



GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION 2001–2006 STATE PLAN FOR ALASKA

**Creating Change that Improves the Lives of People with
Disabilities and Students Receiving Special Education Services**

2001 – 2006 STATE PLAN

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

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ACKNOWLEDGEMENTS

The **Governor's Council on Disabilities and Special Education** thanks everyone who participated in the planning process for helping us understand the statewide issues affecting Alaskans with disabilities and coming up with proposed solutions. The Council's five-year goals, objectives and strategies are a direct result of your input.

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INTRODUCTION

Who are we?

The mission of the **Governor's Council on Disabilities and Special Education** is to create change that improves the lives of Alaskans with disabilities and students receiving special education services.

The Council uses planning, evaluation and advocacy to create change. The Council analyzes trends and studies population characteristics. To coordinate services the Council supports interagency working groups. To impact legislation or regulation the Council develops coalitions. To change attitudes the Council conducts public awareness campaigns. Documents produced by the Council are used by people with disabilities, their families and advocates to act on their own behalf to impact public policy and the delivery of services.

The Council wears many hats. As the State Council on Developmental Disabilities, the Council plans, evaluates, and advocates on behalf and with individuals with developmental and other substantial disabilities and their families. As the Interagency Coordinating Council for Infants and Toddlers with Disabilities, the Council plans, monitors, and advocates for early intervention services and programs. As the State Advisory Council on the Education of Children with Disabilities, the Council plans, evaluates, and advocates for students who receive special education services. The Council serves as the governing board for the Special Education Service Agency (SESA). The Council also makes recommendations concerning the status and needs of beneficiaries with developmental disabilities to the Alaska Mental Health Trust Authority.

Alaskans with disabilities use a variety of service systems throughout their lives. Effective management of any large, complex system requires access to data, strategic planning and continuous quality improvement. The Council provides these systems with a constructive process that links the public with policymakers to ensure the thoughtful development of efficient and effective service delivery systems.

The Council is composed of 28 members appointed by the Governor. At least one-half of the members must be people who experience disabilities, members of their families or guardians. The remaining members represent state agencies, special educators or other groups specified in law.



What is the State Plan?

The State Plan describes the activities that will be implemented to further the independence, productivity and community inclusion of Alaskans with disabilities and their families. The State Plan provides a blueprint for the activities the Council will take over the next five years. Each year, the Council prioritizes these activities and assigns responsibilities for implementation to various standing or ad hoc committees, which in turn, develop detailed workplans for the year.

The State Plan is based on the input we received from individuals with disabilities, their family and friends, service providers, and state agencies. Council members, staff and other key stakeholders participated in a three-day planning session in mid-May 2000 to discuss the implications of all available information, discuss accomplishments, identify statewide trends, reassess the service system, identify gaps in the existing State Plan and develop goals, objectives and strategies.

How are the State Plan goals, objectives and strategies organized?

In keeping with its mission to create change that improves the independence, productivity and community inclusion of people with disabilities, the Council is focused on seven results. The State Plan goals, objectives and strategies are organized around these seven results:

- ◆ People have choice, flexibility and control over the services and supports they receive.
- ◆ People get and keep employment consistent with their interests and abilities.
- ◆ People live in accessible, affordable and safe homes in the community.
- ◆ People are healthy and benefit from the full range of needed health care services.
- ◆ Children receive prevention and early intervention services.
- ◆ Students reach their educational goals, hopes and dreams.
- ◆ Every individual is a valued, participating member of his or her community.



Many people are involved in developing and implementing the State Plan. As change agents, Council members and staff plan, monitor and advocate with a variety of partners. The outcomes for individuals and families discussed in this progress report would not be possible without the active commitment, leadership and participation of individuals with disabilities, family members and the following major partners and stakeholders:

- ◆ Alaska State Association on Developmental Disabilities
 - ◆ Alaska Infant Learning Providers Association
 - ◆ Alaska Mental Health Board
 - ◆ Alaska Transition Initiative
 - ◆ All Alaska Pediatric Partnership

 - ◆ Department of Corrections
 - ◆ Department of Health and Social Services
 - ◆ Disability Law Center
 - ◆ Division of Medical Assistance
 - ◆ Division of Personnel
 - ◆ Division of Public Health – Maternal, Child and Family Health Section
 - ◆ Division of Teaching and Learning – Special Education
 - ◆ Governor’s Advisory Committee on Alcohol and Drug Abuse

 - ◆ Key Coalition
 - ◆ People First
 - ◆ State Independent Living Council
 - ◆ University of Alaska, College of Arts and Sciences
- ◆ Alaska Commission on Aging
 - ◆ Alaska Job Center Network
 - ◆ Alaska Mental Health Trust Authority
 - ◆ Alaska Transition Training Initiative
 - ◆ Center on Human Development: University Affiliated Program at the University of Alaska Anchorage
 - ◆ Department of Education and Early Development
 - ◆ Department of Labor and Workforce Development
 - ◆ Division of Family and Youth Services
 - ◆ Division of Mental Health and Developmental Disabilities
 - ◆ Division of Public Assistance

 - ◆ Division of Senior Services
 - ◆ Division of Vocational Rehabilitation

 - ◆ Governor’s Committee on Employment and Rehabilitation of People with Disabilities
 - ◆ PARENTS, Inc.
 - ◆ Special Olympics
 - ◆ Stone Soup Group
 - ◆ University of Alaska Anchorage, School of Education

We apologize to any organization or agency we have omitted from this list.



ACCOMPLISHMENTS

Over the past three years, the Council has collaborated with a variety of partners to further the independence, productivity and community inclusion of Alaskans with disabilities and their families. Although the Council cannot and does not take full credit for the results, many positive changes have occurred over the past three years. Some of the accomplishments of these activities are listed below:

- ◆ Reallocation of \$824,800 in savings from the closure of Harborview Developmental Center to individualized community services (core services, community response system and wait list reduction).
- ◆ Trust funding of \$345,000 to develop, implement and evaluate core services.
- ◆ Legislative appropriation of \$604,000 and Trust funding of \$960,000 for service providers to improve the safety and quality of the services they deliver.
- ◆ Annual publication of the *Where to Turn* manual, with increasing demand each year.
- ◆ Examination of the DD Medicaid Waiver Program, resulting in a number of recommendations for improvement.
- ◆ Three-year Trust funding (\$1,075,000) and five-year federal funding (\$2,499,900) to address the barriers that keep people with disabilities from working (fragmented systems, lack of comprehensive vocational services, limited work opportunities, fear of losing health benefits, financial disincentives and general lack of knowledge or use of existing work incentive programs).
- ◆ 35 people served as of December 31, 1999 in the Work Incentives Project, 13 of whom are working in jobs of their choice.
- ◆ Implementation of the Job Creation Project, which resulted in employment offers to 7 individuals.
- ◆ 12 individuals attended training on starting a small business.
- ◆ Implementation of changes to the DD waiver program, thereby enabling the State to bill the federal government for supported employment services for people who never lived in an institution and reduce the wait list for employment.



- ◆ 112 individuals with developmental disabilities have homes of their choice as a result of Trust and Alaska Housing Finance Corporation funding of \$2,179,600.
- ◆ Trust funding of \$120,000 and federal funding of \$120,000 for the *Young Child Behavioral Health Initiative*.
- ◆ Trust funding of \$30,000 and legislative appropriation of \$30,000 to expand the pediatric and genetics clinics; as a result, 76 children and 20 families with no medical coverage benefited from specialty pediatric and/or genetics clinics.
- ◆ Distribution of 2,000 *Pediatric Behavioral Health Symptoms Checklists*.
- ◆ Legislative increments of \$700,000 to reduce the Infant Learning Program wait list (117 infants and toddlers).
- ◆ Approximately 50,000 Alaskans reached through the *Early Intervention Child Find* and milk carton campaign to raise public awareness about early intervention.
- ◆ Trust funding of \$278,000 to develop and provide FAS/FAE consulting and training to educators and families.
- ◆ Five-year federal funding (\$500,000+ per year) through the State Improvement Grant Program to increase educational services and successful outcomes for all students, including students with disabilities (Quality Schools Initiative and other school reform activities; parent and community involvement; partnerships with State agencies; recruitment, training and retention of education professionals, and paraeducators and evaluation).
- ◆ Trust and Department of Transportation funding of \$882,300 for coordinated transportation in 13 communities, with a potential to benefit approximately 6,000 persons with disabilities.
- ◆ Participation of 300+ persons per year in the annual Key Campaign.
- ◆ Trust funding of \$225,000 to provide training and technical assistance for parks and recreation personnel on how to include individuals with developmental disabilities in their classes and activities.



CURRENT CONDITIONS

Some things have improved for Alaskans with substantial disabilities. Over the past three years, there has been a slow, but steady growth in the availability of services that they need to live successfully in the community (e.g. accessible, affordable housing; individual and family supports; accessible, affordable transportation). Many people feel that access to public facilities, quality of life, public attitudes toward people with disabilities and how the media portrays people with disabilities has gotten better over the past two years. Many agencies and organizations are communicating and collaborating more intensely.

However, people also report that there are long waiting lists for the services that they need to live successfully in the community (e.g. individual and family supports; accessible, affordable housing; and accessible, affordable transportation). In many communities, these services do not exist. Many people lack information on how to access available services. Other people are unaware of their rights and responsibilities, which results in a lack of control and choice over the service they do receive.

Agency policies and procedures are not always consumer-friendly. There is a general lack of awareness and understanding of people with disabilities by the police, legal system, generic agencies and the general public. As a result, people with disabilities are often subject to a double standard and don't get the same level of respect, treatment or services as people without disabilities.

Large gaps still exist between adults with disabilities and other adults with regard to employment, education, income, frequency of socializing and other basic measures of 10 major "indicator" areas of life. Furthermore, most of these gaps show little evidence of narrowing and in some cases, the gaps have even widened since 1986. Despite improvements, many public buildings and businesses are not accessible to people with disabilities; sensory accessibility is even more problematic.

Approximately 66 percent of Alaskans with substantial disabilities are unemployed compared to five percent of the general population statewide. Although the vast majority (95 percent) of people with substantial disabilities are employed competitively (DVR), they are more likely to work part-time rather than full-time. Nearly half of the part-time workers said they would work more hours if that option were available to them. Fear of losing benefits, including access to health care, is the major reason why people do not work more than part-time.



There is a lack of affordable, accessible housing in Alaska, which limits the ability of Alaskans with disabilities to live independent, active lives in their local communities. Only one percent of adults with disabilities own their own homes compared to 63 percent of the general population. Barriers to home ownership include down payment requirements, closing costs, limited credit history, limited monthly income and/or little to no employment history.

The demand for Section 8 rental assistance far exceeds the supply. Waiting lists exist in all areas of the state. Despite their eligibility for rental programs, people with disabilities are the group most likely to live in severely inadequate housing. For those individuals who do rent or own their own homes, the costs of modifications to make them fully accessible and usable is often prohibitive. Even if funding is available, many persons with disabilities are forced to settle for inadequate modifications because designers and contractors skilled in barrier-free construction are generally unavailable in Alaska.

Alaskans with disabilities and their families have identified the lack of adequate and affordable health care as a major barrier to independent living and employment. People living in rural and remote areas of the state have particular difficulty accessing health care services. The common needs of people with disabilities for durable medical equipment, assistive technology, medicines and personal assistance services are rarely fully covered. It is difficult for Alaskans with disabilities to receive appropriate mental health services, substance abuse treatment, dental care and specialty services.

Alaska's early intervention system is highly regarded by those who use its services. However, children in some regions of the state are underserved, and providers are not billing all available funding sources although they are developing the capacity to do so.

The community forums and surveys revealed continuing concerns with Alaska's educational systems as it relates to students with disabilities. Education issues rank second in the number of complaints that the Disability Law Center addresses. Successful transitions throughout the educational process are inconsistent statewide. Very few Alaskans with disabilities receive any post-secondary education, which limits their employment options and opportunities for career advancement.



UNSERVED AND UNDERSERVED GROUPS

The Council has identified a number of unserved and underserved groups. Particular attention is being paid to ensure that all State Plan goals, objectives and strategies meet the needs of people from these groups.

Ethnic Groups

Although Alaska Natives are over-served compared to the general population, services are not always provided in a culturally competent manner. Before Alaska moved to an individualized system, individuals living in remote areas of the state had to move to urban areas or Harborview Developmental Services since there were no providers in their communities. Most persons who reside or resided in these remote areas are Alaska Natives. In addition, there are some developmental disabilities that impact Alaska Natives more than other groups. There has been a lack of outreach to African American organizations, groups and churches.

Individuals with Autism

The number of children and adults with autism has grown considerably over the past few years, most likely due to the development of in-state diagnostic expertise. A great deal of technical expertise is needed to serve these individuals effectively in the community. This expertise does not exist in Alaska other than with the specific and targeted Intensive Early Intervention program. As a result, some families are struggling to keep their children home and in the community.

Individuals with Behavioral Health Needs

There are a number of new resources available for individuals with behavioral health needs. These resources include training and services for parents and family members provided by the Stone Soup Group and school-based, wrap around services for high risk students with a history of inappropriate and violent sexual behaviors by the UAP. However, these services are not available statewide.



Individuals with Dual Diagnoses

The ability to serve people with dual diagnoses of a substantial disability and a mental illness is a constant challenge. Categorical funding, separate service providers, different treatment and service philosophies, present barriers to effective services, consumer satisfaction and positive outcomes. Most substance abuse treatment programs do not know how to make the unique programmatic accommodations needed by persons with substantial disabilities.

Individuals with Fetal Alcohol Syndrome

Although not every individual with fetal alcohol syndrome has a developmental disability, many do. The capacity to effectively serve and support them is still being developed, although major gains have been made over the past three years. Alaska has been awarded funds from the Substance Abuse and Mental Health Services Administration to implement its comprehensive plan for service delivery improvement.

Students with Serious Emotional Disturbances

Over the past few years, the Council has been increasingly concerned with the lack of services and coordinated interagency support for students with serious emotional disturbances. Barriers include the lack of a common definition that can be used by education, mental health and medical assistance; lack of cross-training for parents, educators and mental health professionals; confidentiality issues; lack of interagency planning; and uncoordinated funding.



Individuals with Traumatic Brain Injury

Some people with traumatic brain injury function very similarly to persons with developmental disabilities, with the exception of the age of onset. Many need a combination and sequence of services that are of lifelong or extended duration and are individually planned and coordinated, as do people with developmental disabilities. However, provider capacity and the ability to secure funding for this population are extremely problematic.

Parents with Developmental Disabilities

Increasing numbers of persons with developmental disabilities are becoming parents. However, they are at great risk for having their children removed from their homes or having their parental rights severed. There is a pervasive assumption that because of their disability, they are incapable of caring for their child. The lack of training for child protection workers in supporting individuals with developmental disabilities creates an additional barrier.

Aging Caregivers

In 1998, an estimated 423 Alaskans with developmental disabilities were living in households with caregivers aged 60+. With continued improvement in their health status, individuals with developmental disabilities are expected to have a lifespan equal to that of the general population and to outlive their caregivers, stimulating a growing demand for additional services and supports unless a concentrated state-federal effort is mounted to address this issue.



MAJOR ISSUES

Self-Determination: Individuals with disabilities and their families want more direction and control over their own supports and services. They want to choose what services they receive and the provider of those services, both at the agency and direct service level. Many want control over their funding through voucher systems. They want independent service coordinators who work for them rather than for agencies. Individuals with disabilities want services and supports that will help them be valued, participating members of their local communities.

Many persons with disabilities have had limited opportunities to learn self-determination skills. The earlier an individual receives training and opportunity to practice self-determination skills, the more he or she is likely to use them effectively and responsibly. Although self-determination skill development could be built into the Individualized Education Plan (IEP), particularly with students in transition from school to adult life, the IEP seldom includes opportunities to gain these skills.

Health and Safety Quality Assurance: As more and more people with disabilities receive services in the community, increased attention needs to be paid to assuring their health and safety. Many people with disabilities cannot speak for themselves. Others live in substandard housing. Service providers are finding it increasingly difficult to recruit and retain qualified staff. The inability to attract and retain qualified staff affects not only the quality of services provided, but also the basic safety of individuals with substantial disabilities. The capacity of providers to provide quality services to those on the wait list, special education students transitioning to adult life, persons with complex needs and those residing in remote areas of the state is sorely threatened.



SELF-DETERMINATION

Definition

- ◆ Individuals and families know their rights; have the tools to advocate and make choices for themselves; are able to determine how they would like to live and choose their own supports; and, have an array of quality, affordable, and accessible services and supports that are equitably available.
- ◆ Individuals and family members are leaders in their communities, states, and the nation; evaluate the services and supports they receive, and participate in the evaluation of service quality.
- ◆ Individuals and families are treated with dignity and respect and have opportunities to express interests, desires and preferences.

Overview

Self-determination is at the core of what the Council does. It crosses all of the other goals, objectives and strategies. All activities undertaken by the Council are intended to help individuals with disabilities and their families act on their own behalf to impact public policy and the delivery of services.



Goals, Objectives and Strategies

Goal 1: People have choice, flexibility and control over the services and supports they receive.

Objective 1-1: Advocate for the adoption of new or amended State-level public policies promoting consumer choice, flexibility and control.

Strategy A: Work with the Department of Health and Social Services and assist in implementing the *Home and Community Based Waiver Study* recommendations.

Strategy B: Work with the Division of Mental Health and Developmental Disabilities to study, research and make recommendations for an independent service brokerage system and ensure public discussion on the issue.

Strategy C: Work with the Division of Mental Health and Developmental Disabilities to study, research, and make recommendations for a consumer-controlled funding system (e.g. a voucher system whereby people with disabilities and their families purchase needed, desired services).

Strategy D: Work with the Department of Education and Early Development) to promote individual and family choice, flexibility and control through the Individual Education Plan (IEP).

Strategy E: Work with relevant State agencies (e.g. Division of Family and Youth Services) as needed to promote individual and family choice, flexibility and control.

Strategy E: Disseminate information about the benefits, values and effectiveness of consumer choice, flexibility and control to policymakers, people who use publicly-funded services and the public at large.

Objective 1-2: Increase the knowledge and skills of Alaskans with substantial disabilities and their families regarding consumer rights and responsibilities, self-determination, self-advocacy, systems navigation and the policymaking process.



- Strategy A:** Provide Partners in Policymaking training, which includes these areas, for people with substantial disabilities and their families.
- Strategy B:** Advocate for the inclusion of self-determination training within existing curricula and training programs (e.g. IDEA training for parents).
- Strategy C:** Research and explore ways other states and communities are addressing these areas and disseminate widely in a variety of formats (e.g. Internet, pamphlets, videos, CDs).
- Strategy D:** Facilitate networks that provide individuals and families expanded opportunities to increase their knowledge and skills in these areas.

Objective 1-3: Promote ways for people with disabilities and their families to communicate regularly with public policymakers.

- Strategy A:** Disseminate information and help people advocate at the local, state and federal level.
- Strategy B:** Continue to support Key Coalition and Key Campaign activities.
- Strategy C:** Clarify with relevant State agencies criteria for mandatory participation of individuals with substantial disabilities and their families.
- Strategy D:** Create opportunities for people with substantial disabilities and their families to advocate for changes in public policy.
- Strategy E:** Recommend and promote people with substantial disabilities and their families for positions on public policy decision-making bodies and advocate for the supports they need for full participation.
- Strategy F:** Provide information, technical assistance and leadership training to help self-advocacy and family support groups maintain and expand their organizations.



EMPLOYMENT

Definition

- ◆ Individuals with disabilities enjoy the opportunity to work, to contribute to society and to pursue meaningful and productive lives.
- ◆ Students have vocational supports while in school and on the job, receive assistance in identifying and planning careers, and have access to employment and other work experiences including post-secondary opportunities that accommodate students with disabilities.
- ◆ Adults have job choices and career opportunities that are integrated, accessible, equitable and supported.
- ◆ Employers are well informed of the capabilities of individuals with disabilities and about support practices and accommodations.

Overview

There are many barriers to employment for people with substantial disabilities. These barriers include: fear of losing health benefits; financial disincentives; fragmented systems; lack of comprehensive vocational services; general lack of knowledge or use of existing work incentive programs; and limited choices and opportunities. Since these barriers are interrelated and piecemeal solutions are generally unlikely to ensure long-term systemic change, the Council is working with a variety of stakeholders, including individuals with disabilities and their families, to develop comprehensive solutions.

Goals, Objectives and Strategies

Goal 2: People get and keep employment consistent with their interests and abilities.

Objective 2-1: Develop strategies to significantly increase career opportunities for people with disabilities.



Strategy A: In collaboration with the Alaska Works partners, develop and implement a public awareness campaign targeted toward public and private sector employers.

Strategy B: Work with the business community to develop employer incentives, including one-stop services for employers, and industry-specific training programs.

Strategy C: Develop strategies to make the government of the State of Alaska a model employer of people with disabilities.

Strategy D: Promote early career awareness, vocational futures planning, postsecondary education and self-employment activities to increase employment options for people with disabilities.

Strategy E: Improve funding systems, policies and priorities that promote the employment of people with disabilities in careers rather than jobs.

Objective 2-2: Advocate for the adoption of new or amended State-level public policies that enable people with disabilities to go to work.

Strategy A: Monitor the implementation of the Medicaid Buy-In program and advocate for changes as needed.

Strategy B: Develop a system of work incentives that promote increased economic self-sufficiency by people with disabilities.

Strategy C: Work with the Division of Mental Health and Developmental Disabilities to develop strategies that increase the employment rate of individuals with developmental disabilities, hours worked and wages earned and promote career advancement.

Strategy D: Improve funding systems, policies and priorities of relevant State agencies.

Objective 2-3: Promote the availability of an array of services and supports that enable people with disabilities to work.

Strategy A: Establish effective working relationships among stakeholders in Alaska.

Strategy B: Expand the array of services provided at the one-stop job centers to better meet the needs of people with disabilities.

Strategy C: Develop professional capacity to provide comprehensive, holistic vocational rehabilitation services, including benefits counseling and assistance.

Strategy D: Increase access to other resources that people with disabilities need to work (e.g. accessible, affordable transportation).



HOUSING

Definition

- ◆ Individuals have opportunities and information needed to make choices about where to live and with whom they live.
- ◆ Services are available to support these choices.
- ◆ People have the ability to own their own homes.
- ◆ Living in the community is affordable, accessible and equitable.

Overview

There is a lack of affordable, accessible housing in Alaska, which limits the ability of Alaskans with disabilities to live independent, active lives in their local communities. Only one percent of adults with disabilities own their own homes compared to 63 percent of the general population. Even when people with disabilities get government assistance, they are the group most likely to live in severely inadequate housing. For those individuals who do rent or own their own homes, the costs of modifications to make them fully accessible and usable is often prohibitive. Funding agencies and service providers sometime limit choices on where to live since service providers rather than individuals with disabilities own the homes where services are provided.

Goals, Objectives and Strategies

Goal 3: People live in accessible, affordable and safe homes in the community.

Objective 3-1: Increase the availability of accessible housing options.

Strategy A: Promote universal design and visitability standards with architects, homebuilders and the general public.



Strategy B: Explore universal design and visitability incentives for home lenders and home purchasers and advocate for their adoption.

Strategy C: Increase funding sources for retrofitting existing homes and pool funding into one application for home retrofitters.

Objective 3-2: Stimulate the development of a full array of housing options.

Strategy A: Study and explore the specific housing needs of urban, rural and remote communities.

Strategy B: Work with key stakeholders to review, prioritize and implement the recommendations outlined in the housing study conducted for the Trust.

Strategy C: Advocate with the Alaska Housing Finance Corporation to establish a Disability Housing Administrator position responsible for developing funding systems, policies and priorities that increase housing options for people with disabilities.

Strategy D: Explore interest and options for intentional communities where people live together in chosen neighborhoods and provide mutual support.

Strategy E: Explore strategies to promote the enforcement of the Fair Housing Act.

Objective 3-2: Develop strategies to ensure the health and safety of people receiving supported living and other residential services.

Strategy A: Convene key stakeholders including individuals with developmental disabilities, family members, advocacy organizations and provider agencies for the purpose of determining health, safety and quality concerns and issues.

Strategy B: Review the current licensing, certification, quality control and monitoring processes used for community support programs, including assisted living homes, and make recommendations for change based on stakeholder input.

Strategy C: Develop methods to monitor and implement health, safety and quality standards.



HEALTH

Definition

- ◆ Individuals and families have access to the health care information they need to make choices.
- ◆ Health care is available, affordable, accessible and equitable.
- ◆ Health care personnel are appropriately qualified to meet the health care needs of people with disabilities.

Overview

Alaskans with disabilities and their families have identified the lack of adequate and affordable health care as a major barrier to independent living and employment. People living in rural and remote areas of the state have particular difficulty accessing health care services. Many people with disabilities depend on Medicaid for their health care; others go without health care due to the high cost of health insurance. The common needs of people with disabilities for durable medical equipment, assistive technology, medicines and personal assistance services are rarely fully covered. It is difficult for Alaskans with disabilities to receive appropriate mental health and substance abuse treatment.

Goals, Objectives and Strategies

Goal 4: People are healthy and benefit from the full range of needed health care services.

Objective 4-1: Advocate for the adoption of new or amended State-level health policies that meet the needs of people with disabilities.

Strategy A: Explore a variety of options to ensure the availability of preventive dental care and dentures for adults receiving Medicaid.

Strategy B: Collaborate with the Medical Care Advisory Committee and other stakeholders to remove the disincentives for doctors, dentists and specialists to accept Medicaid patients.



Strategy C: Assess the adequacy of the State Medicaid Plan, including EPSDT, to meet the needs of Alaskans with disabilities.

Strategy D: Compare Alaska's State Medicaid Plan to other states and to what's allowable under federal law and advocate for change as needed.

Objective 4-2: Improve access to mental health and behavioral health services by people with substantial disabilities of all ages.

Strategy A: Work with the Alaska Mental Health Board to address broad-based systems issues, including funding systems, policies and priorities of relevant State agencies.

Strategy B: Work with the divisions of Mental Health and Developmental Disabilities, Family and Youth Services, Public Health and Juvenile Justice to develop funding systems, policies, priorities, incentives and training for service providers.

Strategy C: Work with the divisions of Mental Health and Developmental Disabilities, Medical Assistance and the Department of Education and Early Development to develop strategies that increase the availability of mental health services in educational settings.

Strategy D: Provide training to individuals and families on rights and responsibilities, navigation of services and communication with service providers.

Objective 4-3: Promote easy and full access to comprehensive health care services.

Strategy A: Work with the Division of Alcoholism and Drug Abuse and the Governor's Advisory Board on Alcoholism and Drug Abuse to develop funding systems, policies, priorities, incentives and training for service providers, which increase access to appropriate substance abuse treatment by people with substantial disabilities.

Strategy B: Collaborate with health planning groups to increase access to specialists and specialty clinics statewide, including the use of telehealth.

Strategy C: Identify strategies to increase the use of resources available through national organizations for rare disorders.

Strategy D: Develop information and training for health care providers on disability services statewide.

Strategy E: Work with relevant State agencies and other key stakeholders to prevent fetal alcohol syndrome and other FAS related neurological deficits and better serve those affected by prenatal alcohol exposure.



LIFELONG LEARNING

Definition

- ◆ Students have educational and learning experiences based on their individual needs and goals and have access to an array of educational and learning opportunities in their neighborhood schools and at home.
- ◆ Parents know their rights regarding their children's education and learning.
- ◆ Educators are prepared to educate and teach all students. Public policy is in a place that supports appropriate education and learning .
- ◆ Transitions across different learning stages are seamless and meet the needs and interests of students and their families.

Overview

As Alaska's Interagency Coordinating Council for Infants and Toddlers with Disabilities, the Council works closely with State agencies and service providers to promote a seamless system for early intervention. The Council has identified three major issues it will address over the next three years, including lead agency administration and management; public awareness and interagency coordination; and funding. As Alaska's Special Education Advisory Panel, the Council is very concerned about education issues. The Council has identified five major issues it will address over the next three years, including personnel shortages, particularly in rural and remote areas; funding; the High School Qualifying Examination; IDEA compliance; and secondary transition.

Goals, Objectives and Strategies

Goal 5: Children receive prevention and early intervention services.

Objective 5-1: Complete tasks assigned to the Council as Alaska's Interagency Coordinating Council for Infants and Toddlers with Disabilities.

Strategy A: Advise and assist the Division of Public Health, Maternal, Child & Family Health Section (MCFH), the lead agency, in



implementing and evaluating Alaska's early intervention program, including the preparation of applications and amendments.

Strategy B: Assist MCFH in identifying sources of fiscal and other support for services for early intervention and assigning financial responsibilities to the appropriate agencies.

Strategy C: Advise and assist MCFH in promoting interagency, collaborative agreements among all appropriate service providers.

Strategy D: Monitor the comprehensiveness, consistency and quality of the early intervention system and make recommendations for policy change as needed.

Strategy E: Advise and assist the Department of Education and Early Development on the transition of toddlers with disabilities to preschool and other appropriate services.

Strategy F: Prepare and submit an annual report to the Governor and to the Secretary of Education on the status of early intervention programs for infants and toddlers with disabilities and their families operated within Alaska and disseminate widely.

Objective 5-2: Advocate so that all children from birth through age five and their families receive needed services in a timely manner.

Strategy A: Advise and assist the Maternal, Child & Family Health Section and the Department of Education and Early Development regarding the provision of appropriate services for children from birth to five.

Strategy B: Advise agencies serving children from birth through age five with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families.

Strategy C: Advocate for increased funding to meet underserved and unserved needs statewide.

Objective 5-3: Advocate so that Alaska has sufficient numbers of trained and qualified specialists, associates and paraprofessionals to provide statewide early intervention services in a timely manner.

Strategy A: Monitor the development of in-state training programs through the university system and advocate for changes or additional training programs as needed.

Strategy B: Advocate for adequate compensation and benefit packages to attract and maintain well-trained specialists, qualified professionals, associates and paraprofessionals.



Goal 6: Students reach their educational goals, hopes and dreams.

Objective 6-1: Complete tasks assigned to the Council as Alaska's Advisory Panel on the Education of Students with Disabilities.

Strategy A: Advise the Department of Education and Early Development (EED) and the State Board of Education of unmet needs within the state regarding the education of children and youth with disabilities and assist in developing strategies to meet identified needs.

Strategy B: Comment publicly on any rules or regulations proposed by the State regarding the education of children and youth with disabilities and procedures for distributing funds to local education agencies.

Strategy C: Advise EED in developing evaluations, including the use of special education funds; reporting on required data for the Secretary of Education; and developing corrective action plans to address findings identified in Federal monitoring reports.

Strategy D: Advise EED in developing and implementing policies relating to the coordination of services for children and youth with disabilities.

Strategy E: Advise EED on the education of eligible students with disabilities who have been convicted as adults and incarcerated in adult prisons.

Strategy F: Prepare and submit an annual report of panel activities and suggestions to EED and disseminate widely

Objective 6-2: Govern the Special Education Service Agency (SESA).

Strategy A: Assure that SESA provides assistance to Alaskan school districts and early intervention programs serving students with low incidence disabilities, who are located primarily in rural and remote parts of Alaska.

Strategy B: Assure that SESA promotes and supports education that is student, family and community centered; is personally and culturally relevant; and provides individualized supports and accommodations for equal, appropriate access to learning.

Strategy C: Assist SESA in addressing other state needs which relate to the education of individuals who experience low incidence impairment as external funding is obtained.

Strategy D: Monitor and update SESA board policies and procedures as needed.

Objective 6-3: Advocate so that Alaska has sufficient numbers of trained and qualified teachers, aides and related service personnel to meet the needs of children and youth with disabilities.

Strategy A: Work with a variety of stakeholders to develop State-level strategies that address the crisis-level personnel shortages in Alaska.



Strategy B: Collaborate with interested stakeholders to develop a menu of options that local school districts can use to attract and retain special education staff.

Strategy C: Monitor the development of in-state training programs through the university system and advocate for changes or additional training programs as needed.

Objective 6-4: Advocate for funding systems, policies and priorities that promote lifelong learning and community participation by Alaskans with disabilities.

Strategy A: Develop a broad-based coalition to advocate for the full 40 percent funding promised by Congress when the Individuals with Disabilities Education Act (IDEA) was originally enacted.

Strategy B: Explore the potential for school districts and early intervention providers to become Medicaid providers and/or to open their doors to existing Medicaid providers.

Strategy C: Promote strategies to improve student outcomes in communication and behavior.

Strategy D: Advocate for changes to the use of the High School Qualifying Examination to reduce potentially negative impacts on students with disabilities.

Strategy E: Promote methods for students with disabilities and their parents in evaluating their school district's compliance with the IDEA and making recommendations for change.

Strategy F: Promote strategies, including training and support for general educators, to increase the inclusion of students with disabilities in regular classrooms.

Objective 6-5: Pursue statewide systemic change related to transition from school to adult life.

Strategy A: Develop State Standards for Transition.

Strategy B: Ensure that transition is integrated and coordinated with other school reform and workforce initiatives in Alaska.

Strategy C: Develop strategies to promote the early involvement of the divisions of Vocational Rehabilitation and Mental Health and Developmental Disabilities and other State and local disability-related providers.

Strategy D: Advocate for the development of ongoing transition-related technical assistance, professional development, cross-agency training and internships.

Strategy E: Promote methods to make more effective use of existing resources and increase shared and parallel funding of transition services among all potential funding sources.



COMMUNITY PARTICIPATION

Definition

- ◆ Communities accept, include and value their members with disabilities.
- ◆ Services, supports and resources are available to meet the needs of individuals and their families.

Overview

In order for many people with substantial disabilities to live successfully in the community, they need an array of individualized supports, resources and services. However, there are long waiting lists for those services. Many of the most common initiatives for reducing state wait lists are either underway or are no longer available in Alaska. These initiatives include 1) expanding family support to prevent or delay the need for full services; and 2) obtaining resources from the following sources: institutional downsizing, aggressive participation in the Home and Community Based Waiver programs, capping reimbursement for existing programs, or seeking additional Medicaid funding. Of these initiatives, the most promising in Alaska is aggressive participation in the Home and Community Based Waiver programs.

Goals, Objectives and Strategies

Goal 7: Every individual is a valued, participating member of his or her community.

Objective 7-1: Complete tasks assigned to the Council's as Alaska's Developmental Disabilities Planning Council through systemic change, capacity building and advocacy activities.



Strategy A: Develop a five-year State Plan to address, on a statewide and comprehensive basis, urgent needs for services, supports and other assistance for individuals with developmental disabilities and their families and report annually on the results achieved.

Strategy B: Implement the State Plan through a structure designed to facilitate Council member participation and governance.

Strategy C: Analyze policy trends and position the Council to address significant current and emerging policy or funding issues through planning and advocacy.

Strategy D: Adopt an annual prioritized, public policy agenda and advocate for funding, services or policy changes needed from the legislature, State agencies and providers to implement the Council's system change agenda.

Strategy E: Communicate the Council's systems-change agenda to policymakers, opinion shapers, State and private agencies and the public and provide information and data to support the Council's public policy positions.

Strategy F: Develop and/or maintain coalitions with both disability-specific and generic groups around specific policy and funding changes and work together to advocate for needed changes.

Objective 7-2: Complete tasks assigned to the Council as one of the four boards planning and advocating for beneficiaries of the Alaska Mental Health Trust Authority.

Strategy A: Provide information to the Trust on the status and conditions of Alaskans with developmental disabilities.

Strategy B: Make recommendations to the Trust regarding funding, service or policy changes needed from the legislature, executive branch agencies and providers.

Strategy C: Participate in developing and implementing the Comprehensive Integrated Plan for Trust beneficiaries and potential beneficiaries.



Objective 7-3: Improve statewide availability and accessibility of public and private transportation services.

Strategy A: Work with the Department of Transportation and Public Facilities to develop an approach for assessing the needs and resources of representative communities in Alaska (e.g. roadless/ATV community, a small town and large urban community) and prepare a specific model improvement plan for each type of community.

Strategy B: Promote the development of creative strategies and alliances with generic agencies and private-sector transportation providers to initiate and implement community-based transportation options.

Strategy C: Advocate for fair and equitable funding and policies for all areas of the state with legislators, State agencies, local governments and other appropriate agencies and groups.

Strategy D: Promote the maintenance of accessible sidewalks and street access with local governments.

Objective 7-4: Advocate for funding systems, policies and priorities that promote the community participation and inclusion of people with disabilities and their families.

Strategy A: Develop a targeted, intensive marketing program and strategies, which can be implemented statewide and locally, to build support for policies and funding that support the inclusion of people with disabilities in the community.

Strategy B: Develop strategies to increase capacity and stimulate partnerships within communities to include and support individuals with disabilities in generic community activities and programs (e.g. childcare programs, recreation programs).

Strategy C: Advocate with the Division of Mental Health and Developmental Disabilities to fund service coordination (case management) for all eligible, interested persons.



Strategy D: Work with relevant State agencies (e.g. Division of Family and Youth Services) to promote the community participation and inclusion of people with substantial disabilities and their families.

Strategy E: Promote the development of supported parenting services for parents who experience a disability.

Strategy F: Study the intricacies of diversity and methods of promoting the inclusion of individuals with disabilities who are from culturally diverse backgrounds.

Strategy G: Study the extent of personal safety and health in the community and identify strategies for change in policy and practice that increase the personal safety of people with disabilities.

Strategy H: Promote increased implementation of the Americans with Disabilities Act.

Objective 7-5: Advocate so that Alaska has sufficient numbers of trained and qualified direct service professionals to meet the needs of Alaskans with substantial disabilities and their families.

Strategy A: Develop strategies to recruit, train and retain more direct service professionals in Alaska, particularly Alaska Natives and other ethnic minorities.

Strategy B: Encourage ongoing cross-training for service providers of various disciplines.

Strategy C: Work with the University system to incorporate disability awareness training across a variety of disciplines.