

# COMMUNITY PARTICIPATION

## Desired Outcome

1. Communities and citizens realize and act on their capacity to associate with, befriend, care about, work with and learn from people who experience disabilities.
2. People who experience disabilities are full contributors to their communities.

## Background

Some things have improved for Alaskans with disabilities. There has been a slow, but steady growth in the availability of services that they need to live successfully in the community (i.e. individual and family supports). Many people feel that access to public facilities, public attitudes toward people with disabilities and how the media portrays people with disabilities has improved.

There are long waiting lists for the services or lack of services in general that people with disabilities to live successfully in the community (i.e. individual and family supports). Many people lack information on how to access available services; others are not aware of their rights and responsibilities, which results in a lack of choice and control over the services they receive.

Segregation fosters inaccurate assumptions about people with disabilities. Without inclusion, people will continue to believe that considerable and special training and/or clinical certification are needed to support people who experience disabilities. Generic systems are generally not prepared to serve people with disabilities.

State agency policies and procedures are not always consumer-friendly. There is a general lack of awareness and understanding of people with disabilities by the justice system, generic agencies (i.e. Division of Family & Youth Services) 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.

Physical accessibility and access to transportation may be all that there is needed for many persons with disabilities to participate in their communities. Some people with disabilities may need assistive technologies such as teletypewriters (TTY), voice synthesizers, grab bars or Braille keyboards to be included in their workplaces and communities.

Some people with disabilities may need individualized supports such as personal assistance services or on-the-job training and support. In order for persons with disabilities to continue living at home, some families may need support and resources such as respite care or in-home training.

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.

According to the Centers for Medicare and Medicaid Services, in 2000, 36.4% of Alaska nursing home residents had ZERO/NO Activities of Daily Living (ADL) impairments and 34% had ZERO/NO cognitive impairments and/or only a very mild cognitive impairment. The majority of these individuals could live in the community at a much lower cost to Medicaid if services and supports were available.

Service providers are finding it increasingly difficult to recruit and retain qualified staff, which affects not only the quality of services provided, but also the basic safety of individuals with disabilities. The capacity of providers to offer quality services to those on waiting lists, persons with complex needs and people residing in remote areas of the state is sorely threatened.

If community inclusion and supports are in place, State and local activities around health care, education, employment, housing and transportation will address and more effectively meet the needs of people with disabilities.

### **Potential Administration Solutions Proposed by the Disability Community**

Involve the disability community when planning and implementing new initiatives and programs early to avoid problems of inaccessibility and exclusion later. (All State agencies)

Incorporate information about disability issues and community inclusion in information, technical and financial assistance and other capacity building resources provided to help communities resolve identified issues and strengthen communities for ***all*** residents, including people with disabilities. (Division of Community & Business Development)

Continue to ensure that programs as well as facilities are accessible to people with disabilities and that all State written materials are available in alternative formats upon request. (All State agencies)

Work with the Alaska Alliance for Direct Service Workers to increase the recruitment of direct service staff who serve people with disabilities. (Division of Business Partnerships)

Work with the Family Support Council to create funding systems, policies and priorities that promote the community participation and inclusion of people with disabilities and their families and promote ways for people with disabilities and their families to communicate regularly with public policymakers. (Department of

Health & Social Services, Office of Children's Services, Division of Senior & Disabilities Services, Division of Public Assistance and Division of Behavioral Health).

Develop a web-based communication network, consisting of a public bulletin board system, resource linkages, document sharing, calendar and e-mail for private messaging, for individuals with disabilities, families and agencies to share information and resources. (Information Technology Group)

Work with the Real Choice Consumer Task Force to transition people with disabilities from nursing facilities to the community, promote consumer control, input and self-determined services and improve service coordination. Ensure those leaving nursing facilities have services that are safe, appropriate and adequately regulated. (Division of Senior & Disabilities Services and Division of Behavioral Health)

Implement the recommendations identified during the Criminal Justice Summit, which include 1) improving coordination and collaboration among the criminal justice and treatment systems; 2) training for criminal justice personnel; 3) identifying and eliminating gaps in services (i.e. diversion programs, community re-entry programs); and 4) focusing attention on rural Alaska because of unique infrastructure needs and geographical and cultural considerations. (Alaska Mental Health Trust Authority, Division of Behavioral Health, Division of Senior & Disabilities Services, Division of Juvenile Justice, Alaska Court System, Office of Public Advocacy, Public Defender Agency, Department of Corrections, Department of Law and Department of Public Safety).

Ensure that responses to natural disasters and other emergencies meet the needs of Alaskans with disabilities. (Division of Emergency Services, Municipality of Anchorage Emergency Services)

Advocate with the congressional delegation for passage of the Lifespan Respite Care Act of 2003 (H.R. 1083 and S. 538), which provides access to comprehensive respite services for family members supporting a person with a disability or an older person at home. (Governor, DHSS Commissioner)

**Disability Community Solutions (implementation responsibility rests with individuals with disabilities, families, advocates and service providers)**

Continue to inform consumers and their families about what recreational opportunities are available.

Continue to provide legal training and advocacy regarding consumer choice, rights, responsibilities, and access to justice.

Continue to make effective use of existing natural supports.

Continue to encourage people with disabilities to join community groups and civic organizations.

Continue to provide information about disability issues to community groups and civic organizations

Continue to work with generic organizations and systems to provide training on the inclusion of people with disabilities.

Continue to provide training to local businesses about their obligations under the ADA, available resources, tax credits to help small businesses provide accommodations to customers and employees and tax deductions to make businesses and transportation vehicles more accessible.

# EDUCATION

## Desired Outcomes

1. Children with disabilities enter school with the skills needed to succeed at a rate as close as possible to that of the general population.
2. Youth with disabilities graduate from school with the skills to successfully participate in adult life at a rate as close as possible to that of the general population.

## Background

A recent analysis conducted by the Abecedarian project, a carefully controlled scientific study of the potential benefits of early childhood education especially for poor children, concluded that:

- The return on investment for every \$1 spent on high quality early education programs is \$4.
- School districts save more than \$11,000 per child because participants are less likely to require special or remedial education.
- Low-income mothers of children in the program became more self-sufficient, held consistent employment and earned more.

Families who have young children with special needs report that application processes consist of a confusing maze with limited connection to their true needs.

Transition into the public school system is problematic when providers do not engage in the mandatory 90-day transition meeting prior to the child turning 3.

There is a critical shortage of qualified personnel both in terms of unmet needs in the community and as mandated by ***No Child Left Behind***.

Full funding by Congress of the ***Individuals with Disabilities Education Act (IDEA)*** is imperative to provide personnel and resources to students statewide; without this, a continuum of appropriate services will not be available.

Access to electronic and information technology has the potential to promote positive secondary and postsecondary academic and career outcomes for students with disabilities. All students, including those receiving special education, can learn given accessible instructional materials and effective, individualized instructional strategies. Recent education research has demonstrated that changes in instructional strategies designed to address the needs of students with disabilities also benefits many students without disabilities.

Enforcement of the IDEA is the burden of parents who are far too often forced to file complaints to get appropriate services and supports, creating an adversarial environment rather than comprehensive and cost-effective services for the student.

Many students with disabilities make greater gains academically and socially in inclusive general education classrooms than they do in segregated classrooms – without disrupting the learning of students without disabilities. Although almost 60% of students with disabilities receive their education in general classrooms, less than 15% of students with severe disabilities receive their education in inclusive classrooms; opportunities for inclusion decrease as students age.

Although the costs associated with inclusion can be quite modest, with possible savings due to decreased due process hearings, mediations, non-public school placements and transportation costs, in order for inclusion to work, an investment needs to be made in training, planning time and supports for general educators.

High stakes examinations such as the ***High School Graduation Qualifying Examination*** keeps many students, including students with disabilities, from receiving a diploma, which unfairly limits their opportunities to secure employment or get into college or the military. The majority of states that implemented high stakes examination early on have rescinded them.

Follow-up data after students leave school is not collected to assess whether youth with disabilities have successfully transitioned to adult life, although anecdotal data suggests that transition services are not fully implemented such that students with disabilities, especially students with severe disabilities, secure meaningful employment or pursue post-secondary education. The lack of a successful transition often creates crisis situations, which increase costs to the State.

Students with disabilities ages 15-21 in adult correctional facilities are not receiving consistent special education services from local school districts.

The percent of students receiving special education services who are of Alaska Native ethnicity is more than double the percent for the general population (39% versus 17%).

The re-authorization of the Special Education Service Agency (SESA) will be considered next year. SESA is a public agency that provides assistance to Alaskan school districts and early intervention programs serving students with low-incidence disabilities (i.e. deaf, deaf-blind, autism, developmental disabilities, multiple disabilities). This approach has proven very successful in helping rural and remote schools meet the needs of students with these disabilities

A wide variety of stakeholders participated in a self-assessment of early intervention programs for children with disabilities and special education; findings are being used to drive improvement planning.

### **Potential Administration Solutions Proposed by the Disability Community**

Advocate with the congressional delegation for 1) the permanent authorization of IDEA Part C Infants and Toddlers Program with phase-in of full funding of \$660 million by FY 2007, 2) full funding of Part B Special Education Grants to States with a phase-in of \$21 billion by FY 2007 and 3) increased funding for personnel preparation and retention of early intervention and special education personnel. (Governor, State Board of Education, EED, DHSS)

Marshall resources to implement strategies designed to address needs identified in the self-assessment and improvement planning processes for early intervention and special education. (DHSS, EED)

Develop a web-based interagency application process for families of young children with special needs. (DHSS, EED)

Convene a meeting to re-visit and update the strategies identified in the June 2000 Transition Summit: 1) increased funding; 2) early involvement of DVR and other adult service providers; 3) education, training and technical assistance; 4) integration and coordination with other systems change initiatives, i.e. Alaska Works Initiative; and 5) development of State Standards for Transition. (DTLS)

Develop strategies to increase parent involvement in the delivery of special education services, i.e. develop guidelines, which encourage school districts to establish local Special Education Advisory Councils to advise local school boards. (DTLS)

Support the permanent reauthorization of SESA. (Governor, State Board of Education, EED)

Provide leadership, technical assistance and training to help school districts reduce or eliminate segregated classrooms. (DTLS)

Promote activities to encourage young people with disabilities to develop the skills and obtain the experience necessary to compete in today's economy. (EED, DVR, ESD, DSDS, DPA, APA, DBH, AWIB, WDD, DBP and one-stop job centers)

Continue to contract for early intervention on-site monitoring reviews to free up state staff to 1) provide leadership, technical assistance and training to early intervention programs; 2) collaborate with the Governor's Council on Disabilities and Special Education, the state's Interagency Coordinating Council for Infants

and Toddlers with Disabilities and 3) engage in inter-agency collaboration. (DHSS, Office of Children Services)

Contract for the monitoring of school district compliance with IDEA to free up special education staff to 1) provide leadership, technical assistance and training to school districts; 2) increase collaboration with the Governor's Council on Disabilities and Special Education, the state's Special Education Advisory Panel; and 3) engage in inter-agency collaboration. (EED)

Support the proposed legislative solutions outlined below. (Governor, State Board of Education, EED)

### Potential Legislative Solutions Proposed by the Disability Community

Advocate with the congressional delegation for the permanent authorization of IDEA Part C Infants and Toddlers Program with phase-in of full funding of \$660 million by FY 2007 and for full funding of Part B Special Education Grants to States with a phase-in of \$21 billion by FY 2007.

Advocate with the congressional delegation for increased funding for personnel preparation and retention of early intervention and special education personnel.

Change the eligibility definition for Part C Infants and Toddlers Program so that children who have less severe delays or who are at risk receive services, as funds permit.

Replace the High School Graduation Qualifying Examination with a series of endorsements in the Alaska Content Standards, including Employability.

Permanently authorize SESA (AS 14.30.600) when it comes up for reauthorization.

### **Disability Community Solutions (implementation responsibility rests with individuals with disabilities, families, advocates and service providers)**

Increase public awareness of the cost savings of early intervention and involve more parents of young children in the advocacy community.

Ensure the availability of parent empowerment, school-parent partnerships and advocacy tools statewide in collaboration with the Parent Training Collaborative.

Continue to collaborate on developing training and resources for improved transition outcomes.

Work with DHSS and EED to implement the improvement plan for early intervention and special education

## EMPLOYMENT

### Desired Outcome

Alaskans who experience disabilities are employed at a rate as close as possible to that of the general population.

### Background

Only 55% of Alaskans with disabilities are employed compared to 76% of the general population. They earn far less than their coworkers and are far less likely to be promoted – even when the possibility of their lack of experience or lowered productivity is considered.

Many long-term recipients on Alaska Temporary Assistance Program (ATAP) have disabilities that constitute substantial barriers to employment, in addition to low educational achievement and limited work experience.

The number of people on Adult Public Assistance (APA) has doubled over the past decade. Costs have increased significantly from \$37.1 million in FY94 to \$49.5 in FY02. The longer people stay on APA, the less likely they are to work.

APA recipients who had NOT worked since receiving benefits were 2 times more likely to believe they couldn't work because of their disability and 6 times more likely to believe that they would have no control over pace and schedule than those who had worked.

Among APA recipients with disabilities, 90% are unemployed; 60% of these individuals have said they want to work. If only 1% - *118 people* - went to work and got off the rolls, savings to the state would exceed \$6.0 million in cash assistance over their lifetimes.

The Alaska Works initiative, a partnership of state agencies, advocacy boards, individuals with disabilities, employers and community service providers, is addressing the interrelated barriers that keep people with severe disabilities from working. These barriers include the fear of losing health benefits, financial disincentives, lack of knowledge or use of existing work incentive programs, lack of benefits counseling, fragmented systems and limited work opportunities.

The eligibility standards for the Working Disabled Medicaid Buy-in need to be updated to give Alaskans with disabilities the tools needed to participate in the working economy and provide incentives for people with severe disabilities to work.

It is increasingly difficult to attract and retain qualified employees at all levels within state government. People with disabilities are an untapped resource.

## **Potential Administration Solutions Proposed by the Disability Community**

Issue an Executive Order to imbed what has been learned through the Alaska Works Initiative into operating policies and procedures of divisions and programs. (Governor)

Issue an Executive Order to make the State of Alaska a model employer of people with disabilities, encourage departments to establish internships and Public Service Aide positions for people with disabilities and report annually on efforts to recruit, employ, retain and promote employees with disabilities. (Governor)

Set clearly defined goals and performance measures to increase the employment rate of persons with disabilities and report annually on outcomes. (Division of Vocational Rehabilitation (DVR), Employment Security Division (ESD), Division of Senior & Disability Services (DSDS), Division of Public Assistance (DPA), Adult Public Assistance (APA), Division of Behavioral Health (DBH) the Alaska Workforce Investment Board (AWIB) and the Workforce Development Division (WDD) of the Municipality of Anchorage.

Support opportunities, incentives and educational training supports through the establishment of an Individual Development Account program, which help poor people escape poverty and enter the financial mainstream in such a way that people on ATAP and APA, SSI and SSDI are not penalized. (DPA, APA, Alaska Housing Finance Corporation and Department of Community & Economic Development)

Focus more on education and careers and not just entry-level employment for people with disabilities. (One-stop job centers)

Increase opportunities for persons with disabilities to make informed choices about developing individual training and employment plans, selecting service providers and schools, accessing assistive technology, etc. (One-stop job centers)

Inform businesses of the benefits of hiring persons with disabilities and promote the National Disability Employment Month in October of each year. (Division of Business Partnerships (DBP) and one-stop job centers)

Promote activities to encourage young people with disabilities to develop the skills and obtain the experience necessary to compete in today's economy. (Department of Education & Early Development, DVR, ESD, DSDS, DPA, APA, DBH, AWIB, WDD, DBP and one-stop job centers)

Support proposed legislative solutions outlined below. (Governor and Commissioners of Employment & Workforce Development and Health & Social Services)

### Potential Legislative Solutions Proposed by the Disability Community

Solidify in statute the work done to date to create a sustainable, comprehensive system that brings Alaskans with disabilities into gainful employment at a rate that is as close as possible to that of the general adult population.

Provide incentives for people with strong work histories and high disability payments (due to higher earnings paid into Social Security) to work by amending the Working Disabled Medicaid Buy-In so that any unearned income (i.e. SSDI) above the APA limit is applied towards the buy-in premium.

Create incentives for people with severe disabilities to leave the APA rolls and get out of poverty by allowing Buy-In participants to save money beyond the current limit of \$2,000 (\$3,000 for a couple).

### **Disability Community Solutions (implementation responsibility rests with individuals with disabilities, families, advocates and service providers)**

Provide disability and cultural awareness training for employers, coworkers and the general public to dispel negative attitudes toward people with disabilities.

Coordinate a campaign to engage working people with disabilities in dispelling fears and promoting incentives and resources available to help Alaskans with disabilities secure and maintain employment.

Develop a program to match young people with disabilities with adults with disabilities who are successfully working in their chosen fields.

Assist small businesses in complying with the Americans with Disabilities Act and integrating people with disabilities into the workforce.

# HEALTH CARE

## **Desired Outcome**

Accessible, affordable and comprehensive health care is available to all Alaskans with disabilities.

## **Background**

Alaskans with disabilities have identified the lack of adequate health care and insurance as a major barrier to independent living and employment.

18% (107,910 people) of Alaskans have no health insurance and 13% (26,930) of children in Alaska have no health insurance. 85,575 Alaskans depend on Medicaid for critical medical services. (Kaiser Family Foundation, State Health Facts Online)

People with disabilities, more often than the general population, frequently have other serious medical conditions (Healthy Alaskans 2010). Some also have secondary disabilities such as substance abuse.

Some parents have had to relinquish custody of their children to the State because necessary treatment and services are not affordable.

The high cost of health insurance means that some people with disabilities go without health insurance. Although many people with disabilities have some private health insurance, few have coverage that is adequate to meet their medical needs, given preexisting condition exclusions, minimal benefit packages and benefit caps.

Private health insurance rarely covers the common needs of people with disabilities, such as durable medical equipment, assistive technology, medications and personal assistance services.

Many Alaskans with disabilities depend on public sector funding for health care; access to adequate and affordable health insurance is still a major barrier to employment for individuals whose unearned income is too high to qualify for the Working Disabled Medicaid Buy-in.

Preventative and restorative dental care and dentures is not available to adults with disabilities who depend upon Medicaid for their health care needs. In some cases, the side effects of psychotropic medications include serious dental problems.

Fewer health care providers are accepting Medicare and Medicaid patients; even fewer are comfortable or qualified to respond to the needs of patients with cognitive or behavioral limitations.

There is a lack of parity between physical health coverage and mental health coverage.

Individuals with Alzheimer's and related dementia and traumatic brain injury are generally not eligible for existing home and community-based waiver programs.

### **Potential Administration Solutions Proposed by the Disability Community**

Advocate with the congressional delegation to transform Medicaid's institutional bias into a presumption that long-term services and supports should be provided in the home and community. (Governor, Governor's Council on Disabilities & Special Education, Alaska Commission on Aging, State Independent Living Council and Alaska Mental Health Board)

Advocate with the congressional delegation to support the Paul Wellstone Mental Health Equitable Treatment Act of 2003 (S. 486/H.R. 953), which addresses the issue of mental health parity with physical health coverage. (Governor and Alaska Mental Health Board)

Continue to develop more community support programs for people with severe mental illness. (Division of Behavioral Health)

Work with private insurers to update packages to more accurately reflect the health needs of people with disabilities, particularly in the areas of assistive technologies, personal assistance services and mental health. (Division of Insurance, Governor's Council on Disabilities & Special Education, Alaska Commission on Aging, State Independent Living Council and Alaska Mental Health Board)

Continue efforts to make the State Medicaid program work better for working people with disabilities, i.e. Medicaid Buy-in, Personal Assistance Services and disability-support services. (Department of Health & Social Services, Division of Senior & Disabilities Services, Division of Health Care Services, Division of Behavioral Health and Office of Program Review)

Continue to develop services for people with dual diagnoses (i.e. mental illness and substance abuse, developmental disabilities and mental illness. (Division of Behavioral Health and Division of Senior & Disabilities Services)

Promote access to generic public health services such as health education, wellness, nutrition counseling, smoking cessation programs and the prevention of

secondary disabilities through the implementation of *Healthy Alaskans 2010*. (Division of Public Health)

Continue to develop training programs that sensitize assisted living, personal care assistants, direct service staff, home care and shelter care providers to the ongoing health needs of people with disabilities. (Division of Behavioral Health, Division of Senior & Disabilities Services and Division of Public Health)  
Continue activities to ensure easy access to diagnosis, treatment and services and streamline paperwork. (Division of Senior & Disabilities Services, Division of Behavioral Health and Office of Program Review)

Review rates paid to health care and disability providers and establish fair rates for all fee-based programs. (Office of Rate Review)

Work with the Real Choice Consumer Task Force to integrate self-determined service delivery into current service delivery systems and improve access to services through systems reform and the development, implementation and evaluation of consumer-driven care coordination/case management systems. (Division of Senior & Disabilities Services and Division of Behavioral Health)

Explore, develop, and implement ways to identify the most effective menu of services to meet the needs of people with disabilities, mental illness, addictions or Alzheimer's or related dementia through new or improved Home and Community Based Waivers, Medicaid options, or Medicaid State Plan services. (Department of Health & Social Services, Division of Senior & Disabilities Services, Division of Behavioral Health and Office of Program Review)

Support the proposed legislative solutions outlined below. (Governor, DHSS)

#### Potential Legislative Solutions Proposed by the Disability Community

Maintain appropriate levels of Medicaid funding for people with disabilities.

Provide incentives for people with strong work histories and high disability payments (due to higher earnings paid into Social Security) to work by amending the Working Disabled Medicaid Buy-In so that any unearned income (i.e. SSDI) above the APA limit is applied towards the buy-in premium.

Create incentives for people with severe disabilities to leave the APA rolls and get out of poverty by allowing Buy-In participants to save money beyond the current limit of \$2,000 (\$3,000 for a couple).

#### Disability Community Solutions (implementation responsibility rests with individuals with disabilities, families, advocates and service providers)

Identify cost efficiencies in the delivery of services.

Advocate for the maintenance of appropriate levels of Medicaid funding for people with disabilities.

Continue to provide training to people with disabilities to become more informed consumers of health plans and services.

Continue to provide training to people with disabilities on how to make effective use of Social Security and Internal Revenue work incentives.

# HOUSING

## Desired Outcome

Alaskans who experience disabilities are able to secure accessible, affordable, and integrated housing in their communities.

## Background

Accessible, affordable, and integrated housing helps Alaskans with disabilities lead independent and active lives in their local communities.

Approximately two thirds (67%) of Alaskans own their own homes; using national statistics, only 1-2% of Alaskans with severe disabilities own their own homes.

Over 15% of Alaskans with disabilities, age 16-60, have incomes below the poverty level and often lack sufficient income to afford to purchase or rent a home.

Many Alaskans with disabilities, who rent or own their own homes, find the cost of accessibility modifications prohibitive. In addition, an insufficient number of contractors are skilled in barrier-free and universal design.

Of the over four thousand low income Alaskans on wait lists for public housing or housing choice vouchers (Section 8) in November 2002, over 25% experienced a disability.

Funding agencies and service providers sometimes limit choices on where a person with a disability can live. Providers, rather than people with disabilities, own the homes where services are provided.

AHFC administers public housing programs within a 50-mile radius of Alaska's major metropolitan areas leaving extensive populated areas without services.

Home accessibility modifications and appropriate design can decrease service costs, make care giving easier, prevent institutionalization and decrease injuries to individuals with disabilities and/or their caregivers.

Offering incentives to landlords to participate in AHFC's housing choice voucher program could increase the available supply of affordable housing and reduce the number of people with disabilities who are currently waiting for housing.

Universal design helps make all elements and spaces accessible to and usable by most people regardless of their level of ability or disability

## **Potential Administration Solutions Proposed by the Disability Community**

Work with the Alaska Congressional delegation to identify federal support for home accessibility modification to augment and replace decreasing state general fund expenditures. (Governor, Alaska Housing Finance Corporation, Alaska Mental Health Trust Authority, Municipality of Anchorage)

Work with Alaska's congressional delegation to increase funding for Housing Choice Vouchers, including set-aside voucher allocations for people with disabilities. (Governor, Alaska Housing Finance Corporation, Alaska Mental Health Trust Authority, Municipality of Anchorage)

Work with the congressional delegation to support the National Affordable Housing Trust Fund Act (H.R. 1102), which sets aside a dedicated source of funding to build and rehabilitate 1.5 million units of housing over the next 10 years. (Governor, Alaska Housing Finance Corporation, Alaska Mental Health Trust Authority, Municipality of Anchorage)

Review and simplify the paperwork required of landlords to enroll in the Housing Choice Voucher program. (AHFC, Municipality of Anchorage)

Expand Housing Choice Voucher services by sub-contracting services in remote areas of the state. (AHFC)

Encourage branches of state government to participate in and support the State of Alaska and the Municipality of Anchorage's Consolidated Housing and Community Development Plans. (Governor)

Develop a database on accessible housing available to potential homebuyers and apartment renters, including Housing Choice Voucher users. (AHFC and Municipality of Anchorage).

Provide training on home accessibility modification resources to care coordinators for home and community based waivers. (AHFC and Municipality of Anchorage)

Provide universal and accessible design training to contractors, architects and housing developers. (AHFC and Municipality of Anchorage)

Offer incentives for housing developers to increase the supply of affordable, accessible rental housing. (AHFC and Municipality of Anchorage)

Offer housing programs appropriate to the unique needs of people with disabilities, including supported housing, transitional housing and permanent

housing. (Division of Senior & Disabilities Services, Division of Behavioral Health)

Increase homeownership for people with disabilities through down-payment assistance options, Section 8 homeownership, interest-rate reductions and individual development accounts. (AHFC and Municipality of Anchorage)

Support the legislative solutions outlined below. (Governor, AHFC)

Potential Legislative Solutions Proposed by the Disability Community

Support the Alaska Mental Health Trust Authority and AHFC capital expenditure recommendations for home accessibility modifications.

Support capital expenditures that increase the stock of affordable, accessible rental stock and promote homeownership for people with disabilities.

**Disability Community Solutions (implementation responsibility rests with individuals with disabilities, families, advocates and service providers)**

Provide input in the development of the State of Alaska and the Municipality of Anchorage's annual Consolidated Housing and Community Development Plan.

Provide input to appropriate entities on Fair Housing compliance in the State of Alaska

Work with non-profit disability organizations to leverage more funding for appropriate, affordable and accessible housing for people with disabilities.

Educate the public on the accessibility and universal design needs of the disability community.

# TRANSPORTATION

## Desired Outcome

Accessible and cost-effective transportation options are available to all Alaskans with disabilities as part of coordinated community transportation systems.

## Background

The economic impact associated with lack of mobility includes lost income, reduced employment opportunities, increased costs of delivering goods and services, increased costs of transport for medical care, and macro-economic losses due to decreased discretionary spending (i.e. shopping, cultural events, restaurants, and recreation).

Alaska has serious unmet community transportation needs, which prevent many Alaskans with disabilities, low-income individuals, seniors, youth and members of the general public from being employed and participating in their communities. Most local transit systems are so under-funded that their service levels are not keeping up with population increases. In Anchorage, for instance, population has increased 25 percent in the last ten years, while transit services have decreased by 33 percent.

The benefits of coordinated community transportation systems to the state of Alaska include more trips for more people to go to work, participate in the community and receive medical services; lower cost per ride; improved geographic coverage; lengthened hours or days of operation through increased dispatching efficiencies; and better use of funds that agencies already spend to provide transportation services.

Traditional public transit systems exist in several Alaskan communities, including Anchorage, Fairbanks, Juneau, Ketchikan, Barrow, and Metlakatla. Four Alaskan communities have relatively new coordinated community transportation systems (Kodiak, Mat-Su, Sitka, and Central Kenai Peninsula). No other Alaska community has a public transportation system. Although individual agencies may have accessible vehicles, the agencies restrict eligible clientele and hours of services. Services are seldom coordinated among the various agencies due to a fear of loss of control and real or perceived liability concerns, insurance policy restrictions and staffing issues. In other communities, no accessible vehicles are available at all. Communities with traditional public transportation systems (buses and ADA paratransit service) generally have limited hours of service due to a lack of resources, funding restrictions and lack of coordination with agencies that own accessible vehicles.

Alaska is in the beginning stages of building coordinated community transportation systems in communities across the state to address these problems. The new systems in Kodiak, Mat-Su, Sitka and the Central Kenai Peninsula have resulted from these efforts. Coordinated systems take existing publicly funded vehicles owned by provider agencies, centralize dispatch, increase filled seats and increase vehicle usage. Not only is efficiency increased, individual riders can have access to a full menu of options such as voucher programs or travel training. In rural areas with no public transportation, public-private partnerships are sometimes created through the use of taxi voucher programs.

In the coordinated transportation programs in Alaska: Anchorage, central Kenai Peninsula, Kodiak and Mat-Su, 294,462 individual rides were provided in January, 2002, with an additional 155 individuals receiving services through a taxi voucher program on the central Kenai Peninsula and Homer. The demand for these services is much higher than anticipated. The central Kenai Peninsula, Kodiak and Mat-Su transit programs exceeded their monthly ridership projections by 55 percent. Sitka just started its program in September 2002.

Fairbanks is also in the process of expanding its current fixed-route bus service and complementary paratransit service to a fully coordinated system. Other areas where services are being coordinated or will be coordinated to some degree include Homer, Seward, Dillingham and Juneau. Other areas with expressed interest in developing coordinated transportation systems include Copper Valley, Craig and Hollis, Cordova and Ketchikan.

### **Potential Administration Solutions Proposed by the Disability Community**

Work with our Congressional delegation to increase share of federal Job Access Reverse Commute (JARC) funds to Alaska. (Governor, DOTPF, DHSS)

Work with our Congressional delegation to Increase share of funds from the federal "Transit for Non-Urbanized Areas" and "Elderly and Disabled Transit" programs. (Governor, DOTPF, DHSS)

Work with our Congressional delegation to expand flexibility of federal highway funds that can be used for operations of community transportation systems. (Governor, DOTPF, DHSS)

Dedicate portion of TANF and Welfare to Work Funds to support community transportation systems. (DHSS, Division of Public Assistance)

Explore ways to maximize Medicaid transportation funds in support of community transportation systems. (DHSS, Division of Senior & Disabilities Services, Division of Behavioral Health, Division of Health Care Services)

Increase levels of capital and operations funding for coordinated community transportation systems utilizing Alaska Mental Health Trust Authority and state General Fund dollars. (DOTPF and Alaska Mental Health Trust Authority)

Ensure communication accessibility in transportation facilities, services, and vehicles, as well as on streets and highways (e.g. improved signage, for people with visual impairments; flashing and audible emergency alarms in facilities and vehicles). (DOTPF)

Support the proposed legislative solutions outlined below. (Governor, DOTPF)

#### Potential Legislative Solutions Proposed by the Disability Community

Allocate a percentage of federal highway funds received by the state for coordinated transportation systems.

Institute new motor fuel taxes, which support coordinated community transportation systems.

Institute new vehicle registration fees, which support coordinated community transportation systems.

Institute a statewide rental vehicle tax, which supports coordinated community transportation systems.

#### **Disability Community Solutions (implementation responsibility rests with individuals with disabilities, families, advocates and service providers)**

Continue to actively participate in the Alaska Mobility Coalition.

Secure additional information on the transportation needs of people who are deaf or hearing impaired and people who are blind or visually impaired.

Provide training to people with disabilities about laws and practices affecting accessible transportation.

Continue to support DOTPF efforts to increase the availability of coordinated transportation statewide.