



Governor's Council on Disabilities & Special Education 2011 – 2016 State Plan

The Council would like to acknowledge the 2011 members who developed the five-year plan at their 2011 meeting and thank them for their service.





Acknowledgement

The Governor's Council on Disabilities and Special Education (the Council) would like to thank everyone who offered input in the creation of this plan. In 2010, the Council traveled to various communities around the state including Anchorage, Barrow, Cordova, Eagle River/Chugiak, Kenai/Soldotna, Fairbanks, Ketchikan, Matanuska-Susitna Valley, Nome, Petersburg, Sitka, and Wrangell to learn what people thought needed to be changed to improve the lives of individuals with disabilities. While visiting these communities, Council members spoke with individuals with disabilities, families, providers, school districts, infant learning programs and others to learn about services in each community. Thanks to everyone who spoke with us during these visits and gave input to this plan. Also thank you to the 300 people who completed our survey asking what should be included in our plan.

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

- Margaret Mead



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What Does the Council Do?

The mission of the Governor's Council on Disabilities and Special Education (the Council) is to create change that improves the lives of Alaskans with disabilities. The Council was first established in 1978 through the Alaska Legislature to meet the requirements of several state and federal laws. The Council combines the expertise and experience of many stakeholders throughout the state into one unique Council. The Council works to make systems change in the following ways: Recommend changes in statute, regulation, policy and/or procedures, build capacity, and coordinate advocacy activities.

As the State Council on Intellectual and Developmental Disabilities, the Council works with Senior and Disabilities Services and other state agencies to ensure that people with disabilities and their families receive the services they need and participate in the design of those services.

As the Special Education Advisory Panel, the Council advises the Department of Education and Early Development on the provision of special education and related services for children with disabilities from age 3 through age 21.

As the Interagency Coordinating Council on Infants and Toddlers with Disabilities, the Council advises the state's early intervention program on the coordination and provision of quality early intervention services for children with disabilities from birth to age 3.

The Council also serves as the majority of the governing board for the Special Education Service Agency which provides training and consultation to Alaska school districts serving children with low incidence disabilities.

Additionally, the Council serves as a beneficiary board of the Alaska Mental Health Trust Authority advising The Trust on the status, conditions and needs of Alaskans with intellectual and developmental disabilities and their families.



Who Serves on the Council

The Council has 28 members appointed by the Governor. At least 17 of the members on the Council are self-advocates, parents or guardians of someone who experiences a disability. Other people are appointed because they represent a partner organization or state agency. Members serve three-year terms and may apply for reappointment when their term is up.

Anna Attla is a self-advocate from Anchorage who grew up in Galena.

Julie Broyles is a special education teacher from Anchorage and has a child with a disability.

Milton Cheemuk is a self-advocate and lives in St. Michael.

Art Delaune is a parent of an adult with a disability and lives in Fairbanks.

Donald Enoch is the Special Education Administrator at the Department of Education and Early Development and lives in Juneau.

Kathy Fitzgerald represents the Center for Human Development, has an adult daughter with a disability and lives in Anchorage.

David Flynn is a parent of a child with a disability and lives in Delta Junction.

Dean Gates is a self-advocate and lives in Anchorage.

Eric Gebhart is the superintendent of Nenana School District and the parent of a child with a disability.

Jeanne Gerhardt-Cyrus is the parent of several children with disabilities and lives in Kiana.

Taylor Gregg is a self-advocate and lives in Ketchikan.

Heidi Haas is the parent of a child with a disability and lives in Fairbanks.

Tara Horton represents the Commissioner's Office at the Department of Health and Social Services and lives in Anchorage.

Susan Kaplan is a dean at the University of Alaska and lives in Anchorage.

Terese Kashi is a parent of a child with a disability, a school psychologist and lives in Soldotna.

Wes Keller is a legislator from Wasilla.

Margaret Kossler is the parent of a child with a disability and lives in Anchorage.

Banarsi Lal represents the Alaska Commission on Aging and lives in Fairbanks.

Kaleene Lamb is a self-advocate and lives in Fairbanks.

Karli Lopez is the parent of an infant with a disability and lives in Anchorage.

Ernie Manzie is a special educator and lives in Fairbanks.

Sharon Miranda is a self-advocate and lives in Anchorage.

Ric Nelson is a self-advocate and lives in Anchorage.

Sean O'Brien represents the Division of Vocational Rehabilitation and lives in Juneau.

Lucy Odden is a self-advocate and lives in Anchorage.

Bob Petersen represents the Disability Law Center of Alaska and lives in Wasilla.

Justine Sheehan is a self-advocate from Barrow but currently lives in Anchorage.

Amy Simpson represents the Early Intervention/Infant Learning Programs and lives in Eagle River.



Our Five-Year Plan

Why Does the Council Write a Five-Year Plan?

Every five years the Council is asked by the federal government to write a plan. Planning helps the Council decide what it would like to accomplish. It helps the Council focus on what is most important. Before writing the plan, the Council visits communities to find out what people think is important. Then the Council decides what action to take. This five-year plan describes what the Council will work on from October 2011 to September 2016. This plan is sent to the federal government's Administration on Intellectual and Developmental Disabilities.

How Did the Council Develop its Five-Year Plan?

In 2010, Council members and staff traveled to various communities around the state including Anchorage, Barrow, Cordova, Eagle River/Chugiak, Kenai/Soldotna, Fairbanks, Ketchikan, Nome, Palmer/Wasilla, Petersburg, Seward, Sitka and Wrangell to gather input on the areas in which people were experiencing difficulties as well as recommendations for changes that would improve the lives of individuals with disabilities. While visiting these communities, Council members met individually with providers during the day and held a public forum in the evening. They spoke with individuals with disabilities, families, providers, school district staff, infant learning program staff and others to learn about services and needs in each community. The Council also sent out a survey asking for the same input requested during these public forums. The survey was sent to all the listserv members and contact lists. We received 300 responses. Council staff also reviewed the transcripts of public testimony received during Council meetings for the last five years. Each of the Council's committees provided recommendations for priorities to be included in the plan. Staff gathered information on state and national trends. The Council also gathered information from the Center for Human Development and the Disability Law Center of Alaska.

In May 2011, the Council met face to face for three days in Seward to review all the information gathered, discuss progress made on the current plan and draft a new five-year plan. Council members reviewed information for each goal area including data, public input and progress on the past plan to determine if any changes were needed in the goals and objectives. Then Council members generated a list of activities designed to meet each objective. Council members came up with a large number of activities for each objective; the activities listed in the plan are those with the highest priority. The Council will consider all suggested activities as it implements the five-year plan and develops annual work plans. All this information was organized into a written plan and sent to Council members for final review before putting the plan out for public comment.

The plan was released for public comment from June 1 through July 15, 2011. The draft plan was publicized in many ways including being posted on the Council's website, tweeted, and sent out to our listservs and contact lists. Each Council member was also asked to send the draft plan to interested stakeholders. The public could respond in a variety of ways including completing an online survey, emailing staff with comments, calling on the phone to provide comments, or meeting with staff in person to provide comment. The Council received 32 public comments on the five-year plan. All comments were reviewed and changes made included spelling out acronyms, adding additional partners, clarifying or adding priority activities for the various objectives, and clarifying how objectives would be measured. The plan was amended in October 2012 to further clarify Council's goals and objectives.





Council Accomplishments

What Did the Council Accomplish in the Last Five Years?

During 2006, the Council took an active leadership role in helping develop the state's Early Learning Guidelines, which focus on outcomes for infants and toddlers as well as preschool guidelines that identify outcomes for children in kindergarten through second grade. The Council created an ad hoc committee on the Developmental Disabilities waitlist which prepared a set of 17 recommendations to better manage the waitlist for developmental disability services. This resulted in a \$3 million increment in state funds and a \$4.1 million increment in federal funds. The Newborn Hearing Screening bill, which the Council helped advocate for, was passed in 2006. The Council worked with the Alaska Mental Health Trust Authority to advocate with the legislature to fund preventative and restorative dental care and dentures for adults on Medicaid. The Council advocated for a bill that updated Alaska's statutes by replacing the word "handicapped" and using People First Language. The Council contracted for a State of the State report, which described how Alaskans with intellectual and developmental disabilities are living, how they viewed their lives and their place in the community. In 2006, the Council was awarded a three-year research and demonstration grant from the Office of Disability Employment Policy to increase the number of Alaskans with disabilities who are self-employed.

In 2007, the Council successfully advocated with the Alaska Mental Health Trust Authority (The Trust) to fund Early Childhood Comprehensive System Grants (\$100,000) and Positive Supports Training for Young Children (\$80,000) in FY08 as part of the Bring/Keep the Kids Home Initiative. The Ad Hoc Committee on Autism developed a set of recommendations for The Trust, the new administration and the legislature. As a result, the FY08 budget included a \$500,000 (\$250,000 Trust and \$250,000 in state funds) appropriation for expanded autism diagnostic clinics. A \$300,000 increment for early intervention/infant learning program services was approved by the legislature. The Medicaid buy-in program for working people with disabilities was changed to allow participants to save up to \$10,000 for an individual (formerly \$2,000) and \$15,000 for a couple (formerly \$3,000) without losing their Medicaid. The Council was awarded a three-year grant from the Department of Justice/Office on Violence against Women, to build collaborative networks between the disability community and the victim

services community. The Council conducted a provider survey to determine the impact of the Medicaid rate freeze on providers and a family survey to determine the impact of the rate freeze on service recipients and their families.

In 2008, the Council co-sponsored the Disability Employment Policy Summit with the Governor's Office to secure commitments from state agencies to make the state a model employer of people with disabilities, help people with disabilities build assets, and better integrate services and resources. The Council, in collaboration with The Trust, was also successful in advocating for a \$250,000 increment (\$125,000 state funds and \$125,000 Trust funds) for autism workforce development capacity building. The legislature also provided funding to increase Medicaid home and community-based waiver rates by 4 percent as a result of Council activities. In 2008, the Council worked with many stakeholders to advocate with the legislature to increase the Base Student Allocation, make adjustments to school district cost factors, recalibrate the amount of pupil transportation grants and increase funding for students with intensive needs. During 2008, the Council worked with The Trust to obtain, for the first time ever, state general funds to be used for coordinated transportation (\$800,000 general fund and \$300,000 Trust funds).

In 2009, the Council's five-part autism initiative continued to gain momentum, including funding for expanded diagnostic capacity transitioned from a mix of state general fund dollars and Trust funding, to 100 percent state general fund dollars (\$500,000 total). An additional \$125,000 in state general funds were secured for workforce development in autism and for the first time, state general funds (\$150,000) were obtained for the Alaska Autism Resource Center. The Council organized and oversaw the development and implementation of the Alaska's Kids Can't Wait campaign. As a result, the legislature funded a \$1 million increment for early intervention/infant learning program (EI/ILP) services and \$300,000 for EI/ILP workforce development/highly qualified staff. Together with many stakeholders, the Council successfully advocated for the passage of HB 26, which permanently re-authorized the Medicaid preventative and restorative dental program for adults. The Council received funding





Council Accomplishments

from The Trust to hold a residential services summit May 28-29, in which 125 participants learned about new technologies and approaches to providing residential services and they identified implementation priorities. As a result of the Council's advocacy, the State Board of Education and Early Development added advanced nurse practitioners to the list of medical personnel that can make an autism diagnosis for special education purposes. The Council provided public comment and coordinated testimony by People First members to the State Board of Education and Early Development to change regulations replacing the term "Mental Retardation" with "Cognitive Impairment."

In 2010, the legislature passed SB219, which established a traumatic brain injury program within the Department of Health and Social Services. A comparison of a 2002 and a 2010 survey commissioned by The Trust showed a fundamental shift in people's perception of Alaskans with intellectual and developmental disabilities in terms of comfort level (79.4 percent to 82.1 percent), ability to hold down a job (31.8 percent to 53 percent) and whether services can improve their quality of life (58.9 percent to 73.4 percent).

In 2011, the Council helped establish three Project SEARCH sites to improve employment outcomes for youth with intellectual and developmental disabilities. The Alaska Mobility Coalition and the Council successfully advocated for \$1 million for the Public Transportation Programs state match funds. The Council, along with the other Trust partner boards, secured a \$325,000 one-time increment to pilot the Complex Behavior Collaborative which provides intensive support and intervention to individuals with complex behaviors who are at risk of being sent out of state or to in-state institutions.

The Next Five Years

What Did the Council Learn in the Process of Creating a New Five-Year Plan?

Goals

The Council's selection of goals was based on information that members gathered from meetings with individuals around the state as well as public testimony, recommendations from Council's committees, meetings with providers, personal experiences of Council members, and duties assigned by state regulation. The Council heard many of the same issues of concern over and over including the fact that all the challenges were exacerbated in rural and remote communities. Selected goals include advocacy and leadership, community choice and supports, housing, transportation, employment, early intervention, education and health.

The Council chose advocacy and leadership as its first goal because it represents the foundation of all other Council work. Council members not only need to know what the issues are, but also how to organize grassroots campaigns and how to build leadership and advocacy skills of individuals with intellectual and developmental disabilities, their families and interested stakeholders. Another reason the Council chose this goal was to help re-start a statewide self-advocacy organization of individuals with intellectual and developmental disabilities.

Issues surrounding home and community-based services, housing and transportation are always a top priority based on public input and Council members' personal experiences. On June 26, 2009, the Center for Medicare and Medicaid Services imposed a three-month moratorium on home and community-based waiver services in Alaska. The Council worked diligently with Senior and Disability Services to get the moratorium lifted. While a large amount of work has been accomplished, some of the new policies have unintended consequences for individuals with disabilities, resulting in the need for continued Council work in this area. Lack of adequate and accessible housing is a statewide issue but the situations are exponentially more difficult for those in remote communities. The same is true for transportation.



The Next Five Years



The Council chose to keep employment as a separate goal area due to great need in this area. The Council has many projects that are employment focused. The Council has successfully managed the Medicaid Infrastructure Grant and will use a no cost extension in 2012 to continue activities under this grant. The Council will continue to develop the Employment First Initiative, Supported Employment, Microenterprise program, and to work with the Disability Employment Initiative. The Council recently began a new initiative to bring Project SEARCH to Alaska and will work to expand the number of sites.

Early intervention services and the special education system are always issues that are brought before the Council as needing improvement. Under state statute, the Council also serves as the Interagency Coordinating Council for Infants and Toddlers with Disabilities and the Special Education Advisory Panel. It is difficult to provide early intervention and special education services in a state with vast geography and low populations in conjunction with severe living conditions (i.e., weather, isolation, housing, etc).

Health issues are continually brought before the Council. Challenges in this area come up at most of the forums we held, so it was another goal that did not require a lot of discussion. Challenges in this area are directly related to Alaska's size, poverty, remoteness and lack of qualified staff due to low population numbers. The Council is looking at initiatives that involve using technology to increase services to those living in rural and remote communities as one solution to address some of these challenges.

Unserved and Underserved Groups

Council members received an update on the progress made addressing the needs of unserved and underserved groups from the past five-year plan in May 2011 and reviewed testimony from public forums. Members then broke into work groups to discuss and prioritize a new list of unserved and underserved groups. Each group shared its information and members came to a consensus. The final list of unserved and underserved individuals or groups includes: people who live in rural and remote communities, individuals with intellectual and developmental disabilities who have dual diagnosis or challenging behaviors, individuals with

intellectual and developmental disabilities who are not eligible for waivers, youth transitioning from school to adult services, individuals with intellectual and developmental disabilities who have aging caregivers, individuals with Fetal Alcohol Spectrum Disorders, and parents with intellectual and developmental disabilities.

The most underserved, and in some cases unserved, individuals in Alaska are those living in rural or remote communities. Individuals who live in rural or remote Alaska face many challenges including lack of access to major health facilities, high poverty and unemployment rates. Thirty-three percent of all Alaskans live in villages with no roads linking them to other communities and must travel by bush plane, riverboat or snowmobile. Travel costs are extremely expensive, thus further complicating service delivery. The problems of vastness and distance require creative approaches to meet the needs of Alaskans with intellectual and developmental disabilities and their families.

Individuals with intellectual and developmental disabilities who have dual diagnoses or challenging behaviors stayed on the list as underserved, as most of these individuals are at risk for placements in institutions. It is one of the Council's top priorities to develop a complex behavior collaborative with behavior experts who are able to work with individuals with disabilities, their families and providers to keep them in their homes and communities.

During public forums, one topic that often came up was the need for services for individuals who are not eligible for waivers. Although the state provides grants to local agencies to provide some services, funding for these grants is limited and does not begin to adequately serve the needs of individuals not in the waiver system.

Services for youth transitioning from school to adult life continues to be challenging especially in remote communities with high poverty and unemployment rates. The Council continues to work to expand rural transition services and Project SEARCH sites. Testimony about the lack of services for individuals with Fetal Alcohol Spectrum Disorders was provided at almost every public forum. Parents with intellectual and developmental disabilities comprise a small number of individuals but are generally an unserved or underserved group.





The Next Five Years

What Will the Council Be Working on in the Next Five Years?

ADVOCACY AND LEADERSHIP

Goal 1.1 The Council, in collaboration with the Center for Human Development and the Disability Law Center of Alaska, will assist in re-establishing and supporting a statewide self-advocacy organization led by individuals with intellectual and developmental disabilities (IDD).

- 1.1.1 Support self advocates to begin re-establishing a self-advocacy organization.
- 1.1.2 Assist the self-advocacy organization to meet regularly, gather new members, and locate ongoing funding.
- 1.1.3 Assist the self-advocacy organization to create and implement a strategic plan and website.
- 1.1.4 Assist the self-advocacy organization to implement its work plan and secure funding for a statewide conference.
- 1.1.5 Assist the self-advocacy organization to hold a statewide conference and advocacy award program.

Goal 1.2 Increase the knowledge of the policymaking process and advocacy skills of at least 300 Alaskans with intellectual and developmental disabilities, family members, and/or other stakeholders each year.

- 1.2.1 Provide at least one training annually on grassroots advocacy to Council members, self-advocates, family members and other stakeholders.
- 1.2.2 Support Council members, self-advocates, family members and other stakeholders to educate the state legislature on bills that affect individuals with disabilities.
- 1.2.3 Support Council members, self-advocates, family members and other stakeholders

to inform the congressional delegation of issues impacting the lives of people with disabilities.

- 1.2.4 Provide support for self-advocates and families to participate in the Key Coalition and Key Campaign.
- 1.2.5 Provide support in planning conferences that address issues of importance to the Council.
- 1.2.6 Provide support for Council members, self-advocates and family members to make at least three presentations annually at various conferences on issues important to the Council.
- 1.2.7 Develop a mentor program for new Council and committee members.
- 1.2.8 Increase the participation of individuals with intellectual and developmental disabilities by providing voter information and increasing access to the voting process.
- 1.2.9 Inform Council members, self-advocates, family members and other stakeholders on issues important to the Council.
- 1.2.10 Support Partners in Policymaking (PIP) activities.

COMMUNITY CHOICE AND SUPPORTS

Goal 2.1 Advocate for a minimum of five new or amended state or public programs, policies or practices per year that promote consumer choice, flexibility and control of services.

- 2.1.1 Advocate for funding for the Complex Behavior Collaborative (CBC).
- 2.1.2 Advocate for the removal of “mental retardation” from all state statutes and regulations.





The Next Five Years

- 2.1.3 Research ways to use tele-practice in the Home and Community Based Waiver and grant service systems to improve services.
- 2.1.4 Advocate for an increase in wages and benefits for direct service professionals.
- 2.1.5 Advocate for a statute that requires a periodic community provider rate review equivalent to the existing process for hospitals and nursing homes.
- 2.1.6 Support Council members, self-advocates and family members to comment on proposed regulations that impact the lives of people with intellectual and developmental disabilities.

Goal 2.2 Support capacity building activities (i.e., training, technical assistance, collaboration, consultation) that promote consumer choice, flexibility and control of services for at least 1,000 individuals per year.

- 2.2.1 Continue to work with Senior and Disability Services and other stakeholders to improve information and referral services through the Aging and Disability Resource Centers (ADRC).
- 2.2.2 Implement the Alaska Safety Planning Empowerment Network (ASPEN) in at least two communities to better meet the needs of women with disabilities who are victims of sexual or physical assault and/or stalking.
- 2.2.3 Continue to collaborate with the Center for Human Development and other stakeholders to improve the quality of the direct service workforce.
- 2.2.4 Collaborate with Assistive Technology of Alaska and the Assistive Technology Coalition to establish a State Assistive Technology Reuse Program.

Goal 2.3 Conduct statutorily mandated responsibilities as a beneficiary board to the Alaska Mental Health Trust Authority (The Trust).

- 2.3.1 Continue to participate in The Trust's budget recommendation planning process.



- 2.3.2 Continue to collaborate with The Trust and its partner boards on legislative priorities including participation in advocacy coordination meetings.
- 2.3.3 Continue to collaborate with The Trust in implementing public awareness campaigns to reduce stigma and show the contributions individuals with intellectual and developmental disabilities make to their communities.
- 2.3.4 Support the distribution of mini grants to individuals with intellectual and developmental disabilities.

HOUSING

Goal 3.1 Advocate for a minimum of three new or amended state or public programs, policies or practices that increase accessible, affordable housing per year.

- 3.1.1 Continue to work with The Trust and other stakeholders to expand affordable and accessible housing options for people with disabilities that meet their needs.
- 3.1.2 Continue to provide recommendations for changes to housing programs and regulations to the Alaska Housing Finance Corporation (AHFC), Municipality of Anchorage, and U.S. Department of Housing and Urban Development (HUD).
- 3.1.3 Advocate for housing for unserved or underserved groups (transitioning youth, criminal justice system).
- 3.1.4 Support Council members, self-advocates and family members to comment on proposed housing regulations that impact the lives of people with disabilities.

Goal 3.2 Support capacity building activities (i.e., training, technical assistance, collaboration, consultation) that increase accessible, affordable housing for at least 100 individuals per year.

- 3.2.1 Develop a public awareness campaign about local housing options and resources as well as resources for home modifications.



The Next Five Years

- 3.2.2 Partner with the Statewide Independent Living Council (SILC) to advocate with AHFC to have a disability housing office (similar to the senior housing office).
- 3.2.3 Collaborate with the Americans with Disabilities Act (ADA) Partners Project to develop required training on accessibility, Universal Design, ADA codes, and visitability for licensed contractors, realtors, and architects.
- 3.2.4 Promote the use of assistive home technology that increases independence of residents (i.e., Smart Home) with providers and families.

TRANSPORTATION

Goal 4.1 Advocate for a minimum of five new or amended state or public programs, policies or practices per year that increase accessible public transportation options.

- 4.1.1 Continue to support efforts to increase funding for developing a public transportation infrastructure.
- 4.1.2 Advocate for the creation of a statewide public transportation board.
- 4.1.3 Advocate for transportation changes in Medicaid and waiver regulations/policies.
- 4.1.4 Advocate for accessible travel options for residents and visitors with disabilities, including accessible hotel courtesy vehicles and taxis.
- 4.1.5 Support Council members, self-advocates and family members to comment on proposed transportation regulations that impact the lives of people with disabilities.
- 4.1.6 Assist the Transportation Security Agency (TSA) to develop an option for individuals with disabilities to practice screening at the airport in advance of a travel day.

Goal 4.2 Support capacity building activities (i.e., training, technical assistance, collaboration, consultation) that increase accessible public transportation options for at least 60 individuals per year.

- 4.2.1 Continue to collaborate with the Alaska Mobility Coalition to enhance community transportation options statewide.
- 4.2.2 Provide technical assistance to help communities establish coordinated accessible transportation options.
- 4.2.3 Develop and promote training on disability etiquette for TSA agents, taxi drivers, and public transportation providers.

EMPLOYMENT

Goal 5.1 Advocate for a minimum of five new or amended state or public programs, policies or practices per year that improve employment opportunities.

- 5.1.1 Work with partners to develop and implement a plan to double the number of individuals with intellectual and developmental disabilities who are employed by 2016.
- 5.1.2 Continue to work with the Alaska Workforce Investment Board and the Employment Security Division to ensure that disability resource coordinator job duties are added to at least one position at each One-Stop Job Center.
- 5.1.3 Advocate for the State of Alaska to become a model employer and increase the use of the provisional hire program.
- 5.1.4 Increase opportunities for people to become self-employed.
- 5.1.5 Increase asset building opportunities.
- 5.1.6 Support Council members, self-advocates and family members to comment on proposed employment regulations that impact the lives of people with disabilities.





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- 5.1.7 Increase the employment of youth transitioning from high school to adult life through Project SEARCH and other business industry partnerships.
- 5.1.8 Change the intellectual and developmental disability home and community-based waiver and Medicaid State Plan services to increase employment supports.

Goal 5.2 Support capacity building activities (i.e., training, technical assistance, collaboration, consultation) that improve opportunities for individuals with disabilities to become employed for at least 800 individuals per year.

- 5.2.1 Develop a streamlined collaborative for providers and employers interested in becoming Employment Networks through the Ticket-to-Work program.
- 5.2.2 Work with the Center for Human Development and the Disability Law Center of Alaska to create increased capacity to provide work incentives counseling.
- 5.2.3 Continue to work with the Division of Vocational Rehabilitation, Division of Business Partnerships, Employment Security Division and Division of Public Assistance to disseminate information on resources available to help people obtain and maintain a job.
- 5.2.4 Increase the employment of youth transitioning from high school to adult life through Project SEARCH and other business industry partnerships.
- 5.2.5 Provide support to the Peer Power employment initiative.
- 5.2.6 Partner with the Center for Human Development to expand post-secondary education options.
- 5.2.7 Work with the Center for Human Development and other stakeholders to increase provider capacity to provide employment supports and services.
- 5.2.8 Work with the Center for Human Development and other stakeholder to operate the microenterprise grant program.

EARLY INTERVENTION

Goal 6.1 Advocate for a minimum of 10 new or amended state or public programs, policies or practices per year that improve quality early intervention services.

- 6.1.1 Continue to advise and assist the State Early Intervention Infant Learning Program (EI/ILP) staff in policy, procedural and funding changes to expand infant learning program eligibility from a 50-percent delay to a 25-percent delay.
- 6.1.2 Continue to advise the state in policy and procedural changes regarding early intervention services for young children who are deaf or hard of hearing.
- 6.1.3 Continue to support the efforts to increase the recruitment and retention of a highly qualified, sufficient early childhood workforce.
- 6.1.4 Advise State EI/ILP and the Department of Education and Early Development (EED) regarding the transition of toddlers with disabilities to preschool and other appropriate services.
- 6.1.5 Support Council members, self-advocates and family members to comment on proposed early intervention/infant learning program regulations that impact the lives of people with disabilities.
- 6.1.6 Meet federally mandated requirements as Alaska's Interagency Coordinating Council for Infants and Toddlers with Disabilities under Part C of the Individuals with Disabilities Education Act.

Goal 6.2 Support capacity building activities (i.e., training, technical assistance, collaboration, consultation) that improve the quality of early intervention services for at least 100 individuals per year.

- 6.2.1 Recruit parents of infants and toddlers to become Council members, advocates, and/or committee members.





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- 6.2.2 Support efforts to increase a well trained, highly qualified and sufficient workforce of early intervention professionals.
- 6.2.3 Participate on the leadership team for the Technical Assistance Center on Social Emotional Intervention Initiative and implement the pyramid model to address the social and emotional needs of children under the age of 5.
- 6.2.4 Participate in the Infant Learning Program Coordinators conference.
- 6.2.5 Develop capacity building strategies to ensure the needs of young children who are deaf or hard of hearing are met.
- 6.2.6 Advocate for training for parents of infants and toddlers with disabilities.
- 6.2.7 Assist in creating a marketing campaign to promote knowledge of early intervention resources, benefits and outcomes.
- 6.2.8 Explore the use of technology and tele-practice as a way to increase services in rural communities and access to specialists.
- 6.2.9 Support the Alaska Transition Training Initiative.
- 6.2.10 Post best practice information, trainings and articles on the Early Childhood Special Education listserv.

EDUCATION

Goal 7.1 Advocate for a minimum of 20 new or amended state or public programs, policies or practices per year that improve the quality of education for students with disabilities.

- 7.1.1 Continue to advocate for alternative routes for students with disabilities to pass the high school graduation qualifying examination or receive a diploma.



- 7.1.2 Advocate for improved secondary transition services in rural areas.
- 7.1.3 Continue to promote the creation of state and/or federal regulations regarding restraint and seclusion in schools.
- 7.1.4 Advocate for the continuation of intensive needs funding.
- 7.1.5 Support Council members, self-advocates and family members to comment on proposed education regulations that impact the lives of students with disabilities.
- 7.1.6 Meet federally mandated requirements as Alaska's Special Education Advisory Panel under the Individuals with Disabilities Education Act by advising the state regarding the unmet educational needs of students with disabilities, as well as in developing and implementing policies relating to the coordination of services for children with disabilities.

Goal 7.2 Support capacity building activities (i.e., training, technical assistance, collaboration, consultation) that improve the quality of education for students with disabilities for at least 1,000 individuals per year.

- 7.2.1 Participate in the planning of the Alaska Statewide Special Education Conference and Special Education Directors Meeting.
- 7.2.2 Showcase innovative programs and create a clearinghouse of successful practices.
- 7.2.3 Present annual award to teachers who promote inclusion, universal design and assistive technology.
- 7.2.4 Post best practice information, trainings and articles on Alaska Special Education listserv.
- 7.2.5 Support efforts to increase a well trained and highly qualified work force sufficient to meet the needs of students with disabilities.



The Next Five Years

- 7.2.6 Advocate for training for parents and students with disabilities and an annual parent conference.
- 7.2.7 Govern the Special Education Service Agency (SESA) to ensure SESA meets its statutorily mandated responsibilities.

HEALTH

Goal 8.1 Advocate for a minimum of eight new or amended state or public programs, policies or practices each year that improve health and well-being.

- 8.1.1 Continue to advocate for adequate services for individuals with autism.
- 8.1.2 Develop recommendations for Medicaid reform using an ad hoc committee.
- 8.1.3 Increase by 2 percent the number of individuals with disabilities who receive preventative health care.
- 8.1.4 Increase by 5 percent the number of individuals experiencing disabilities who are prepared for a local or statewide disaster
- 8.1.5 Support Council members, self-advocates and family members to comment on proposed health regulations that impact the lives of people with disabilities.
- 8.1.6 Continue to participate on the Bring the Kids Home focus group to reduce the use of out-of-state residential psychiatric treatment centers for children and youth with severe emotional and behavioral disturbances.
- 8.1.7 Continue to support efforts to increase the recruitment and retention of the workforce providing services to people with disabilities.



Goal 8.2 Support capacity building activities (i.e., training, technical assistance, collaboration, consultation) that improve health and well-being for at least 1,000 individuals per year.

- 8.2.1 Provide training on access to preventative health care for individuals with disabilities and direct care professionals.
- 8.2.2 Provide training to individuals experiencing disabilities, direct care professionals and emergency responders regarding emergency preparedness for individuals with disabilities.
- 8.2.3 Advocate for the training of professionals and families on autism.
- 8.2.4 Continue to participate on the Alaska Dental Action Coalition.





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