;
2. The impact of recommendations from Disability Commission reports that have not yet been met, such as establishing a disability consortium and meeting the health-related needs of people with disabilities;

3. The unmet service needs of persons with physical and sensory disabilities, as well as prioritize unmet needs, and develop cost estimates associated with meeting these needs; and
4. The effectiveness of the Disability Commission in accomplishing its recommendations, including consideration of the future of the Disability Commission itself.

This report summarizes the methodology used to complete the evaluation and the evaluation results. After reviewing a preliminary report of the findings, the Disability Commission adopted 30 recommendations for implementation. At the end of the final report are the Disability Commission's legislative recommendations for the 2000 General Assembly based on the results of the study.

The Impact of the Accomplishments Resulting from Disability Commission Recommendations, Activities and Reports:

The Achievements of the Disability Commission

This report summarizes the information gathered during the evaluation of the Disability Commission under SJR 170. The report contains the recommendations that were presented to the Disability Commission at the December 8, 1999 meeting. In developing this report, information was synthesized from 11 different sources.

- A statewide survey of consumer satisfaction with services and supports for over 2000 individuals with physical and sensory disabilities;
- A series of 11 town meetings held throughout the state in the Spring of 1999;
- In-depth reviews of 11 funding initiatives begun by the Commission over the past decade;
- A detailed review of eight administrative and policy recommendations made by the Commission;
- A statewide research project on employment options for people with developmental disabilities;
- A statewide survey of the future service needs of 490 students with physical and sensory disabilities exiting public schools;
- A statewide needs assessment survey of 572 individuals with physical and sensory disabilities, conducted in collaboration with Disability Services Boards;
- In-depth specialized studies in the areas of transportation, personal assistance services housing, and employment.

The evaluation of the Disability Commission completed under SJR 170 involves the combined efforts of a large number of individuals. Work groups comprised of persons with disabilities and state and local personnel were instrumental in designing and implementing a number of activities. Representatives of Centers for Independent Living (CILs), Disability Services Boards (DSBs) and DRS were integrally involved in the design and distribution of the satisfaction surveys. Representatives of multiple state agencies freely shared their time, information and opinions.

Consumers' Views of the Present Accomplishments and Future Role of the Disability Commission

Information regarding the consumers' view of the Disability Commission was obtained through responses to the survey of consumer satisfaction and comments made in the series of town meeting sponsored by the Commission across the state. The results of the satisfaction survey indicated that many individuals in the Commonwealth are unaware of the Commission and its work (41% reported that they had not heard of the Disability Commission). However, over 90% of the individuals who had heard of the Commission felt that it was fulfilling a critical role in the state and recommended that it be continued.

The service areas that have been directly addressed by Commission initiatives were those that were rated highest by consumers in terms of satisfaction. Consumers were very pleased with the progress that has been made in areas such as Personal Assistance Services, Independent Living Services, and Assistive Technology. Consumers were far less satisfied with progress in other areas that have not been the major focus of Commission initiatives, such as housing, education and employment.

The results of the satisfaction survey were reinforced through the series of town meetings. At every town meeting, the overwhelming response on whether the Disability Commission should continue was an emphatic "Yes!" Speakers commented on the value of having direct input into state legislation, funding initiatives, and policy, as well as the improvements and changes that have resulted because of the Commission. Comments also included the topic of town meetings, and suggestions for future activities, directions, and priorities. One speaker noted:

I'm very, very grateful that the Disability Commission was established, and that it has had the impact that it has had since it was founded. When I assessed the key study questions that you're examining--I want to jump first to the 4th area, and underscore that the Commission is strong public policy forum for people with disabilities throughout the Commonwealth, and an effective voice in defining disability services needs, and crafting legislative solutions. Clearly it has provided a venue that has served as a beacon of hope for folks, and a point to coalesce around and get some things done. I think as a Commonwealth we're absolutely on the way to creating a consumer driven delivery system.

Another speaker addressed the accomplishments of the Commission.

The initiatives to support and develop the disability services boards, to increase the number of centers for independent living--five new centers in the last two years, the expansion of the DRS PAS (Personal Assistance Services Program) program, the enactment of HJR 125 and authorization of the consumer -directed Personal Assistance Waiver are examples of programs that you have created with input from disabled consumers that are community-based and consumer- focussed. They are very important programs, and need to continue, and efforts towards programs like that need to continue to be developed.

Another speaker addressed the work remaining to be done by the Commission.

Through your efforts, we are beginning to see a skeleton of service delivery in the Commonwealth... however; there is more work to be done! We need to develop a comprehensive service delivery system. Everyone here knows that without public transportation, affordable housing and employment, persons will never be truly self-sufficient. It is critical that the Commission continue addressing these issues on a statewide basis ... we must have a strong leadership in the state level. This is where you, the Disability Commission, should be willing to assume the responsibility and take the step forward. It is imperative that you work with advocacy organizations, service providers and independent living centers in this process. The future of Virginians with disabilities is in your hands and we are here to continue assisting you.

Recommendation #1: The Disability Commission should continue its efforts for the foreseeable future. The Commission should extend its charter beyond the current termination date. The name should formally be changed to the Disability Commission.

Recommendation #2: The Disability Commission should continue its efforts to promote the Disability Services Board network, the Rehabilitative Services Fund, Consumer Services Fund, Personal Assistance Services and other current funding initiatives. In addition, it should expand its efforts to improve the delivery and coordination of job training and employment, housing, education and transportation services.

Recommendation #3: In continuing its efforts into the coming years, the Commission should review and address its mission, composition, scope of activity, source of staff and other issues.

Recommendation #4: The Disability Commission should undertake a series of activities designed to inform citizens of the Commonwealth of its role in improving the coordination of services for individuals with physical and sensory disabilities.

Disability Services Boards and the Rehabilitative Services Incentive Fund

Disability Services Boards

As recommended by the Commission in 1992 the General Assembly established Disability Services Boards in § 51.5-47 of the Code of Virginia. The boards are charged with providing information on local service needs and priorities to state agencies; information to local governments on the Americans with Disabilities Act; and, any additional assistance requested by local government. The boards are also charged to serve as the catalyst for the development of the desired community service system by attracting public and private funding for services. The Rehabilitative Services Incentive Fund is administered by DSBs to serve as leverage in obtaining public and private funds.

The Disability Services Boards program has received two appropriations of General Funds to cover the administrative costs of the DSBs. The first appropriation of \$100,000 began in FY93. It was provided to cover basic costs such as travel, accommodations and mailings associated with the duties of the boards. The second appropriation was added in FY2000 and provided \$450,000 to fund staff for the boards. The total annual appropriation now stands at \$550,000. This amount is more than triple the \$177,480 proposed as the annual funding goal in the 1992 – 1994 Biennium.

At the present time, 41 DSBs are operating within the state. The Department of Rehabilitative Services indicates that two localities presently do not have active DSBs – Martinsville and Brunswick County, and that the four counties in the Northern Neck region have recently agreed to combine to activate a DSB.

Prior to the FY2000 appropriation all the information reviewed consistently shows that DRS was responsible for providing staff support to the boards to assist them in carrying out their statutory responsibilities. This responsibility is assigned in §51.5-47.D of the Code of Virginia. The FY2000 appropriation provides a new resource for meeting the staff needs of DSBs. It also directs the development of the disability services board system in a way not specifically provided for in the initial recommendations advanced by the Commission. The FY2000 appropriation vests DSBs with resources to hire staff, a duty that is not addressed in §51.5-48 of the Code of Virginia where the duties and responsibilities of local disability services boards are enumerated. At the present time, it is not clear what impact the new funding would have on DRS's mandated staffing role and on the localities option to supplement staff.

To comply with its responsibility to provide staff, DRS designated certain existing administrative and field personnel to assume the additional duty of serving as liaisons to DSBs. This staffing strategy is still employed. DRS reports that liaisons are expected to spend no more than 5% of their time in the liaison role. Considering there are 41 boards this equates to a commitment of roughly 2 FTE to support the boards. This staff work is supported by federal Vocational Rehabilitation funds. Two central office staff augment the support provided by the liaisons. DRS estimated that it uses \$95,024 of its indirect cost funds to pay the staff and administrative costs at the central office. This program has not received appropriations of staff positions.

A comprehensive review of the operational status of each of the 41 Boards has not been completed. Based on information compiled by DRS in 1998, 20 out of 41 DSBs receive some local staff support; 30 use local government office equipment; and, 32 use local facilities.

The results of the survey of consumer satisfaction indicate that the vast majority of consumers are unfamiliar with the work of the DSB in their local community. Nearly half of all respondents indicated that they had never heard of DSBs. Only one in five (19%) reported that they were very familiar with the DSB program.

Those individuals who are familiar with the DSB program are moderately satisfied with the performance of their local Board. Slightly over half (56%) felt that the DSB has

improved services in their community. Positive comments focused on the impact of the DSB in increasing resources in the community and increasing awareness of the needs of people with disabilities. Concerns expressed focused on the view that the DSBs had done little to meet the critical needs of local communities and that the little was known about the role and activities of the DSB in their local area.

The DSB program was also a major focus of many comments made during the series of town meetings throughout the state. Several people commented on the value of the DSB's as an important resource for identifying and addressing needs in the community. Speakers also remarked on the need for paid staff, which the recently appropriated funds will help to support. Some activities of the DSBs were described, as well as ongoing issues, which hamper their effectiveness. Suggestions were made for maximizing DSB effectiveness and the role that the Disability Commission can play in supporting DSBs. Illustrative comments provided by various speakers during the meeting are provided below.

First, DSB's were viewed by many speakers as very useful vehicles for bringing information and issues to state and local governments and service providers. They also help to promote services and supports at the local level:

DSBs at least acknowledge that there is a population of people with disabilities, and if nobody other than their local legislators know, or local politicians know, that's something. And the ones of us that are active are continually putting bugs in the ears of our local people, and service providers in trying to make things a little bit better. In and of itself, the DSB's have value.

Second, the \$450,000 from the General Assembly for professional staff for DSBs is appreciated, and is important for DSB effectiveness

I volunteer as a Chairperson of a DSB, yet I spend a lot of hours just trying to understand the language, the grant process, and a lot of things that are thrown at me, and I get criticized because I can't do a full time job at it-- and this is volunteer work. It's kind of hard for me to give all I need to give and work a full time job. I was real glad to know that you're looking at trying to put a full staff person on the DSB--there's so much need for these kinds of services, and we're just now getting them.

Third, when successfully implemented the DSBs can serve as a catalyst for change in their local communities. For example,

We're going into our third year, at the Deaf Resource Center (in Southwest Virginia). It was started by a needs assessment by Planning District One Disability Services Board. At the time, deaf and hard of hearing ..was a disability group that was underserved. So we started out in Planning District One-- we showed how many people were in the area and what services were needed. We took that to the Virginia Department for the Deaf and Hard of Hearing, and since then we've received a contract for Planning District Two. We have made great improvements,

and we still have a long way to go, but our program is a result of the DSB. People came together and saw that there was a need and did something about it.

Fourth, it is clear that many people, particularly people with disabilities, do not know about the DSBs. More needs to be done to increase public awareness.

One of the things that our DSB is looking at is how are we going to promote it, because we have a great thing here, and few people know about it. We've been asking other DSBs what they're doing. It seems to be a statewide problem. The disability service board needs to piggyback in the other events in the community. We're searching for those types of events to get the word out.

Fifth, in some areas of the Commonwealth, starting and maintaining an active DSB has been a difficult challenge.

I am from Westmoreland County in the Northern Neck. About five years ago I was appointed to a board that never met, I called it "the mystery board" because I don't know what it was about. I just called the local board of supervisors, as to why there's been no one appointed. I think it's money, and several other issues, and still, 1999, there's no Disability Services Board. I believe that only one county attempted to organize the board, and I think they were together for about a year, and then they stopped meeting because there wasn't a lot of interest.

Our DSB met once this year, and we didn't meet last year, but it's going to be a better year. It's been inactive. We haven't moved. We have a full board again I had asked a year back may be easier if board members are always busy, about proxy-- assigning someone to go to various meetings. If you find somebody to go to report back to the locality, that's important to me. (Would paid staff help?)-- Possibly so, somebody that can get out and beat the bushes, and do the public relations or answer the phone.

Recommendation #5: The Disability Services Boards (DSBs) have had some success in fulfilling a number of their mandated functions. The Boards should be supported as they continue and expand their efforts to promote innovative coordinated activities in local communities.

Recommendation #6: Section § 51.5-48 – 4 of the Code of Virginia should be modified as follows:

4. Review and update the report every three years;

The DSBs frequently indicate that the needs of people with disabilities don't change dramatically over a two year time period. A six-year projection of needs, updated half way through the six years would fulfill the Boards' planning functions and free up the boards to focus on some of their other mandated responsibilities.

Recommendation #7: Section § 51.5-47 – D of the Code of Virginia should be modified as follows:

Local boards; appointment; membership and staff

D. The Department of Rehabilitative Services shall administer the funding appropriated to local disability services boards and provide guidance and technical assistance to the local boards. Localities may provide additional supplemental staff support to the boards.

Recommendation #8: The housing needs and perspectives of people with disabilities are not adequately incorporated at the state or local government planning levels. Disability Services Boards (DSBs) should be charged with the responsibility of ensuring consumer participation and advocacy with Planning District Commissions or other applicable entities in the development of state and local Consolidated Plans.

Rehabilitative Services Incentive Fund

The original report of the Disability Commission recommended the establishment of a Rehabilitative Services Incentive Fund (RSIF) to support local investment in community programs and services for persons with physical and sensory disabilities. The RSIF was intended to provide flexible incentive monies to local communities to leverage additional investment by local governments and other entities in services and programs for individuals with physical and/or sensory disabilities.

The 1992 Session of the General Assembly enacted provisions for the State Rehabilitative Services Incentive Fund, §51-5.50, and for local rehabilitative services incentive funds, §51.5-51. To date no local funds have been established. The first appropriation of General Funds to the RSIF was \$500,000 beginning in FY96. Subsequently two appropriations have been added, \$250,000 in FY98 and \$162,000 in FY99, to bring the total appropriation to \$912,000. **This amount is less than one third of the \$3 million sought in 1992.**

Since FY1996 the RSIF has provided 197 grants to localities to address needs for transportation, assistive technology, accessibility, public awareness, communication services, housing, employment, recreation and home-delivered meals.

The range of activities undertaken as a result of the RSIF was reflected in comments made during the series of town meetings held across the state. These comments highlighted activities such as:

- Development of a computer system for paratransit services in Alexandria;

- Development and maintenance of America House in Fairfax County;
- Support for the Northern Virginia Resource Center for Deaf and Hard of Hearing Persons outreach initiatives; and
- Support for the Accessible Housing Database in Northern Virginia.

Individual speakers at town meeting provided additional illustrations of RSIF funded activities.

With the (RSIF Grant), we got the start-up money (for a Deaf Resource Center in SW VA), and then we advocated to the General Assembly. We received \$40,000 through the General Assembly, probably for the next three years, so that helps us along. We have a lot of our delegates and senators pushing to help us get this money, and our DSB stays involved. We have our own funding source, but they do help us every year.

We've been able to address community needs with a relatively small number of dollars and have a very great impact. Through the Rehab Services Incentive grants we've been able to work through the private sector providing certain incentives to have some problems addressed. We've been able to work with companies to create employment opportunities for the disabled, and with private and non-profit groups to insure that housing units are made available for the disabled people in our community.

The Rehabilitation Services Incentive grants have helped the DSB's greatly. We've implemented transportation services in Henry County, subsidizing transportation through the center, for not just employees but for other citizens at a reduced rate. Last year we were able to obtain a wheelchair accessible van to expand the service throughout Henry County. This year there is a three-year funding grant to extend those services further into Patrick County, and Franklin County and to the satellite CIL office in Henry County as well.

While the RSIF program has generally been successful, a number of concerns were identified throughout the review process. First, the vast majority of consumers responding to the survey of consumer satisfaction were unaware of the existence of the RSIF. Although this may not directly affect the overall impact of the RSIF program, it does indicate a need for activities to increase awareness on the part of local consumers, particularly since the satisfaction survey was distributed through local DSBs and CILs.

Second, little evidence exists to indicate that the RSIF program has leveraged large amounts of additional funds from local governments and other entities. In fact, local matching ratios have actually been reduced over time. The significant reductions made to

the match rates have allowed localities to contribute less to initiate and maintain programs and services.

Third, lack of systematic program monitoring and evaluation limit our knowledge of the impact of the program in local communities. There is a lack of adequate data to evaluate local contributions to determine whether the RSIF is fulfilling its purpose.

Fourth, the current staffing level for the program seems inadequate to meet its needs. The staff time available to the RSIF is estimated to be approximately one FTE, which is allocated to administering the RSIF and providing administrative support to the DSBs. The staff support is provided by DRS using indirect cost funds. A staffing allocation of this level seems less than adequate given the complexity of the process used to let funds, the number of grants that must be tracked and the related financial transactions that have to be processed.

Recommendation #9: Awards to local communities through the Rehabilitative Services Incentive Fund (RSIF) are quite small, yet they have been effectively and creatively used in many communities as seed money to initiate badly needed services and fill service gaps. The Disability Commission should continue support of the RSIF.

Recommendation #10: The Department of Rehabilitative Services and the Disability Services Council should be required to develop a plan to (1) increase the financial commitment of local governments to activities funded through the RSIF and (2) increase program accountability in order to document the use of these funds in ways that directly promote the goals of the Disability Commission.

Disability Commission Funding Initiatives Administered by the Department of Rehabilitative Services

Consumer Services Fund

The Consumer Services Fund (CSF) was established to fund unique or specialized multi-agency service packages for individual applicants who need extraordinary services beyond the scope/capacity of local service agencies. The Disability Services Council was charged with developing specific criteria for accessing the fund. DRS was charged with serving as the administering agency and screening requests for assistance through the fund.

The CSF is designed to be a “fund of last resort”. It provides funding for service gaps which are currently unavailable through existing programs, such as assistive technology, respite care, cognitive therapy, etc. Case managers or service providers apply to the fund with documentation supporting that no other funds are available for the particular request. A means test is applied for each participant.

The Fund has received three appropriations of General Funds totaling \$500,000. The appropriations made were:

- \$375,000 in FY94
- \$50,000 in FY95
- \$75,000 in FY2000

The funding achieved falls significantly short of the \$2.9 million target the Commission set for annual funding.

Information on the number of applications and awards processed for funding in each fiscal year since 1994 is presented below.

State Fiscal Year	Number of Applications	Number Receiving Awards	Number Not Funded
1994	187	91	96
1995	185	90	95
1996	225	100	78
1997	219	108	131
1998	229	105	124
1999	180	65	115
TOTAL	1225	559	639

Awards are made on a priority basis to those that appear to have the most critical needs that can be addressed within available funding. DRS reports that requests, which are appropriate for funding, routinely exceed the funds available by a significant amount.

Consumer satisfaction with the fund is extremely high. In the consumer satisfaction survey, the CSF was rated highest among all programs initiated by the Disability Commission. This high level of satisfaction is also reflected in the comments of consumers attending the series of town meetings held throughout the state. A representative comment is provided below.

I couldn't have gotten here today if I hadn't gotten a wheelchair van through the Consumer Services Fund. That allows me to raise a teenager, and to go to school. I'm getting a degree in counseling. There's some good stuff out there, just keep it coming.

Recommendation #11: Consumer Services Fund - The Consumer Services Fund (CSF) is highly valued by consumers, appears to meet an important need within the state, and is effectively and efficiently managed. The CSF should be continued and expanded. Requests for funds routinely exceed the funds available by over \$1 million each year.

Regional Technology-Related Assistance Centers

Virginia's Assistive Technology System (VATS) received a 3-year federal grant to begin operations in 1990. A portion of the federal grant was used to establish four regional

sites for technology-related assistance. The four regional sites are **Tidewater** located at ODU; **Northern** located at GMU; **Central** located at UVA; and, **Southwest** located at WWRC. Southwest has a satellite site at the Abingdon CIL.

The Disability Commission initially recommended that regional technology-related assistance centers operated through the Virginia Assistive Technology System (VATS) be funded beyond the original federal grant funding period. The projected loss of federal funding led the Commission to adopt this recommendation to maintain the regional centers. This funding proposal was never advanced. Subsequent to this action by the Commission, VATS received a 2-year extension, then a 5-year extension and most recently a 3-year extension of the federal grant to continue operations. The latest extension expires in 2003.

The 1997 Grant Performance Report from DRS to the U. S. Department of Education estimates that the regional sites affected 5,963 providers and 4,767 consumers that year. In FY99, DRS assumed funding responsibility for the Southwest site and its satellite, using federal Vocational Rehabilitation money. The 1999 Session of the General Assembly approved an appropriation of \$200,000 in FY2000 for the Virginia Assistive Technology System to help people with disabilities gain access to adaptive equipment. This action allowed VATS to maintain funding at the three university sites. DRS continues to execute an annual memorandum of understanding with the three sites located at universities. According to the director of VATS, these sites will receive the General Fund appropriation of \$200,000 in FY2000.

An external evaluation of the regional sites was completed in 1998. The results are reported in the August 1998 Virginia Assistive Technology System (VATS) External Review Final Report. The evaluation was done to determine the areas of operation in which regional sites have had the most impact and to provide direction for allocation of the limited remaining federal funds. The assessment included a document review, site interviews, consumer interviews and interviews of key community-based individuals.

The review indicated that consumers were extremely satisfied with the quality and timeliness of the services received. In contrast, however, the report also indicates that key community-based individuals and organizations reported minimal contact with regional site personnel. Many of these informants expressed reservations about the future role of the system if continued in its present form. The evaluation report concluded that change in the management of the sites by VATS must occur and advanced a series of recommendations for improving the regional system.

The high degree of consumer satisfaction with the regional centers was also reflected in comments provided in a number of the town meetings. For example, a speaker in southwest Virginia spoke to the importance of the satellite regional center in that area.

If the other VATs regional offices close down, they all exist in areas of large cites that have extensive social service regional offices, but the regional office in this area serves the entire Shenandoah valley, southwest Virginia, Roanoke, and part of

Piedmont. If that office goes down, we lose all of our information referral, accessibility and a great many other services that we can't get anywhere else.

Recommendation #12: Regional Technology-Related Assistance Centers - Consumer satisfaction with the Assistive Technology Regional Centers is extremely high. The Virginia Council on Assistive Technology (VCAT) and the Department of Rehabilitative Services should develop and submit a comprehensive plan for continuing funding beyond the present federal funding period to the Disability Commission on or before June 30, 2000.

Assistive Technology Loan Fund

The original report of the Disability Commission directed the Secretary of HHR to complete a study on developing a mechanism to establish an adaptive equipment loan-financing program by May 1, 1992, with implementation by July 1, 1993. The requested study was completed and concluded that public start-up funds would be needed to leverage private investment dollars, buy down interest rates, and provide a portion of the loan guarantee for a targeted number of loans each year. The proposed program was presented by DRS-VATS to the Disability Commission in 1994.

The Assistive Technology Loan Fund Authority was established in 1995. In the 1996 Session a one-year only appropriation of \$500,000 was made for the loan fund. The Authority approved the first guaranteed loans in September 1997. Guaranteed loans totaling \$133,499 were approved from September 1997 through June 1998. In fiscal year 1999, figures for July 1998 through March 1999 show that additional guaranteed loans totaling \$277,284 were approved. The total of guaranteed loans to date is \$429,741. Funds are encumbered for the life of the loan. As repayment occurs new loans can be let so the revolving funds will be used repeatedly to assist in the acquisition of technology.

The funded loans allow families to purchase vehicles, modify vehicles, modify their homes and purchase devices such as wheelchairs, communication technology and hearing aids. Over half of the loans approved in 1997 were made to individuals whose primary income source was SSI, SSDI, and private disability insurance or retirement income. Information collected shows that 95% of the loan recipients have repaid on time.

The federal, foundation and corporate funding that the proposal projected would follow an appropriation of General Funds has not yet fully materialized. The full amount of funding available to the Authority has been committed to guaranteeing loans. New loan activity will be dependent on the accumulation of loan repayments or obtaining additional capital.

While consumers are generally satisfied with the loan fund, individual speakers in the series of statewide town meetings raised a number of concerns about the program. One speaker summed up the situation this way.

The barriers in administering this fund are certainly not barriers that this Disability Commission envisioned or would, I think, live with. Barriers such as folks saying, "We're not going to buy assistive technology for automobiles," or "We don't do that type of technology—it's not what this loan was created for."

In April of 1999, Crestar and the ATLFA signed an agreement making Crestar the financial partner of the Assistive Technology Loan Fund Authority. The agreement is modeled after the existing agreement with Central Fidelity Bank (later Wachovia) and provides the following:

- Longer repayment terms for borrowers
 - Up to four years for unsecured loans of \$5,000 and less
 - Up to five years for unsecured loans of \$5,000 or more
 - Up to five years for used vehicles
 - Up to six years for new vehicles for loans of \$25,000 or more
- The Assistive Technology Loan Fund Authority automatically reviews loans not meeting Crestar loan criteria for a possible guaranteed loan.
- Guaranteed loans are offered to the ATLFA at Wall Street Journal Prime Rate, (presently 8%).
- Borrowers may obtain loans with no down payment.

Additionally, the Crestar - ATLFA agreement calls for the following program enhancements:

- The ATLFA will buy down the interest rate by 4% (400 basis points) on all loans, guaranteed by the ATLFA and not guaranteed.
- Crestar will offer a reduction of 1/4% (25 basis points) in interest rate on non-guaranteed loans. Crestar will also offer an additional 1/4% (25 basis points) for borrowers choosing to pay their loan through a Crestar Direct Debit.
- The term on home modification loans may be for as much as 20 years (240 months).
- For non-guaranteed loans, Crestar will relax its lending criteria and allow an additional five percentage points in their debt to income ratio for loan approvals.
- Crestar has provided training to branch office staff concerning the ATLFA-Crestar program.
- Crestar has produced and distributed brochures on the ATLFA program.

Recommendation #13: Assistive Technology Loan Fund - After a slow start, the ATLF has made a significant number of loans through the program. Consumers generally express a moderate level of satisfaction with the program. Many consumers have not been able to use the program because it has not been the low interest loan program initially envisioned. The Assistive Technology Loan Fund Authority should complete an assessment of the level of consumer satisfaction with

the fund as currently administered and submit the results to the Disability Commission on or before September 30, 2000.

Long-Term Rehabilitation Case Management

The Disability Commission initially planned to expand the Long-Term Rehabilitation Case Management Program by adding new appropriations to total \$465,500 and 8 FTE by FY94. This expansion, when added to the base appropriation made in FY90 of \$250,000 and 6 FTE, would have achieved an annual operating budget of \$715,500 and 14 FTE. The expansion was planned to allow the program to serve 576 individuals.

The desired expansion has been partially addressed through three General Fund appropriations made during the 1993, 1996 and 1999 Sessions of the Virginia General Assembly. The chart below illustrates the programs growth.

LTRCM Appropriations and FTE Allocations		
Base appropriation	\$250,000	6FTE
Added in FY94	50,000	1FTE
Added in FY97	100,000	2FTE
Added in FY2000	50,000	1FTE
TOTAL	\$450,000	10 FTE

The number of consumers receiving case management services has also increased steadily each year. In FY93 the program served 80 individuals and it served 205 people in FY98. The program consistently reports a waiting list for services. The number of people on the waiting list has grown significantly. The number reported for FY94 was 38. The program coordinator estimated that the waiting list as of March 1999 is up to 136 people. This significant increase in demand was attributed to a variety of factors:

- Increased LTRCM personnel;
- Increased awareness of the program and of disabilities;
- Implementation of new disability specific programs;
- Injuries that are not covered by worker’s compensation; and,
- Referrals being made by community services boards.

In April 1999 the coordinator reported the program has seven case managers who are located regionally in Richmond, Charlottesville, Portsmouth, Abingdon and Christiansburg. The case managers travel extensively to provide services throughout the Commonwealth. The program reports difficulty in retaining staff due to the extensive travel required. During the series of statewide town meetings, one case manager from the program described her work and discussed ongoing needs.

There are only seven of us throughout the state ... Our case loads are averaging 35- 40 persons, with technical assistance to 5 to 10

people a month. We're generally clocking windshield time of 800 to 1800 miles a month per case manager. We try our best, and we do have some successes. Generally the people we work with have disabilities that need consistent support--to combat progression of the illness, or to make gains in recovery. They are extremely complex cases. We're trying to improve their quality of life and community access.

Case managers document client needs, search out services, identify gaps in services and facilitate development of services. Their expertise is being applied to coordinate responsive and effective services for people with disabilities in their communities.

The LTRCM program has consistently used a number of different strategies to assess consumer satisfaction. An advisory council, which includes a family member of a client, meets regularly to assist in planning. In 1994, the program conducted a survey of active and follow-along clients to collect information on client satisfaction and evaluate program effectiveness. The program has consistently received high ratings from consumers receiving services.

Recommendation #14: Long-Term Rehabilitation Case Management – The Long-Term Rehabilitation Case Management (LTRCM) program is viewed quite favorably by consumers and evaluation data collected by DRS document the efficacy of the program. The LTRCM program should be continued and expanded. The program maintains a lengthy waiting list and serves only a fraction of the individuals who could benefit from the services provided. Program expansion should be coordinated with efforts to design and implement a Developmental Disabilities waiver.

CIL Youth in Transition

At the November 14, 1996 Disability Commission meeting public comment was made on the need for funding to develop transition services for youth within the Centers for Independent Living. Services would prepare students for life after school and would facilitate employment and independent community living. The Commission requested more information. In response, the Virginia Centers for Independent Living submitted a proposal for \$960,000 to provide transition services to 735 youth.

The Disability Commission forwarded an amendment for this funding to the 1997 Session of the General Assembly. That year \$500,000 was appropriated. The 98 Session added \$125,000 to bring the annual appropriation to \$625,000 for FY99. The appropriations were divided between the 10 CILs that were in existence in 1997. DRS advised that the new CILs established in FY99 and those to be established in FY2000 would receive funding for this program if the appropriation is increased. The chart below shows how the appropriation was divided among the 10 CILs and for FY98 shows the number of youth served and the cost per youth.

CIL	FY98 Budget	Youth Served in FY98	Cost per Youth in FY98	FY99 Budget
Access Independence	\$57,536	36	\$1,598	\$67,934
Appalachian Independence Center	\$52,850	148	\$357	*
Blue Ridge ILC	\$52,722	38	\$1,387	\$62,987
Central Virginia ILC	\$44,714	161	\$277	\$60,294
Disability Resource Center	\$24,445	18	\$1,358	\$37,334
Endeppendence Center	\$15,537	81	\$191	\$67,793
Endeppendence Center of Northern VA	\$73,208	17	\$4,306	\$85,460
Independence Resource Center	\$40,214	45	\$893	\$52,714
Junction Center for IL	\$85,000	203	\$418	\$110,502
Peninsula CIL	\$51,333	66	\$778	\$64,631
TOTAL	\$497,559	813	\$612	\$609,649

The Youth in Transition program exceeded the projections for service activity in its first year. All indications are that there will be growth in this program in FY99. Individual and community services being provided through this program vary across the CILs. The services reported include:

- Peer counseling
- Peer support groups
- Social and recreational events
- Skills training
- Assistive technology
- Personal assistance services
- Support in planning services in IEPs and Transition Plans
- Disability awareness education and training for parents, teachers, and "mainstream" youth groups
-

Recommendation #15: CIL Youth in Transition - The CIL Youth in Transition Program is a new program that appears to be effectively fulfilling its purpose in addressing a significant need that was not being addressed previously. The impact of these initial activities should be fully evaluated before additional expansion of the program is contemplated.

Expansion of the Centers for Independent Living Program

The Disability Commission has been very active in promoting the expansion of the Commonwealth's network of Independent Living Centers. The Commission originally recommended establishing one additional CIL each year of the 92-94 biennium. Proposed funding was \$156,000 for FY93 and \$332,000 for FY94. Budget amendments for new CILs were submitted each year, but new funding did not begin until FY97 when \$70,000 was appropriated for the center in the Rappahannock area. An appropriation of \$200,000 for new centers was made for FY 99 and another \$450,000 was added to the appropriation made for FY2000.

The Commission's role in expanding the CIL program was the focus of many speakers during the town meetings. Speakers discussed the accomplishments of the CILs and expressed appreciation for the support from the Disability Commission in helping them to grow and improve their services. They also discussed the need for more funding and to continue increasing the number of CILs throughout the state. One speaker indicated that more CILs are needed in the future for areas of the state that are not now covered, such as the Middle Peninsula region:

Certainly the state of Virginia is not covered with independent living centers... There are five or seven more areas that are not being directly covered.

A speaker from southwest Virginia illustrated the impact that CIL expansion has had on that region of the state.

Last month we started an office in Norton and we're collaborating with two other groups to share space in a one hundred-year-old home. It's a real good example of what groups together can do to share resources and work toward common goals. That's what the Junction Center, and other CILs in our area are about. We hope that you will continue to work with us to expand this mission--to get first class citizenship for everyone, including folks with disabilities.

A number of other speakers encouraged the Commission to look at services that Independent Living Centers can provide to many populations (for example, persons with cognitive disabilities, and persons with hearing impairments) as it develops legislative priorities in the coming years. There is also a need to seek out federal funding, such as Medicaid, HUD funds, Transportation, and DD funds and insure that those programs are accessible to people with disabilities:

As you go forward to work with the Statewide Independent Living Council, there is a need to seek out the federal funding streams for services for independent living. That funding can be used by consumer peer-approach, peer-based organizations like centers for Independent Living and disability advocacy groups and parent groups to provide direct services.

Recommendation #16: Expansion of the Centers for Independent Living Program - The expansion of the state's network of Centers for Independent Living should be viewed as a major accomplishment of the Disability Commission. Services provided through CILs are consistently rated highest by consumers in surveys of consumer satisfaction. The CIL network should be further expanded so that citizens in all areas of the state have access to independent living services.

Interpreter Services Provided through DDHH

The original report of the Disability Commission recommended additional funding be allocated to Department for the Deaf and Hard of Hearing (DDHH) to expand the provision of individual interpreter services available to deaf, hard of hearing, speech impaired, and deaf-blind consumers. The Commission originally proposed funding of \$1985,000 in FY 93 and \$224,000 in FY94 for this purpose. The Commission has not implemented this recommendation. To date, no new funding has been appropriated for interpreter services through DDHH.

Available information suggests that the capacity of this program has narrowed in recent years. It appears that DDHH is presently only able to directly fill requests for interpreter services in court related situations. Information provided by DDHH appears to indicate that the costs of delivering this single service places significant pressure on the agency's budget.

Lack of adequate interpreter services was a major topic at a number of the town meetings held in the spring of 1999. Participants recounted difficulties experienced when they were attempting to obtain legal, health care, and other governmental services.

We have very few qualified interpreters in this area (Southwest Virginia), maybe, one, two, possibly three. We have to call North Carolina to get interpreters that are qualified to interpret in court, so it's very frustrating. If we have clients in the institution, then we need to have some type of communication means within the institution, also.

Sometimes when I go to the doctor, I have to go to the hospital. They refuse to provide me an interpreter, and I don't know what I need to do. Sometimes people don't understand about deaf people, and I try to write down, you know, that I need to see a doctor, they try to write to me, but people don't understand when I write.

It's important that you look at the ADA compliance of the Commonwealth. We have seen very recently some issues that are most disturbing, localities that don't provide interpreters in shelters, and the Virginia Employment Commission that doesn't provide interpreters, that doesn't have TTYs available and only through an ADA settlement now provides TTYs, and not necessarily in every location.

This individual is in an institution. She is deaf and signs very well. There's no one on the staff that can sign, who can communicate with her, and we became aware a couple weeks ago that she was being seen by a psychiatrist through the local mental health system without an interpreter being present. That's a direct violation (of the ADA)---being given medication and so forth without even an interpreter there to communicate.

Documentation that quantifies the number of people who are deaf, hard of hearing, speech impaired, and deaf-blind who have been impacted by the reduced capacity of DDHH to provide interpreter services is not available. Yet, DDHH reports that consumers still seek its assistance in addressing unmet needs for interpreters beyond court related situations. It is apparent that an unmet need for the services provided through the program still remains.

Findings #1: Demand for interpreter services provided through DDHH continue to exceed the capacity of the program. No new funding has been provided to the program since the Disability Commission's initial report in 1992.

Conversion of Printed Materials

The initial 1992 report of the Commission recommended that funding be allocated to DVH to meet the increased demand for conversion of printed materials to tape or Braille. The report proposed funding of \$57,000 in FY93 and \$27,000 in FY 94.

This recommendation for funding was never advanced through the Virginia General Assembly. DVH no longer provides this service. Seemingly, the technological advances made in computer hardware and software minimize or negate the impact that the loss of this service at DVH might have on public agencies and private entities. Agencies and entities are increasingly developing in-house capacity to convert materials or can access the service through private sector vendors.

Finding #2: No new funding has been appropriated to DVH to support the conversion of printed materials to tape or Braille. Based on currently available information, recent technological advances have eliminated the need for the type of service expansion recommended in the initial Disability Commission report.

Establishment of a Disability Consortium

The original Disability Commission report requested the Secretary of Education, the Secretary of HHR, the State Council on Higher Education and the Virginia Community College System develop a proposal for the creation of a university consortium. The Consortium was intended to address training for service providers, research, and technology transfer in the area of physical and sensory disabilities, specifically in the areas of prevention and early intervention. The Commission further requested the Secretary of HHR and the Secretary of Education (with the assistance of DPT) to conduct

an expanded needs assessment for personnel development in the delivery of services to people with physical and sensory disabilities. The Secretaries, DPT, and the Council on Higher Education would then work cooperatively to develop or to contract for the needed pre-service and continuing education programs throughout the Commonwealth.

A comprehensive proposal for the creation of a university consortium to address research, training for service providers, and technology transfer in the area of physical and sensory disabilities was developed and presented to the Disability Commission for possible action during the 1993 Session of the Virginia General Assembly. The proposal recommended the creation of the consortium and included recommendations for three funding initiatives totaling \$280,000:

- \$150,000 for professional development in Core Training,
- \$110,000 for Enhanced Specialist Training, and,
- \$20,000 for Exchanging Research and Technology Information.

No action was taken in the 1993 Session or in subsequent sessions to fund the proposal.

Recommendation #17: Establishment of a Disability Consortium – A statewide University Consortium should be established to provide personnel training and conduct necessary research to meet the needs of individuals with physical and sensory disabilities. The Consortium should involve multiple institutions of higher education in the Commonwealth and be based on the study conducted in 1992 by the Virginia Institute for Developmental Disabilities.

Summary of Findings from the Administrative Recommendation Review

Eleven administrative recommendations contained in the initial Commission report and other more recent Commission documents were selected for review. These recommendations sought administrative action by entities of state or local government. Seven of the recommendations are taken from the 1992 Report of the Commission – HD 11; two are taken from the Report on the Needs of Medically Fragile Children – SD 5, 1995; and, two are taken from the Report on Access to Buildings and Services by People with Disabilities – SD 9, 1998.

Results of the review identified four administrative recommendations where further consideration by the Commission may be warranted. These recommendations include:

- State Government Special Appointment System for People with Disabilities (DPT)
- Health Insurance for People with Disabilities (Joint Commission on Health Care)
- Needs of Medically Fragile Children (DOE)
- Resolution of Access Complaints by Local Building Code Officials (DHCD)

The results of the review of each of these recommendations are briefly summarized below.

State Government Special Appointment System for People with Disabilities

The original Disability Commission report requested DPT to study the feasibility and make recommendations to the Governor concerning a special appointment system for people with disabilities modeled after the federal Schedule A appointments system. The report further requested DPT to examine the feasibility of a provision to hire persons who have completed the special appointments through an internal recruitment.

DPT conducted the requested study and advanced a draft report to the Secretary of Administration. The proposal advanced would have used the existing policies for wage positions to promote opportunities for people with disabilities to gain work experience and thereby improve their ability to compete for classified positions.

The proposal did not provide for special appointments because DPT was opposed to changing the Commonwealth's commitment to two long-standing personnel policies. First, that there will be no preferences given in hiring for classified positions in state government. Second, that all classified positions must be filled competitively.

When interviewed in April 1999, DPT staff cautioned that additional research would be needed in order to assess the viability of implementing the proposal in the draft report or any special hiring program. Since the draft was prepared there has been a significant trend to eliminate preferential hiring programs. Thus, the information concerning the federal Schedule A appointment system should be updated. From a policy perspective, the Commonwealth must consider the full spectrum of protected classes.

Recommendation #18 - The Department of Personnel and Training (DPT) should study the feasibility and make recommendations to the Governor and Disability Commission regarding strategies that would facilitate the entry of people with disabilities into the Commonwealth's workforce.

Health Care for Virginians with Physical and Sensory Disabilities

The original Disability Commission report recommended that the following issues be considered by the Commission on Health Care for All Virginians:

- the availability and affordability of Health Insurance for persons with physical and sensory disabilities (waiting periods, eligibility barriers, costs, and insufficient coverage), and
- availability and cost of health related services for specific and unique medical needs of persons with physical and sensory disabilities. (p. 31)

Since the early 1990s, the Joint Commission on Health Care has considered many issues that are relevant to the health care needs of Virginians with physical and sensory disabilities. A review of Commission reports reveals an emphasis on topics such as “Virginia’s Uninsured”, “Essential and Extended Health Benefits Plans”, “Long Term Care” and “Health Insurance and Essential Benefits.” However, there is no evidence that there was specific consideration of the needs of persons with physical and sensory disabilities as recommended by the Disability Commission.

Finding #3: Specific information on the need for further consideration of action on this issue was not obtained. However, the information provided during the series of town meetings and the results of the needs assessment surveys make it reasonable to conclude that this issue is still an area warranting attention.

Recommendations from the Report on the Needs of Medically Fragile Students – SD 5, 1995

SD 5 recommended that the local Health Advisory Board, required by §22.1-275.1 of the Code of Virginia, should take an active role in assisting school divisions in developing policies related to children who are medically fragile. This recommendation was advanced by the Departments of Education and Health to improve services for children who are medically fragile.

It does not appear that any official action was taken by the agencies to forward the recommendation to School Health Advisory Boards. SD 5 did not explicitly recommend such state-level action. It is the responsibility of the boards to determine local needs and set priorities accordingly. The role of the state agencies is to assist the boards in carrying out this purpose.

DOE and VDH report that information contained in SD 5 has been shared with SHABs and others through training and in response to requests for information and technical assistance. VDH also reported that the recommendations from SD 5 would be included in a 1999 publication of the Virginia School Health Guidelines. The planned publication of the recommendations in a 1999 report indicates that they are still considered relevant.

The 1997 report, School Health Advisory Boards A Report on School Health Advisory Boards in Virginia for School Year 1995-96, states that 119 out of 132 school divisions responded to the survey that collected information on SHAB performance for that school year. Out of the 119 respondents, 2 reported that they had “evaluated procedures for medically-fragile students” and 9 reported that they had “evaluated school health needs”. These entries were the only ones that directly related to implementation of this recommendation.

Recommendation #19: Recommendations from the Report on the Needs of Medically Fragile Students – SD 5, 1995 – The Departments of Education (DOE) and Health (DOH) should insure that Commonwealth’s network of local Health Advisory Boards, required by §22.1-275.1 of the Code of Virginia, should take an

active role in assisting school divisions in developing policies related to children who are medically fragile. The Department of Education should assist local school divisions to review and evaluate their policies and procedures relative to Section 504 of the Rehabilitation Act of 1973.

A second recommendation resulting from SD 5 indicated that School divisions should review and evaluate their policies and procedures relative to Section 504 of the Rehabilitation Act of 1973.

Based on available information, it does not appear that DOE conveyed this recommendation to local school divisions. It should be noted that the Department of Education and the Department of Health are working cooperatively to provide detailed guidance and technical assistance to local schools on serving children with medical needs. The 1996 *Guidelines for Specialized Health Care Procedures* establish the standard of care expected of schools in Virginia. This standard provides a valuable benchmark for school divisions to use in evaluating compliance with Section 504 and other civil rights laws addressing the education of children.

Finding #4: It appears that requesting implementation of this recommendation may still be a viable option for the Commission. If a request is advanced, it should designate DOE as the lead agency and include guidance on the product local school divisions should prepare as a result of the self-study. The request should also include a timeframe for completion of the self-study and specify who should receive the product locally, such as School Health Advisory Boards and Special Education Advisory Committees.

Recommendations from the Report on Access to Buildings and Services by People with Disabilities - SD 9, 1998

SD 9 recommended that DRS should examine and develop recommendations concerning the appropriateness and feasibility of the agency's role in carrying out the provisions of §51.5-12 of the Code of Virginia pertaining to the elimination of environmental barriers. DRS is instructed to undertake four activities to exercise the authority granted.

1. Make surveys and issue reports on environmental barriers
2. Provide relevant information to the public and serve as the liaison for people with disabilities
3. Evaluate the Statewide Building Code and other laws and policies
4. Coordinate activities with DGS and DHCD

Best available information indicates that DRS has not undertaken a formal examination in response to this recommendation. However, DRS does, in part, perform some of the duties specified in §51.5-12. DRS performs and reports on accessibility surveys in response to requests and also when needed to facilitate a job placement for a consumer. It also pursues accessibility concerns with public agencies on behalf of consumers and provides technical assistance and demonstrations on accessibility to address access to services.

It may be that the proper role for DRS relative to the monitoring and oversight functions specified in §52.5-12 is that the agency should have a technical assistance role rather than lead responsibility. Experience suggests that an entity with enforcement authority and enforcement staff should exercise these functions. Ultimately, it appears that such an entity would need to be involved to properly direct and oversee any compliance actions needed.

Recommendation #20: Recommendations from the Report on Access to Buildings and Services by People with Disabilities - SD 9, 1998 - DRS should examine and develop recommendations concerning the appropriateness and feasibility of the agency's role in carrying out the provisions of § 51.5-12 of the Code of Virginia pertaining to the elimination of environmental barriers.

SD 9 also recommended that the Department of Housing and Community Development (DHCD) should examine the manner in which local building code officials resolve access complaints in localities and should consider developing a standardized process for resolving accessibility complaints. Further, the report also recommended that the Department should consider including these procedures in the training of building code officials.

Two findings in the SD 9 report led to this recommendation for examination by DHCD of complaint management by local building code officials. First, that 99% of local building code officials stated that they seldom or never receive complaints concerning access to buildings. Second, that since there is no standardized process for resolving complaints concerning accessibility there is no way to evaluate the management of complaints for compliance with legal requirements or the timeliness and responsiveness of local building code officials. When interviewed in April 1999, the DHCD did not report any specific action that had been taken in response to this recommendation.

Recommendation #21: Recommendations from the Report on Access to Buildings and Services by People with Disabilities - SD 9, 1998 The Department of Housing and Community Development (DHCD) should examine the manner in which local building code officials resolve access complaints in localities and should consider developing a standardized process for resolving accessibility complaints. The Commission may also wish to consider the development and implementation of a plan of action to address the ten recommendations advanced in SD 9.

Statewide Research Project on Employment Options for People with Developmental Disabilities

The Virginia Board for People with Disabilities commissioned a study to examine the current relationship among service options, outcomes and funding streams in employment programs for persons with developmental disabilities in the Commonwealth. The Virginia Commonwealth University Rehabilitation Research and Training Center on Workplace Supports conducted the study. The project was limited to the examination of

currently available and accessible information provided from key state agencies involved in the employment of persons with developmental disabilities: the Department of Rehabilitative Services (DRS); the Department of Mental Health, Mental Retardation and Substance Abuse (DMHMRSAS); and the Department for the Visually Handicapped (DVH).

Employment outcomes and opportunities for persons with developmental disabilities in Virginia vary substantially across agencies and specific disability populations. During the study period of FY 96-98, the Department of Rehabilitative Services achieved positive outcomes in the areas of increasing the number of persons with developmental disabilities who obtained successful employment outcomes and in improving its overall success rate. Certain disability groups such as persons with autism appear potentially underserved because of the low participation levels. Persons with cerebral palsy and orthopedic impairments did not experience the growth in service levels or the improvement in success rates found in the overall population of persons with developmental disabilities served by DRS.

Use of sheltered employment by DRS as an employment outcome continued to grow in Virginia, counter to the national trend of reduced use of this employment option by VR agencies. Use of supported employment by DRS continued to grow, driven largely by expanded use by persons in the mild mental retardation disability group, a population potentially non-representative of individuals with the most significant disabilities for which this employment option is targeted. Wage outcomes increased for persons with DD served by DRS because of increases in hourly wages, with very limited growth in the hours of employment.

The Department for the Visually Handicapped serves a small number of persons with a Developmental Disability. This small number makes it difficult to identify potential trends in service outcomes beyond noting the wage outcomes achieved by the DD population served by DVH exceed those achieved by the DD population served by DRS.

The Department of Mental Health, Mental Retardation and Substance Abuse Services is facing significant challenges in meeting the need for employment related opportunities for the DD population with mental retardation it serves. The non-Home and Community Based Medicaid Waiver funding and participant level for employment related programming for this population in Virginia in FY 98 continues at FY 92 levels. Within the HCB Medicaid Waiver, there is very minimal funding of employment related services, caused largely by severe disincentives within the existing rate structure of the Waiver to providing employment services. The lack of employment related funding opportunities, both within and outside of the HCB Waiver, for individuals with mental retardation needing long term employment supports through DMHMRSAS is a potential contributing factor to the trend within DRS of limited growth in serving persons with moderate mental retardation and reductions in service levels of persons with severe mental retardation.

Recommendation #22: The Department of Rehabilitative Services (DRS) should develop and submit to the Commission a plan to increase access to DRS services and improve employment outcomes for individuals with autism, cerebral palsy and orthopedic disabilities.

Recommendation #23: Consumers participating in SJR 170-evaluation process indicated a desire for community-based employment services. Competitive employment opportunities in their local communities should be available to all individuals with physical and sensory disabilities in the Commonwealth who desire this service. DRS, DMHMRSAS, DVH, DOE, and DMAS should work with localities and service providers to furnish the financial and technical support necessary to enable them to meet the anticipated demand for these services.

Statewide Survey of Future Service Needs Of Students with Disabilities Exiting Public Schools

As specified in the SJR 170 evaluation work plan a statewide survey was conducted to assess the unmet service needs of persons with physical and sensory disabilities, especially the future needs of adolescents who will soon be leaving Virginia public schools. The survey was designed to enable Commission members to obtain a picture of the anticipated needs of students with disabilities as they enter the adult service system.

A work group comprised of family members, representatives from the Departments of Education and Rehabilitation, and members of advocacy organizations developed a written survey. The survey was designed to obtain input from family members concerning the anticipated needs of their children once they exit public school. The survey consists of 17 questions focusing on the services and programs that will be needed to assist students with disabilities to successfully transition from school to the community, including:

- Post secondary education
- Employment
- Living arrangements
- Medical and personal care supports
- Financial assistance
- Individual supports
- Transportation

The Virginia Department of Education was instrumental in distributing the surveys to school divisions across the state. The Department used 1998 Child Find data that is collected each December to determine the number of students with disabilities attending public schools in Virginia. The Department developed a sample using the following disability categories, which most closely matched the population of individuals of interest to the Disability Commission:

- Other Health Impairments
- Multiple Disabilities
- Autism
- Hearing Impairments
- Speech or Language Impairments
- Orthopedic Impairments
- Visual Impairments
- Traumatic Brain Injury
- Deaf Blindness

A total of 490 Virginians participated in the survey, representing 89 different cities and counties across the state. Survey responses were first analyzed for the entire sample. Additional analyses were completed by type of identified primary disability and region of the state. Results of these analyses were then applied to the entire population of special education in order to project the actual number of individuals needing specific types of services in the near future.

Finding #5: Based on the results of the survey generalized to the entire population of special education students in the Commonwealth, it is estimated that the following number of students will require specific services *each year* for the next five years. These totals represent the actual number of students, not percentages of certain categories of students. Further, these are not cumulative totals – the figures provided represent annual averages over the next five years. Finally, these totals represent only students exiting public schools over the next five years and do not include adults already residing in local communities.

**Estimated Annual Number of Special Education Students
Exiting Public Schools Needing Specific Services
FY 2000 – FY 2004**

Type of Service	Annual Number of Students Needing Service
Specialized Support Services at 2 Year and 4 Year Colleges and Universities	665
Job Training Services	664
Case Management/Service Coordination Services	531
Supported Employment Services	500
Independent Living Services	357
Subsidized Housing	290
Specialized Transportation Services	271
Personal Assistance Services	257
Sheltered Workshop	255
Supervised Living Services and Supports	250
Assistive Technology	243
Accessible Housing	142
Interpreter Services	65

Utilization of Funding Options to Meet the Housing Needs
Of People with Disabilities in Virginia

The evaluation work plan that resulted from SJR 170 included an examination of the extent to which the available Federal funds are being used in Virginia's housing programs. Specifically, the study was to look at those programs that are coordinated by state agencies and that result in housing options for people with disabilities. Prior to initiating the research, three questions were developed that served to guide all study activities.

1. Is Virginia effectively using all available state and Federal housing resources earmarked for people with disabilities?
2. Is Virginia meeting the demand for housing for people with disabilities?
3. What, if anything, should the Disability Commission do to address housing issues faced by people with sensory and physical disabilities?

The housing study reviewed information from Federal and state documents, and additional information was obtained via the internet. To gain an understanding of how housing funds are being used to serve people with disabilities, key stakeholders were interviewed in person or via email.

From the information collected and analyzed, and the interviews conducted, five findings emerged. The first is the need for accessible and affordable housing for people with disabilities far exceeds the current availability of housing options as evidenced by the numbers of individuals on waiting lists for Section 8 vouchers.

Second, there is evidence that the need for housing options for people with disabilities will continue in the future. Projections, based on the results from the "Statewide Survey of Future Service Needs of Students with Disabilities Exiting Public Schools", indicate that between FY2000 and FY2004, that there may be as many as 290 individuals with disabilities exiting the public school system each year (a total of 1450 individuals during the 5 year period) who will need some type of subsidized housing.

The third finding from the study is that systematic, coordinated efforts should be made to increase the supply of affordable housing units for individuals with disabilities in the Commonwealth. HUD (the Federal agency), VHDA and DHCD (the State agencies) and local community organizations do not share common priorities, policies or program strategies. A coordinated plan that included the direct participation of all relevant agencies and organizations should be developed to insure Federal, State, and local agencies are working cooperatively to meet the housing needs of individuals with disabilities.

Fourth, the housing needs and perspectives of people with disabilities are not adequately incorporated at the state and local government levels. Disability Services Boards (DSBs) should be charged with the responsibility of ensuring consumer participation and advocacy with Planning District Commissions in the development of state and local Consolidated Plans.

And finally, there is no current coordinating effort within government that specifically addresses the needs of housing for people with physical and sensory disabilities. The Disability Commission should request that the Secretary of Commerce and Trade direct DHCD and VHDA to jointly identify a single point of contact in the Commonwealth at the state level for all issues pertaining to accessible and affordable housing for people with disabilities. The single point of contact should have the responsibility for

coordination of Federal and state funding programs and staff an interagency task force that would be set up to address housing program options for people with sensory and physical disabilities.

Recommendation #24: The need for accessible and affordable housing for people with disabilities far exceeds the current availability of housing options as evidenced by the numbers of individuals on waiting lists for Section 8 vouchers. Systematic, coordinated efforts should be made to increase the supply of affordable housing units for individuals with disabilities in the Commonwealth. A coordinated plan that includes the direct participation of all relevant agencies [HUD, DHCD, DMAS, VHDA] and organizations should be developed to insure that Federal, State and local agencies are working cooperatively to meet the housing needs of individuals with disabilities.

Recommendation #25: The Disability Commission should request that the Virginia Housing Study Commission recommend a single point of contact in the Commonwealth at the state level for all issues pertaining to accessible and affordable housing for people with disabilities. The single point of contact should have the responsibility for coordination of Federal and state funding programs and staff an interagency task force that would be set up to address housing program options for people with sensory and physical disabilities.

Review of Current Efforts to Provide Consumer Directed Personal Assistance Services in the Commonwealth of Virginia

Personal Assistance Services (PAS) are an essential component of the Commonwealth's system of services for individuals with physical and sensory disabilities. PAS services enable hundreds of individuals in the State to lead independent lives in their local communities and avoid restrictive and unnecessary placement in nursing facilities. The Disability Commission has been instrumental in the creation and expansion of personal assistance services in the Commonwealth. Since the early 1990s, the Commission has consistently worked to (1) expand the program capacity and (2) insure that to the extent possible consumers are able to control and direct the services they receive through the program. One of the areas selected for in-depth study through the SJR 170 evaluation was the Medicaid Waiver/personal assistance program. The purpose of this review was to provide information to the Disability Commission regarding the current status of the program and the potential need for program modifications. Several research questions were designed to help shape the study. The specific questions were:

1. What Consumer-Directed Personal Assistance Services are currently available to individuals with physical and sensory disabilities? What services and supports are presently available through the programs?
2. To what extent is present program capacity sufficient for meeting the current and future service need for services?

3. To what extent are existing PAS service programs able to coordinate policies and program operations? Could further coordination improve consumer outcomes and program efficiency?
4. What models are being used by other states to provide consumer directed PAS services? What, if anything, can Virginia learn from the experiences of other states?

The study was conducted using a variety of methods. Structured interviews were conducted with State agency representatives to obtain information about the Consumer Directed PAS programs operated by the Department of Medical Assistance Services (DMAS) and the Department of Rehabilitative Services (DRS). Two focus groups were held, one group representing PAS consumers and the second representing experts in the area of waivers and personal assistance services. The interviews and focus groups were designed to obtain information on the effectiveness of the existing PAS programs and identify strategies that could be used to increase the capacity of services and efficient use of State and Federal dollars.

From the information collected and analyzed, and the interviews conducted, five findings emerged.

1. Current consumer-directed PAS programs in the State serve only a portion of the population in need of this service. At the present time, the DRS-administered program is serving 180 individuals and the DMAS consumer-directed PAS program is serving 60 individuals. Available information indicates that many additional individuals are eligible for and in immediate need of the services provided through the programs.

It is anticipated that the implementation of the proposed Developmental Disabilities (DD) waiver may increase overall program capacity. However, the potential impact of the waiver is not known at this time. Capacity to serve individuals appears to remain a concern of each of the programs. Consumers eligible for personal care services through any other program are not eligible for State-funded PAS services. The DRS-PAS program has made exception to this policy in certain emergency situations with consumers receiving Medicaid funded personal care. DRS-PAS has provided additional services when the 42-hour cap on the consumer-directed PAS program was insufficient in keeping a consumer independent and out of a nursing home. The consumer directed PAS waiver is authorized to serve 275 individuals in the first year, 557 in the second year and 755 in year three.

2. Based on the needs assessment data collected through the SJR 170 evaluation, there will be an increasing need for personal assistance services over the next five years. The survey of the future needs of students with disabilities exiting Virginia schools indicate that as many as 250 students annually may be in need of PAS services once they enter the community.

Available evidence indicates that the need for consumer directed PAS is likely to substantially increase in the future. The SJR 170 study conducted by the Disability Commission gathered data on the projected services needs of students with disabilities exiting public schools over the next five years. Over the next five years, it is estimated that as many as 250 individuals will be leaving school in need of personal assistance services. These numbers present a new group of consumers each year seeking personal assistance services through adult agencies.

3. Consumers traditionally have been dissatisfied with PAS services provided by Home Health Care agencies and have expressed the need for more consumer directed PAS services. Consumers have expressed a need for increased consumer-directed PAS services that enable them to hire, train, and fire their personal assistant. Consumer-directed services should be the preferred service delivery model for individuals in need of PAS services in the Commonwealth.

Not all individuals with physical and sensory disabilities desire to hire and train their own personal assistants. Some individuals appreciate the assistance and support provided through an agency. However, as verified through public comment made during town meetings and the Disability Commission meetings, consumers overwhelmingly confirm the need for more consumer-directed services. Individuals with disabilities believe they should be provided the opportunity to hire, train, and fire their personal assistant. They want to be actively involved in all aspects of the personal care they receive. Unfortunately, Home Health Care Agencies often send individuals that the agencies believe are qualified without first consulting with the consumer. Consumer directed PAS consumers are able to pay their attendant directly which is often more than what the agency can pay the individual.

4. There are significant differences between the DMAS Consumer-Directed PAS program and the DRS State-funded PAS program in terms of the number of service hours provided, the hourly wage paid to personal attendants, and the types of services provided in the two programs. Improved coordination between the programs would lead to increased effectiveness and efficiency.

There are three primary areas of disparity between the DRS and DMAS personal assistance services programs: (1) service hours provided; (2) the hourly wage paid to personal attendants; and (3) the types of services that can be provided. The state funded DRS PAS program has currently established an hourly rate of \$9.25 for Northern Virginia and \$7.00 for all other parts of the state. The Consumer-Directed PAS program operated out of DMAS has an established rate of \$6.00. The state funded DRS PAS program determines the number of hours needed by consumers through their assessment process. The Consumer-Directed PAS program has set a cap of 42 hours. The third area that differs between the two programs concerns services provided. For example, the State funded PAS program will in some instances pay for home modifications to enable a consumer to live more independently and potentially reduce the number of attendant services needed. The DMAS Consumer-Directed program can only provide attendant care services.

The two programs communicate on a regular basis and are fully aware of each other's operations. However, both programs indicated several ways in which enhanced coordination could maximize the overall efficiency of the system.

5. Currently Virginia has established a dual system for providing PAS services. Each program provides services based on different models of service delivery. This raises the question as to whether or not Virginians with disabilities would be better served through one program or through the present system. While current programs would benefit from enhanced coordination, it appears that both programs presently serve a valuable function.

The current funding mechanisms utilized in the Commonwealth involve one program that is entirely funded through State general funds and a second program that is funded through the State's Medicaid program, which is 51.85% federally funded with a state match of 48.15%. The DMAS-administered program maximizes the use of Federal funds to support badly needed services that allows individuals to remain in their communities and escape unnecessary placements in nursing facilities. Consumers generally indicate that they find the DRS-operated program to be more responsive to consumer needs in terms of the amount of services provided, income requirements related to eligibility, and types of services provided.

Several alternative methods for delivering PAS services were suggested by agency representatives and consumers during the evaluation process. An option that was discussed concerns having one agency administer all PAS services for the state. Questions raised as to the possibility of using this approach focus on the interpretation of the Federal regulations concerning single state agency authority. Another alternative for maximizing PAS services is to blend the services provided by DRS and DMAS at the consumer level. That is to say, those services that DMAS is able to provide would be accessed and the services not covered by Medicaid would be accessed through the DRS program. Issues raised over using this strategy primarily focus on concerns that individuals who are not eligible for Medicaid would not be able to be served by the DRS-PAS program because this program would potentially be serving more Medicaid eligible individuals. It raises the question as to whether or not this would really build capacity in the PAS service system.

Recommendation #26: Consumers traditionally have been dissatisfied with PAS services provided by Home Health Care agencies and have expressed the need for more consumer-directed PAS services. Consumers have expressed a need for increased consumer-directed PAS services that enable them to hire, train, and fire their personal assistant. Consumer-directed services should be the preferred service delivery model for individuals in need of PAS services in the Commonwealth.

Recommendation #27: The capacity of the Commonwealth's consumer-directed PAS service programs is insufficient to meet the current or future demand for the service. Program capacity must expand to meet the increasing need for personal assistance services anticipated over the next five years.

Recommendation #28: There are significant differences between the DMAS Consumer-Directed PAS program and the DRS State-funded PAS program. A task force comprised of consumer and State agency representatives should identify ways in which improved coordination between the programs would lead to increased effectiveness and efficiency. The task force should focus its efforts on maximizing the number of service hours provided, the hourly wage paid to personal assistants, and the types of services provided in the two programs and report its findings to the Commission on or before September 1, 2000.

Funding Coordination of Public Transportation
for Persons with Disabilities In the Commonwealth of Virginia

In response to SJR 170, the Technical Assistance Project (TAP) at Virginia Commonwealth University was requested to conduct a study on the status of the delivery of transportation services to people with disabilities residing throughout the Commonwealth. In the spring of 1999, the TAP sought expertise and assistance for this study from LKC Consulting Services, Inc. (LKC), a private firm that has previously provided transportation consultation services in the Commonwealth of Virginia. LKC was directed to conduct research on the sources of Federal and state funds for transportation and to identify best practices for using public funds to coordinate transportation for persons with disabilities in the Commonwealth.

To identify the Federal and state sources and amounts of funding for public transportation, LKC compiled a set of in-house, internet, and library resources on Federal and Commonwealth of Virginia legislation and regulations dealing with funding of public transportation programs and services for persons with disabilities. LKC reviewed the resource set and identified each relevant funding source and its Federal or state department (or agency) of origin. Each department and agency was contacted via telephone, fax, email, or a combination of methods and was asked to provide further detailed information about the funds.

To research examples of the use of public funds for coordinated transportation services, LKC researched and reviewed previous publications, library documents, and the internet. LKC also received direction from industry contacts. LKC identified 10 nationally recognized examples of coordinated transportation programs and services. The 10 examples included programs and services at both the state and local level. These 10 programs and services were contacted and asked to provide detailed information about their public transportation programs. Profiles of each of the 10 programs and services were created based on the detailed information that was provided.

Four of the 10 profiled coordinated transportation efforts (one state level effort, one non-Virginia local level effort, and two Virginia local level efforts) were selected for further exploration based on their achievements in providing coordinated transportation. These four examples were contacted again and asked to provide additional information. This

information was used by LKC to develop case studies of “best practices” in providing coordinated transportation services.

Based on the information gathered throughout the study, six findings emerged concerning the state of transportation services for people with disabilities in the Commonwealth.

1. Virginia is receiving Federal funds to support public transportation. These Federal funds are distributed to local transportation providers who serve persons with disabilities. These funds are distributed through the Virginia Department of Rail and Public Transportation (DRPT). DRPT supports coordination efforts through the Federal 5310 program by requiring nonprofit program applicants to demonstrate coordination. Individual recipients of these Federal funds can be identified but not tracked.
2. The Virginia General Assembly appropriates state funds to support public transportation, and DRPT administers and manages the funds. However, no state transportation funds have been allocated to DRPT to directly support transportation coordination or transportation of persons with disabilities.
3. Virginia transportation providers and sponsors of programs that leverage Federal, State, and other funding sources in order to provide transportation can be identified. Funds that are coordinated in this way are intended to reach persons with disabilities. DRPT is not required to report data in the way that was requested by this study. However, anecdotal information exists to support that individual funding sources reach and serve persons with disabilities.
4. Virginia receives Federal funds to support social service, community, education, and training programs such as the Temporary Assistance to Needy Families (TANF) program. Because many of the programs contain a transportation element, some of these Federal funds can be used to support public transportation services. The state distributes the funds that it receives to individual recipients. The total amount of funds received by the state for each program can be identified. However, tracking the statewide distribution of these Federal funds and the detailed use of the funds by individual recipients was not possible as part of this study. Only from anecdotal information is it possible to say that some of the funds are received by public transportation providers that are involved in coordination and providing services to persons with disabilities.
5. Virginia has a Specialized Transportation Council. The Council’s purpose is to support the development of safe, cost-effective, coordinated, and specialized transportation services for elderly and disabled Virginians. This group has not met in nearly three years, nor has the General Assembly ever funded the Specialized Transportation Incentive Fund.

6. Coordinated transportation has not been a high priority for Virginia State government. Coordinated efforts are fragmented among the state agencies and departments involved. However, there are Virginia providers who are doing a good job of coordinating transportation services and transportation funding.

Recommendations

Recommendation #29: The Department of Rail and Public Transportation (DRPT) should work with localities and other state agencies to routinely track efforts to support transportation coordination or transportation of persons with disabilities, as well as the impact of these efforts on individuals with physical and sensory disabilities.

Recommendation #30: Coordination of public transportation for individuals with disabilities remains a significant problem for the Commonwealth. The Specialized Transportation Council was initially established to support the development of safe, cost-effective, coordinated, and specialized transportation services for elderly and disabled Virginians. This group has not met in nearly three years. The Specialized Transportation Council should serve as the focal point for coordination of transportation services in the Commonwealth.

Disability Commission Legislative Recommendations for the 2000 General Assembly Session

Resolutions

Patron

Joint Resolution to continue the Disability Commission

Del. Landes

- *10-year continuance with strategic plan development during the first year*
- *Joint cooperation of legislators, Lt. Governor, Governor's appointees, and agencies of the Executive Branch*
- *Lt. Governor to be named as Chair; a legislator as vice-chair*
- *Provide greater appointing flexibility to House, Senate, Governor and include 2 consumer members on Commission*
- *Cross-cutting focus on housing, transportation, and employment issues per SJR 170 and other Disability Commission study recommendations*
- *Virginia Board for People with Disabilities to provide staff support with adequate resources*
- *Office of Lt. Governor to provide legislative coordination role*
- Resolution to support DD Medicaid Waiver with budget amount

to follow a review of the Governor's Budget

Motion:
Landes/Mayer

Bills

Code change: § 51.5-48-4 of the Code of Virginia should be Modified (re: DSB reports, SJR 170 Recommendation #2 DSBs) As follows: 4. Review and update the report ~~biennially~~ every three years.

Tate

Code change: § 51.5-4-7-D of the Code of Virginia should be Modified (re: DSB funding, SJR 170 Recommendation #3 DSB local boards, appointment, membership and staff) to read:
The Department of Rehabilitative Services shall administer funding Appropriated to local disability services boards and provide guidance And technical assistance to the local boards. Localities may provide Additional supplemental staff support to the boards.

Tate

Transfer of Specialized Transportation Council responsibilities From Governor's Office to Lt. Governor's Office

(Del. Van
Landingham)

Budget Amendments

Capitol Square Access Study Recommendations (\$500,000) To fund priority area 1 and restrooms in GAB and the Capitol Building

Del. Landes/Sen.
Miller

Budget Amendment--\$250,000 to DRS for Centers for Independent Living (new CIL-Harrisonburg)

Del. Landes

Budget Amendment--\$50,000 for 1 FTE for DRS Greatest need area in support of Long-Term Rehabilitation Case Management

Del. Bloxom

Budget Amendment--\$100,000 for DRS Consumer Services Fund to address documented need for services on waiting list

Del. Van
Landingham

Budget Amendment -- \$500,000 for DRS Personal Assistance Services to address documented need for services on waiting list

Del. Van
Landingham

Budget Amendment—Specialized Transportation Council—\$500,000 to provide funding to Transportation Incentive Fund

Del. Van
Landingham

Budget Amendment--\$150,000 for staff support for Disability Commission(2.0 FTE) for policy/research and administrative support at Virginia Board for People with Disabilities

Del. Bloxom

Maintain funding for Assistive Technology Loan Fund Authority \$1.0 million

Del. Bloxom

