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**Identification**

\* - Required field

Part A:	State Plan Period:	10-01-16 through 09-30-21
Part B:	Contact Person:	Patrick Reinhart
	Contact Number:	9072698990
	Contact Email:	patrick.reinhart@alaska.gov
PART C:	Council Establishment	
	Date of Establishment:	10-01-78
	Authorization Method:	State Statute
	Authorization Citation:	AS 47.80.030 thru 47.80.090

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**Council Membership [Section 125(b)(1)-(6)]**

\* - Required field

**Council Membership Rotation Plan \***

Council members serve staggered terms of three years. They remain on the Council until they are replaced by the Governor. All vacancies that occur in the membership are filled by appointment of the Governor for the most current portion of that vacated term and are based on membership requirements. The Governor is prompt in appointing new members as vacancies occur. The membership has been reduced from 28 to 24 members as a result of budget cuts in State Government but still fulfills all requirements as outlined in the DD Act.

Agency/Organization	Gender	Geographicals
<ul style="list-style-type: none"> <li>• Rehab Act : A1</li> <li>• IDEA : A2</li> <li>• Older Americans Act : A3</li> <li>• SSA, Title XIX : A4</li> <li>• P&amp;A : A5</li> <li>• University Center(s) : A6</li> <li>• NGO/Local : A7</li> <li>• SSA/Title V : A8</li> <li>• Other : A9</li> <li>• Individual with DD : B1</li> <li>• Parent/Guardian of child : B2</li> <li>• Immediate Relative/Guardian of adult with mental impairment : B3</li> <li>• Individual now/ever in institution : C1</li> <li>• Immediate relative/guardian of individual in institution : C2</li> </ul>	<ul style="list-style-type: none"> <li>• Male : M</li> <li>• Female : F</li> <li>• Other : O</li> </ul>	<ul style="list-style-type: none"> <li>• Urban : E1</li> <li>• Rural : E2</li> </ul>
	<p><b>Race/Ethnicity</b></p>	
	<ul style="list-style-type: none"> <li>• White, alone : D1</li> <li>• Black or African American alone : D2</li> <li>• Asian alone : D3</li> <li>• American Indian and Alaska Native alone : D4</li> <li>• Hispanic/Latino : D5</li> <li>• Native Hawaiian &amp; Other Pacific Islander alone : D6</li> <li>• Two or more races : D7</li> <li>• Race unknown : D8</li> <li>• Some other race : D9</li> <li>• Do not wish to answer : D10</li> </ul>	

Council Members										
First Name	Last Name	MI	Gender	Race/Ethnicity	Geographical	Agency/Organization Code/Citizen Member Representative	Agency/Organization Name	Appt Date	Appt Expired Date	Alt/Pr for Stt Agenc Rep Name
Jill	Burkert		F		E2	A2	University of Alaska Southeast	07-15-14	06-30-19	
John	Cannon		M		E2	A1	Division of Vocational Rehabilitation	10-22-15	06-30-18	
Anthony	Cravalho		M		E2	B2	Parent	07-15-14	06-30-17	
Sandra	DeHart-Mayor		F		E1	B2	Parent	10-17-15	06-30-18	
Arthur	Delaune		M		E2	B2	NGO Access Alaska and Parent (B2)	07-01-13	06-30-19	
Don	Enoch		M		E2	A2	Department of Education and Early Development	03-01-11	06-30-18	
Dave	Fleurant		M		E1	A5	Disability Law Center of Alaska and Parent (B2)	07-01-13	06-30-19	
Dean	Gates		M		E1	B1		09-04-09	06-30-18	
Jeanne	Gerhardt-Cyrus		F		E2	B2		08-14-12	06-30-18	
Mallory	Hamilton		F		E1	B2		07-15-14	06-30-17	
Alexis	Henning		F		E1	B1		07-01-13	06-30-19	
Ursula	Jones		F		E2	B2		07-01-16	06-30-19	
Elizabeth	Joseph		F		E2	B2		07-01-16	06-30-19	
Christine	King		F		E1	A6	University of Alaska Anchorage Center for Human Development	07-01-13	06-30-17	
David	Kohler		M		E1	A2	Anchorage School District (retired)	10-17-15	06-30-18	
Margaret	Kossler		F		E1	B2		01-11-11	06-30-18	
Sara	Kveum		F		E2	B1		10-17-15	06-30-19	
Charisse	Millett		F		E1	A9	Alaska State Legislature (House Representative)	02-20-13	01-30-17	
Lelia (Lucy)	Odden		F		E1	B1		07-28-05	06-30-17	
Amy	Simpson		F		E1	A7	Programs for Infants and Children (PIC)	10-06-09	06-30-18	
Shelly	Vendetti-Vuckovich		F		E1	B2		07-01-16	06-30-19	
Maggie	Winston		F		E2	B1		10-17-15	06-30-18	
Maureen	Harwood		F		E2	A4	Department of Health and Social Services, Division of Senior and Disabilities Services (satisfies both A4 and A8 - Titles V and XIX)	07-15-16	06-30-18	
Vacant	Vacant		M		E1	A3	Alaska Commission on Aging	01-01-01	01-01-01	

**Council Staff [Section 125(c)(8)(B)]**

\* - Required field

Disability data of Council staff will be collected. Response is voluntary and information shared will be kept confidential and serve for data purposes only. Self-identification of disability will be captured in the following manner:

**Race/Ethnicity**

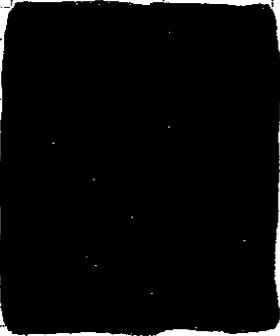
- White, alone : D1
- Black or African American alone : D2
- Asian alone : D3
- American Indian and Alaska Native alone : D4
- Hispanic/Latino : D5
- Native Hawaiian & Other Pacific Islander alone : D6
- Two or more races : D7
- Race unknown : D8
- Some other race : D9
- Do not wish to answer : D10

**Disability Options**

- Yes : Y
- No : N
- Does not wish to answer : DWA

**Gender**

- Male : M
- Female : F
- Other : O

Council Staff								
Position or Working Title	FT	PT	Last Name of person in position	First Name of person in position	MI	Gender	Race/Ethnicity	Disability
Executive Director	<input checked="" type="radio"/>	<input type="radio"/>	Reinhart	Patrick		M		
Program Coordinator II	<input checked="" type="radio"/>	<input type="radio"/>	Reinhardt	Christie		F		
Program Coordinator I	<input checked="" type="radio"/>	<input type="radio"/>	Nelson	Ric		M		
Health Program Manager	<input checked="" type="radio"/>	<input type="radio"/>	Mommsen	Lanny		F		
Office Assistant	<input checked="" type="radio"/>	<input type="radio"/>	Miner	Ian		M		
Administrative Assistant II	<input checked="" type="radio"/>	<input type="radio"/>	Allen	Barbara		F		
Research Analyst III	<input checked="" type="radio"/>	<input type="radio"/>	Vacant	Vacant		M		
Program Coordinator II	<input checked="" type="radio"/>	<input type="radio"/>	Vacant	Vacant		M		
Planner III	<input checked="" type="radio"/>	<input type="radio"/>	Kristin	Vandagriff		F		

**The Designated State Agency [Section 125(d)]**

\* - Required field

**The DSA is \***Council Itself  Other Agency 

Agency Name            **Department of Health & Social Services**

DSA Official's name       **Commissioner Valerie Davidson**

Address                    **P.O. Box 240249, Anchorage, AK 99524-0249**

Phone                      **(907)269-7800**

Fax

Email                        **val.davidson@alaska.gov**

**Direct Services [Section 125(d)(2)(A)-(B)]**

Does it provide or pay for direct services to persons with developmental disabilities?

Yes  No 

The DSA provides direct services to persons with developmental disabilities. This includes a broad range of individualized services such as supported living, supported employment, specialized equipment, respite care, home modifications and health care being provided to Alaskan children & adults who experience developmental disabilities.

**DSA Roles and Responsibilities related to Council [Section 125(d)(3)(A)-(G)]****Describe DSA Roles and Responsibilities related to Council \***

The DSA provides support to the Council through in-kind accounting, financial management, personnel and other administrative support. The DSA also represents federal programs not specifically represented by the categorical membership and other State agencies as appropriate.

**Memorandum of Understanding/Agreement [Section 125(d)(3)(G)] \***

Does your Council have a Memorandum of Understanding/Agreement with your DSA?

Yes  No 

Calendar Year DSA was designated [Section 125(d)(2)(B)]\* 1978

State Information

\* - Required field

**Comprehensive Review and Analysis Introduction:**

The Council began meeting on the 5-year plan at the annual spring Council meeting held May 5-6, 2015. Because Alaska is a state that contains broad geographic and economic regions, efforts were made to visit population centers within each of them to gather public input from as diverse a perspective as possible. These regions include the Northwest (Kotzebue), Western (Bethel), Interior (Fairbanks), Southeast (Juneau, Ketchikan, Sitka), Southcentral (Anchorage, Soldotna, Eagle River, Wasilla) and Coastal (Cordova). The population of the sites visited in person made up nearly 90% of the state's population and included regional hubs of remote areas to gain representation from populations hard to reach due to being off of major transportation systems (roads, rail, airports, etc.). On many visits, when possible meetings with local providers, educators and other partners were held during the same day as community forums which were held after working hours to provide as much opportunity as possible for stakeholders to attend. A survey was sent out and responses gathered totaled 388. A review of council testimony at the annual spring, fall and winter meetings was done by staff to ensure public input over the past years was considered in the development of the plan. Staff working for individual committees guided council members through the plan development for both a 5 year and 2 year plan and committees had completed these for the draft plan reviewed by the Executive committee prior to the May, 2016 Council meeting. The council met with partners including the University of Alaska Center for Human Development (CHD) who are a UCEDD and the Disability Law Center who represents the protection and advocacy partner (PABSS) to gain their perspectives and input for the plan. The Council accepted comments during the required 45 day public comment period from May 19 through July 5, disseminating information about the opportunity to comment widely via email, website, social media, as well as through partner meetings. Most comments aligned with planned committee activities based off of the draft goals and objectives and thus were already integrated into the 5-year plan. Alaska systems are facing three major challenges. First, the State is in an economic crisis where significant economic restructuring is underway. Alaska's budget assumes oil at \$100 a barrel and it is currently less than \$50 a barrel and is projected to remain at that same low rate for the duration of this plan. Alaska is looking for new sources of revenue and significant budget cuts to meet this shortfall. Second, Medicaid expansion has been delayed because of division between the legislature and the Governor including litigation by legislators to stop expansion. Lastly, we have infrastructure challenges due to switching to Xerox for the Medicaid Management Information System (MMIS) which has delayed payments to providers and resulted in a lawsuit by the state against Xerox.

Racial and Ethnic Diversity of the State Population	
Race/Ethnicity	Percentage Of Population
White, alone*	66.8 %
Black or African American alone*	3.9 %
Asian alone*	6.1 %
American Indian and Alaska Native alone*	14.8 %
Hispanic or Latino (of any race)*	0 %
Native Hawaiian & Other Pacific Islander alone*	1.3 %
Race unknown*	0 %
Two or more races *	7.1 %
Some other race*	0 %
Do not wish to answer*	0 %
Total	%

Poverty Rate\* 11.2%

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## State Disability Characteristics

\* - Required field

## Prevalence of Developmental Disabilities in the State\* 13255

**Explanation\*** The estimated number of people with developmental disabilities living in the State is 13,255. This number is derived by using national prevalence rate of 1.8% to the total state population, which is 736,399 (2013).

Residential Settings*					
Year*	Total Served*	A. Number Served in Setting of 6 or less (per 100,000)*	B. Number Served in Setting of 7 or more (per 100,000)*	C. Number Served in Family Setting (per 100,000)*	D. Number Served in Home of Their Own (per 100,000)*
2012	1421	646	0	292	473
2013	1865	515	75	332	205
2014	1942	731	0	332	411

**Demographic Information about People with Disabilities**

\* - Required field

People in the State with a disability	Percentage
Population 5 to 17 years	3.6%
Population 18 – 64 years	9.8%
Population 65 years and over	41%

Race and Ethnicity	Percentage
White alone	65.5%
Black or African American alone	3.4%
American Indian and Alaska Native alone	14%
Asian alone	6%
Native Hawaiian and Other Pacific Islander alone	1.1%
Some other race alone	1.4%
Hispanic or Latino (of any race)	6.7%
Two or more races	8.5%
Do not wish to answer	0%

Educational Attainment Population Age 25 and Over	Percentage with a disability	Percentage without a disability
Less than high school graduate	18.2%	6.1%
High school graduate, GED, or alternative	31.2%	27.7%
Some college or associate's degree	35.6%	35.6%
Bachelor's degree or higher	15%	30%

Employment Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Employed	29%	70.5%

Employment Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Not in labor force	66.4%	23.8%

Earnings in Past 12 months Population Age 16 and Over with Earnings	Percentage with a disability	Percentage without a disability
Earning \$1 to \$4,999 or less	16%	10.4%
Earning \$5,000 to \$14,999	16.9%	14.4%
Earning \$15,000 to \$24,999	12.6%	12.7%
Earning \$25,000 to \$34,999	13.2%	12.4%

Poverty Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Below 100 percent of the poverty level	13.4%	8.4%
100 to 149 percent of the poverty level	14.7%	6.4%
At or above 150 percent of the poverty level	71.9%	85.2%

## Portrait of the State Services [Section 124(c)(3)(A)(B)]

\* - Required field

**Health/Healthcare \***

Alaska is geographically the largest state in the U.S. covering an area 1/5th the size of the contiguous United States yet has the lowest population density (1.1 persons per square mile). There are approximately 13,255 individuals with developmental disabilities in Alaska. In FY15, 1,102 families were supported with state Intellectual and Developmental Disability (IDD) funding resources. While almost 60% of all Alaskans live in the 3 largest cities, those who live in rural/remote Alaska face many challenges. For those in rural/remote Alaska, the nearest major health facility may be 1,000 miles away and accessible only by airplane or boat. Of the 54 school districts in Alaska, only 26 have school nurses. The main communities in Alaska have hospitals that serve general needs but due to the low population, specialists have to be accessed out of state (or flown in). Most rural/remote community's health needs are served by community health aides as there are no doctors or nurses living in many small communities.

Alaska experiences significant shortages in pediatric generalists and subspecialists. There are only 74 pediatricians in the state, working at 24 clinics. According to the State Offices of Rural Health, with the exception of the urban boroughs of Anchorage, Fairbanks, Juneau, and Sitka, the rest of Alaska is considered frontier and is designated as medically underserved. Alaska's only pediatric neuro-developmental specialist in Alaska is retiring this year. Currently, the state contracts with two neuro-developmental specialists from the University of Washington who are able to staff 11 clinics per year across the state. The State of Alaska did a needs assessment that reported the state needs 2.5 full time neuro-developmental specialist to meet our need.

Alaska has a unique system of healthcare with a combination of private, tribal, (tiered and regional delivery of care services), military, and community health centers. The Native Tribal Health system often is the only provider in most remote communities. ANTHC and the Alaska Tribal Health System serve more than 143,000 Alaska Natives and American Indians. There is a tertiary hospital in Anchorage, 25 sub-regional clinics, six regional hospitals, nearly 200 village clinics and five residential substance abuse treatment centers. The Department of Health and Social Services network provides services to 280 small communities and villages. The state of Alaska is heavily reliant for primary and specialty on Advanced Nurse Practitioners and Physician Assistants. There is also an extensive military system supporting active duty and retired members and their families. Another important component of Alaska's health care system is community health centers, including community mental health care centers.

Nearly 30% of Alaskans with disabilities could not see a doctor in the past 12 months. Alaskans with disabilities rated their health as fair or poor far more frequently than the general population (36.4% and 8%, respectively). Additionally, Alaskans with disabilities are much less likely (33.7%) to report having any healthy days in the past month, compared to 71.2% of Alaskans without disabilities. Statewide provider shortages and the highest healthcare costs in the country make Alaska ill-suited for providing adequate healthcare for its most vulnerable population.

By order of the Governor, Medicaid expansion, otherwise known as Medicaid reform and redesign, began in Alaska on September 1, 2015. According to the Alaska Department of Health and Social Services, Medicaid expansion is expected to expand Medicaid health coverage to nearly 42,000 Alaskans between ages 19-64. As of June 2016, 19,057 individuals have been covered by Medicaid expansion. The Council, in partnership with the Alaska Mental Health Trust Authority, strongly advocated for Medicaid reform and redesign and will continue to be an active member in implementation efforts.

Between 2010-2020, it is projected there will be a 70% growth in the 65 year-old and older population in Alaska, the highest in the country. A growing concern of the Council is older adults with IDD. It is estimated that about 6% of adults with an intellectual disability will be affected by some form of dementia after the age of 60 (with the percentage increasing with age).

According to 2015 Alaska's Behavioral Risk Factor Surveillance System (BRFSS) data 37.6% of Alaskans with disabilities are considered obese (BMI=30+). Adults with disabilities in the United States are 82% more likely to be physically active if they receive a recommendation from their doctor to engage in physical activity. In Alaska, 30.8% of adults with disabilities report no physical activity in a 30-day period as compared with 18.0% of Alaskans without disabilities.

Children age 0-18 years comprise approximately 27% of Alaska's population. Approximately 11% (19,025) of Alaskan children have special health care needs according to the 2009/2010 National Survey of Children with Special Health Care Needs (NSCSHCN). A special report of Children and Youth with Special Healthcare Needs (CYSHN) shows only 42.8% of Alaska's families with CYSHN are receiving integrated care through a patient centered medical home approach. This is primarily through two large pediatric practices in Anchorage and tribal health clinics. To add further challenges to accessing care, families must navigate between separate and distinct health care systems, as well as social service systems, early intervention and educational supports. The Council has been part of the leadership and advisory team for the development of the new Alaska's State Plan for Children and Youth with special health care needs. This plan runs from 2016-2021. To address some of these needs in 2016 Alaska became a "Help me Grow" state. The Council actively participates in this initiative.

Many rural Alaska communities have limited or no behavioral health services other than the occasional itinerant provider. Most of the state's psychiatrists work in the Anchorage area in private practice, tribal health, or non-profits. Increasingly, telemedicine, or telepractice, has become a tool for increasing access to psychiatric services to remote sites across the state. To help bridge the gaps in services, the Alaska Native Tribal Health Consortium has developed a training certification program for village-based behavioral health aides (BHAs). The State of Alaska has developed training and licensing for Board Certified Behavioral Analysts (BCBA) who practice as Applied Behavioral Analysis (ABA). There are currently 41 BCBA's in Alaska, most working for school districts. The Council was instrumental in passing legislation requiring private insurance coverage of ABA for the treatment of autism. Only 18% of Alaskan children receive their health care through private insurance. Currently, ABA is not available for those who are state employees or use Medicaid. This disparity in coverage is also a large concern for the Council.

Alaska has embraced a home and community based model for mental health services. There are short term residential treatment options, and only one psychiatric treatment hospital in Alaska run by the State. Individuals whose treatment needs cannot be met in state, go out of state for treatment. Several years ago, there were over 600 Alaskans in out of state institutions. Because of collaborative efforts through an initiative started by the Alaska Mental Health Trust Authority (Trust), called "Bring the Kids Home", this number has been reduced to about 100 at any given time. About 10% of these individuals have an IDD and have been recipients of home and community based waivers. The Council actively supports the continued funding of the Complex Behavioral Collaborative (CBC), a state funded ABA intervention program for individuals (age 3-100) with challenging behaviors at risk of out of state placement. In addition, the Council Executive Director serves on an interdisciplinary complex behaviors workgroup that meets regularly to brainstorm transition plans for persons with particularly challenging behaviors.

The Council actively participates in wellness initiatives such as the Aging and Disability taskforce, collaborating and Special Olympics Alaska on various programs, as well as partnering with Adapted Physical Activity Education with local school districts.

Individuals with Fetal Alcohol Spectrum Disorders (FASD) are born with an IDD, but are often overlooked, becoming an underserved population. Alaska has the highest documented FASD rate in the country. One aspect of FASD intervention is prevention. The Council continues to collaborate with the Trust and the State of Alaska on FASD prevention efforts, including sponsoring statewide events on FASD Awareness Day, which is September 9 each year.

#### Employment \*

Alaskans with IDDs have a variety of employment options, ranging from Home and Community Based Service (HCBS) Medicaid waivers to Division of Vocational Rehabilitation (DVR) and one-stop job center services. The majority of Alaska supported employment opportunities are in integrated employment situations. However, several agencies offer group supported employment through contracts. U.S. DOL's CRP 2016 list notes 6 federal 14(c) Alaskan certificate holders with 191 employed in subminimum wage. However, some entities have since transitioned their employees to minimum wage or better.

According to the 2013 American Community Survey, 74.3% of Alaska's general population and 34.5% of people specifically with a cognitive disability were working compared to national data of 72% and 23.4% respectively. Average annual earnings were \$47.2 K for the general population and \$24.2 K for people specifically with a cognitive disability compared to national data of \$42.5 K and \$20.7 K. The 2014 National Report on Employment Services & Outcomes denotes that 7.6% of the general population is below the poverty line in Alaska, compared to 25.7% for people specifically with a cognitive disability.

The 2014 National Report on Employment Services & Outcomes yields the following data. Data from DVR shows people with IDD work much less than other people with disabilities (19.4 versus 31.9 hours on average) and make less money per week (\$183 versus \$464 on average). As a result of past quarterly draws from the HCBS IDD waiver registry, (Alaska's waitlist), Senior & Disabilities Services (SDS) increased the number of people in supported employment from 377 in FY10 to 418 in 2013 (10.8% increase). 1,570 individuals were served through the waiver for facility-based and non-work settings in 2013 so there is still room for improvement. The percentage of all people of working age who worked decreased from 28% in FY10 to 26% in 2013. It is an even more significant drop from 48% in 2001. Funding for non-work services increased 62% from 2010-2013 while funding for supported employment only increased 34.6%. Out of 710 individuals on the registry at the end of FY15, 267 of those stated a need for supported employment now or within 1-2 years; however, annual waiver draws will decrease from 200 to 50 per year due to budget constraints. Advocacy around policy changes will be an important step to increasing the SDS IDD participant utilization of supported employment services. With respect to youth specifically, as of early 2016 SDS reported that there were 168 IDD participants utilizing supported employment services. This is an increase of 64% from the previous six months coinciding with the Council's federal grant efforts around post-secondary transition. As of early 2016, DVR reported that of its 1,862 clients, 297 were youth with IDD. Youth with IDD worked on average 25 hours a week compared with youth with other disabilities (30 hours on average per week).

Through Council research and surveys, Alaskans with disabilities identified the following barriers to employment: fear of losing public benefits and healthcare, limited work opportunities, lack of knowledge or use of work incentives, and limited funding resources, despite the availability of many underutilized options such as the Social Security Ticket-to-Work, the Alaska Working Disabled Medicaid Buy In, Impairment Related Work Expenses (IRWE), and the Program to Achieve Self Support (PASS).

Other barriers to integrated employment were detailed in the 2015 Disability Law Center of Alaska (DLCA) Employment Barrier Report. They include: lack of adequate housing and transportation alternatives to support employment, insufficient education and training opportunities to support return-to-work efforts, inadequate employment-based supports, general lack of information about currently available programs, lack of coordination between public programs and conflicting eligibility requirements, subminimum wage and sheltered work (enclaves), poor post-secondary transition services provided through schools, need for employment goal/focus in plan of care for Medicaid HCBS waivers, need for agency Memos of Understanding (MOU's), detailing expanded collaboration before the end of high school, and a need for greater employer engagement and awareness of best practices. Further implementation of Employment First Law (2015) as well as the Alaska ABLE Act (2016) will be pivotal in barrier elimination; one, to heighten expectations in policy and practice and the other to initiate a tool for saving earned income from employment without the risk of losing healthcare benefits.

Post-secondary transition planning is critical stage to employment success. The Council currently administers a 5-year federal Partnerships in Employment (PIE) grant which ends September, 2017. Through grant activities, gaps have been identified in post-secondary transitions, which the Council has responded to by expanding Project SEARCH, increasing use of the "discovery" model in schools, expansion of post-secondary options, and increased collaboration with Alaska Job Centers, the Department of Education and Early Development (DEED), and DVR, especially around Pre Employment and Training Services (PETS), authorized by the Workforce Innovation and Opportunities Act (WIOA). This grant's work has also identified critical capacity building needs with respect to provider trainings on employment service best practices and benefits. The Council plans continued partnership with its UCEDD on capacity building as well as partnership with the State independent Living Council (SILC) and the Trust on an Alaska Disability Benefits 101 online tool project to address these needs. The Council provides support to the one-stop job center disability resource coordinators with the Ticket-to-Work program, supports the four Alaska Project SEARCH sites, administers the Trust Micro-enterprise grant program for Alaskans with disabilities to start or expand their small business, as well as supports the Trust's Beneficiary Engagement and Employment Initiative, (BEE), which has leveraged an addition \$3 million a year annually toward employment efforts for Trust beneficiaries, including Alaskans with IDD.

Alaska does have a Medicaid Buy-In program; called the Alaska Working Disabled Medicaid Buy In. However, the number of participants has generally been underutilized for many years with very few people with IDD participating. With extensive marketing efforts by the Council, the program has increased 12.3% from March 2014 to March 2015. As of March 2015, 357 individuals were utilizing this program in Alaska. Through support of the Disability Benefits 101 project and additional marketing, we hope to see the program grow in the future.

One very important factor to employment is Alaska's economy, which is showing signs of distress due to extremely low oil prices and lower production. Over 80% of Alaska's revenues have come from oil royalties and taxes, but the shortfall in revenues in the past few years has been in the billions of dollars, causing Alaska to burn through its savings accounts very quickly. One response has been to cut state services and jobs. In two years the state has reduced its operating budget by 26%, resulting in significant government sector jobs. In addition, oil companies have laid off more than 2,000 workers, and downstream effect on jobs in the construction industry are being felt across the state. Fortunately, healthcare, fishing and tourism remain strong and are expected to maintain current levels or even add jobs. But the growth in other industries won't offset the loss of government and oil sector jobs, thus Alaska is not expected to gain jobs overall in 2016, and the future beyond that is hard to predict. Seasonally adjusted, the US unemployment rate was 5.8% in November 2014 whereas the Alaska unemployment rate was 6.6% (DOL January 2015 Alaska Economic Trends). Regardless of the economic future, the Council's work with respect to employer engagement will be vigorous. The Council help create and leads an interagency team with DOLWD, and DVR, called the Business Employment Services Team (BEST), which is marketing the skills of Alaska with disabilities and disabled veterans directly to Alaskan businesses.

The employment objectives and activities are designed to build upon what's been done to date to address identified barriers as well as align activities with the state's current economic situation and priorities.

#### **Informal and formal services and supports \***

The Council collaborates significantly with The Alaska Mental Health Trust Authority (the Trust), a state corporation that administers a perpetual trust on behalf of its beneficiaries, including individuals who experience IDD's. The Trust operates like a private foundation, using its resources to ensure that Alaska has a comprehensive plan to serve its beneficiaries. The Trust works closely with its partner boards, including the Council, to provide annual budget recommendations to the Governor and Legislature for Trust beneficiary's services. The goal of The Trust is to serve as a catalyst for change and improvement in Alaska's service delivery systems for Trust beneficiaries. To accomplish this, The Trust funds projects and activities that promote long-term system change, including capacity building, demonstration projects, funding partnerships, rural-project technical assistance, and other activities to

improve the lives and circumstances of Trust beneficiaries. Since July 2010, nearly 200 individual grants a year (totaling \$1,362,797 in the last 5 years) were distributed to Trust beneficiaries with an IDD. Since 2014, there have been 1,942 families and individuals that have been served with formal and informal support throughout the state.

The Council also works with the Statewide Independent Living Council (SILC), and the Key Coalition of Alaska, a disability advocacy group, to build capacity, make systems change and advocate around common issues impacting Alaskans with disabilities, including housing, transportation and home & community based services. Individuals with developmental disabilities can receive services from local centers for independent living, especially if they're ineligible for waiver services. The Council also works closely with the Alaska Commission on Aging (ACOA) to ensure that seniors with IDDs are receiving the care they need resulting from growing older and having an IDD. The Council is working closely with the State Interagency Coordinating Councils (SICC) who assists with infants and toddlers with disabilities who require a wide range of services.

The Council currently has a state wide self-advocacy non-profit organization called Peer Power. Peer Power began in 2012 in order to assist advocates to better understand how to use the resources available to them. The organization also provides avenues between self-advocates and employers while also educating in that venue. They are also part of the Alaska Integrated Employment Initiative grant that focuses on transitioning individuals from school to employment. Partners in Policymaking, run by our UCEDD, provides system-wide information and advocacy training via a "Train the trainer model" throughout the state to individuals with disabilities, their family members and agencies who serve them in order to imbed an advocacy oriented environment. The Trust also supports numerous trainings throughout Alaska on the waiver system for self-advocates and their families. There are a wide variety of formal and informal supports for parents including Stone Soup Group, Alaska's Parent Training & Information Center (PTI), LINKS parent resource, SOS Kids, LEND Family Advisory Council, Aging and Disability Resource Centers (ADRC's), disability specific groups and active peer-to-peer support groups which meet in person and/or use social media to share experiences. For individuals lacking assistance, the state grants funds to local IDD providers to provide system navigation support, called Short Term Assistance Referral (STAR), which assist individuals and their families through the initial application process for Medicaid and other services.

Alaska has 4 waivers, 2 of which are specifically for individuals with developmental disabilities: Persons with Intellectual and Developmental Disabilities (IDD) and Adults with Physical and Developmental Disabilities (APDD). Children with developmental disabilities may also qualify for the Children with Complex Medical Conditions (CCMC) waiver. Finally, the Alaskans Living Independently (ALI) waiver covers individuals age 22 and older. Major challenges for waiver services include the waitlist and the lack of trained direct service staff. This is generally due to the below poverty level wages paid to direct care staff, especially in rural communities where the cost of living is extremely high.

Funded by the Trust, the State has a IDD mini grant program which allows families to apply for funding to pay for items not covered by Medicaid or other resources. IDD mini grant applicants are eligible for up to \$2,500 of funding annually. A Council staff person is a member of the review committee for this mini grant, and because it is Trust funded, it is a stable funding source.

In addition, the state provides IDD providers with over \$12 million annually in state funds to provide a limited amount of support for those consumers who are DD eligible, but not currently on waiver. The average dollar amount spent per recipient is just over \$12 K. However, because of the current situation of falling state revenues, this program is in jeopardy. The Council is working with the State, the Trust and others to find ways to refinance this program through Medicaid. The state has identified the need for 2 additional state plan options in which to better accommodate individuals who aren't able to attain services under a 1915(c) waiver. These 2 new State plan options are 1915(i) and 1915(k). In 2015 the State created a Community Inclusion Council (CIC) to review and report on information pertaining to the variety of services that the 2 plans will offer, and then comparing them to other options that may be available through Medicaid. The Council has two members and one past member who sits on the CIC, and the Executive Director is a steering committee member. While the initial review has shown that the 1915 K option may be a good way to refinance the state's Personal Assistance Services (PAS) program, the (i) option did not pencil out in terms of saving or expansion to other disability groups. The result has been looking in a new direction, i.e. a demonstration waiver under 1915 (c), that will allow for a limited package of services to be financed through Medicaid for persons with IDD. The State is expected to roll out any new plans in July of 2017.

Interagency Initiatives \*

The Division of Vocational Rehabilitation (DVR) oversees activities authorized through the Assistive Technology Act. DVR contracts with ATLA (formerly Assistive Technology Library of Alaska) to coordinate day-to-day activities. ATLA is Alaska's main comprehensive assistive technology resource, including resources for individuals with disabilities to access home, school, community, and employment. ATLA works with government, business, education, health services organizations, and individuals. ATLA closely partners with the Departments of Education and Early Development (DEED) and Labor and Workforce Development (DOLWD), the Special Education Service Agency (SESA), the State Independent Living Council (SILC), and parent navigator organizations. The Council is working with state agencies and ATLA in looking for increased opportunities for assistive and smart home technology usage statewide to promote independence and cost savings.

The Council administers the Alaska Integrated Employment Initiative (AIEI), a federal Partnerships in Employment (PIE), transition systems change grant which includes significant collaboration amongst state agencies, businesses, and service providers to improve employment outcomes for Alaskans with disabilities. Through AIEI, the Council formed an interagency collaboration between the Department of Health and Social Services (DHSS) and DOLWD, called the Business Employment Services Team (BEST), around employer engagement. The Council also continues to work with the Division of Employment Training Services to implement Alaska's Disability Employment Initiative federal US DOL grant funding to ensure people with disabilities are well served by Alaska's Job Center Network. Alaska's Workforce Investment Board (AWIB) includes a varied collaborative group of business, education, organized labor, as well as state government. The AWIB has state staff collaborating from the following agencies: Office of the Lt. Governor, DOLWD, DEED, DHSS, DCCED, as well as the University of Alaska and the Council. The State Vocational Rehabilitation Committee (SVRC) includes community rehabilitation providers, individuals with disabilities, special education, Tribal VR programs, advocates, representatives from independent living, VR participants, as well as business representatives, with the Council frequently providing reports.

By Alaska statute the Council serves as Alaska's Interagency Coordinating Council (ICC) required under Part C of IDEA and the State Special Education Advisory Panel (SEAP) as required under Part B. There are numerous collaborators representing a wide range of agencies and stakeholders involved in the delivery and improvement of special education and early intervention: Alaska Early Intervention/Infant Learning Program, Department of Education and Early Development, Head Start, State Board of Education, Division of Vocation Rehabilitation, Office of Children's Services, Women's Children's and Family Health, Behavioral Health, Medicaid/CHIP, Child Care Program Office, Children and Youth With Special Health Care Needs, Help Me Grow, All Alaska Pediatric Partnership, FASD Partnership Steering Committee, RuralCap, Early Childhood Comprehensive Systems, Alaska LEND (Leadership Education in neurodevelopmental and related Disabilities), LEND Family Advisory Council, University of Alaska, UAA Center for Human Development, Alaska Native Tribal Health Consortium, Deaf Education Board, Stone Soup Group, Links Parent Resource, Anchorage Special Education Advisory Council, and various other stakeholder partners including parent advocacy and support groups, disability specific support groups and committees that convene for a specific grant or event.

Alaska has 11 Centers for Independent Living (CILs) throughout the state. Several of these double as Aging and Disability Resource Centers (ADRCs) and they connect seniors and individuals with disabilities with long term services and supports generally as the initial point of contact. The state is currently expanding a pilot project with two ADRC's to conduct initial pre screening in order to determine the best pathway to services for each individual who is screened. Funding for ADRC's comes from a combination of Trust funding, state funding, and Medicaid Admin funding.

The Council also works closely with the Key Coalition of Alaska, Alaska Mental Health Trust Authority, Alaska Commission on Aging, Alaska Brain Injury Network, Alaska Mental Health Board, Advisory Board on Alcoholism & Drug Abuse, and the Alaska Mobility Coalition. Council staff as well as individuals with disabilities and family members serve on committees led by many of these entities, actively participating in interagency initiatives.

#### Quality Assurance

Alaska's Adult Protective Services (APS) office seeks to prevent or stop harm from occurring to vulnerable adults including individuals with developmental disabilities. APS investigates incidents of abandonment, abuse, exploitation, neglect or self-neglect, and work with individuals to ensure that they have the essential services necessary to maintain safety and also offers information and referral, protective placements, guardianship/conservatorship counseling, and training to providers. The Division of Senior and Disabilities Services' (SDS), Quality Assurance (QA) Unit is the lead entity responsible for maintaining continuous improvement of services provided to consumers, including those through the IDD HCBS waiver. The QA Unit ensures the delivery of quality services, provides technical assistance and information necessary for service providers to meet complex regulatory requirements, and safeguards the overall integrity of SDS programs. SDS QA activities include informing consumers of their rights and reasonable expectations; collecting feedback on the quality and adequacy of services provided; responding to and investigating complaints of inappropriate service and /or non-compliance with program guidelines; providing technical assistance; evaluating program performance through audits and surveys; collaborating with other SDS units in the implementation of the SDS quality assurance plan; and influencing and supporting SDS Quality Improvement Initiatives.

The Disability Law Center of Alaska (DLCA) satisfies the federal P&A role for Alaska, assisting Alaskans with disabilities in fighting for their personal and civil rights, providing legal support when necessary to achieve resolution. The Alaska Human Rights Commission (consisting of seven Governor-appointed commissioners to investigate complaints around human rights) as well as the Northwest ADA Information Center are additional resources Alaskans with disabilities can access for resolving violations. The DLCA also operates the Client Assistance Program (CAP) which can assist with issues that arise surrounding services.

The Council administers a federal Partnerships in Employment grant, the Alaska Integrated Employment Initiative (AIEI) which monitors the employment services system through monthly Policy and Regulations Team meetings and twice a year Advisory Consortia Board meetings working towards system improvement.

The Council partners with Alaska's UCEDD on Partners in Policymaking trainings which are designed for individuals with disabilities and their families in order to cultivate leadership and advocacy skills. The Council also partners with Peer Power Alaska, a statewide self-advocacy organization, to disseminate self-advocacy and leadership resources and event opportunities for Alaskans with disabilities. Additionally, the Council partners with Key Coalition, a 501(c)(4) nonprofit which empowers individuals with developmental disabilities and their families to educate legislators about the importance of HCBS for Alaskans with disabilities. This includes an annual Key Campaign where several hundred advocates fly to Alaska's state capitol to advocate for services vital to Alaskans with disabilities, including meetings with all house and senate legislators as well as a rally at the steps of the capitol. Training is given as part of the orientation to individuals with disabilities and families regarding self-advocacy. Key Campaign includes individuals with disabilities and family members from many different regions across the state, including those who are culturally diverse.

One of the areas that has been a long term issue with the Council is school safety. The Council advocated for the passage of school restraint and seclusion laws for almost a decade before finding a champion in the Legislature who was able to work with the Council to bring forth a thoughtful and comprehensive bill on restraint and seclusion in schools. The Council worked with Rep. Charisse Millett and her staff, from reviewing an annual Key Campaign where several hundred advocates fly to Alaska's state capitol to advocate for services vital to Alaskans with disabilities, including meetings with all house and senate legislators as well as a rally at the steps of the capitol. Training is given as part of the orientation to individuals with disabilities and families regarding self-advocacy. Key Campaign includes individuals with disabilities and family members from many different regions across the state, including those who are culturally diverse.

#### Education/Early Intervention

Alaska has 53 school districts, a school for the deaf & hard of hearing and a state run boarding school. Alaska is tremendously culturally diverse, with 51.4% of students in Alaska being non-white. The Anchorage School District, the 93<sup>rd</sup> largest in the country, has over 100 different languages spoken. Half the school districts in Alaska have K-12 schools serving as few as 20 students, where a Tribal language may be spoken at home. There are 66 private schools in the state, serving about 6,000 students and 3 out of 4 are religious institutions. In 2015 there were 128,580 students enrolled in public schools with 13.7% being students with disabilities, age 3 to 22. Almost 4,600 students have a developmental disability. The Council serves as the Special Education Advisory Panel (SEAP) under Part B of individual with Disabilities Education Act (IDEA) and works with the Department of Education & Early Development (DEED) to ensure that students with disabilities are provided services. The Council also serves as the governing board for the Special Education Service Agency (SESA), a state funded agency that provides consultation to schools to improve the education of students with specific low incidence disabilities, particularly in remote communities.

The Council also serves as the State Interagency Coordinating Council (SICC) for Infants and Toddlers with Disabilities under Part C of IDEA and works directly with the Early Intervention/Infant Learning Program (EI/ILP). There are 17 agencies providing EI/ILP services to about 2,000 infants and toddlers statewide. Of these children, 66% are non-White. Alaska requires an infant or toddler have a 50% delay to be eligible for the program so most children qualify due to a developmental delay, or have a diagnosed physical condition likely to result in developmental delay. Most states only require a 25% documented delay or be "at risk". About 2/3 are referred to the program by health care professionals or parents, with another 25% of the referrals coming from child protection services. Alaska has seen a 50% increase in children in out of home protective care in the past few years. As part of The Child Abuse Prevention and Treatment Act (CAPTA), Alaska requires the referral of children under the age of 3 who are involved in substantiated cases of child abuse or neglect to receive an evaluation by the EI/ILP. This has resulted in an increase in the numbers of children being evaluated and has seriously taxed the EI/ILP program.

There are numerous challenges facing the education and early intervention of infants, children and youth that are unique to Alaska. The shortage of highly qualified special education, early childhood, and related service professionals is a nationwide problem, but it is especially challenging in Alaska's remote areas. Another challenge is transition, both from an infant program to a school based program, and from school to post-secondary activities. Indicators show that these times of transition are particularly difficult in Alaska, and

improvement in the timely linking of families to programs and supports is vital. More toddlers and youth with behavior challenges are in our schools, and staff and families need tools to keep them included and safe. In the past few years, changes in graduation requirements have improved the rates for students with disabilities, but there is still a 30% gap in graduation between students with disabilities and those without. Narrowing this gap has become the focus of EED's State Systemic Improvement Plan (SSIP), a 5 year results driven performance indicator required by the Office of Special Education (OSEP). The EI/ILP also has a SSIP indicator focusing on improved social/emotional outcomes of toddlers leaving the program. The Council is deeply involved in both of these initiatives.

### Housing

The average sale price for a single-family home in Alaska increased 4% from 2014. The average home price in Alaska is over \$300,000 while the national average is closer to \$200,000. In the first half of 2015, Alaska's average single-family home cost 46% more than the national average. The average adjusted rent in the state's largest city, Anchorage, has been on a gradual rise over the last decade, increasing 46% from 2005 to 2015. In Alaska, apartment rent increased by 11% since 2002, with average rental prices at \$1,150. Vacancy rate has dropped to just 4% and the rental affordability index value has risen; meaning fewer Alaskans with disabilities can find suitable homes that they can afford. According to Zillow, renting in Alaska is higher than the US rent median, leaving renters often paying much more than those with a home mortgage.

In Alaska, half of residences have 2 bedrooms or fewer, while in the US as a whole, only 40% of homes are that small. Because of our rural and remote areas, 4.7% of Alaskans lack plumbing facilities (nearly 12,000 people) and 3.7% of Alaskans lack kitchens (nearly 9,000 people). The national rates are 0.5% and 0.9%, respectively. Almost 6% of homes in Alaska heat with wood, nearly 3 times higher than the national average. Alaska's home ownership rate continues to lag behind the U.S. by about 2%. Housing prices, for homes or apartments, remain higher here than the national average and higher than most other states.

Alaskans with disabilities face many barriers to affordable, accessible housing including a lack of supportive housing services in rural regions, low housing stock that is accessible for people with disabilities, and no centralized location to find information about accessible housing and rental assistance programs. Additionally, Alaskans report not wanting to leave their natural communities to find affordable, accessible housing and few landlords willing to accept low-income housing vouchers for people with disabilities. People with disabilities reported to the Council that they get information about available housing from care coordinators, support staff, and disability service agencies.

Alaskans on a Medicaid waiver qualify for the Environmental Modification (E-Mod) Home Accessibility Program through SDS. Waiver recipients can contact their waiver program care coordinator to determine what modifications are needed and request cost estimates from Medicaid certified contractors. Home mods have a cap of \$18,500 that is renewable every 3 years. SDS approves all project estimates and the care coordinator manages necessary paperwork and submissions. Alaskans who are IDD eligible can apply for IDD mini-grants of up to \$2,500 annually which includes housing improvements.

### Transportation

Improving transportation options to meet the mobility needs of individuals with disabilities as part of a larger community need for transportation services is a high priority for the Council. In fact, the Council partnered with the Alaska SILC over a decade ago to create a broad based community transportation advocacy group called the Alaska Mobility Coalition (AMC). Currently, the Council ED serves as President of AMC. Over the years, AMC was able to get millions of dollars in federal grants, as well as convince the state to invest in public transit. For example, the Alaska Mental Health Trust invests \$1.25 million annually in human service transportation, and \$1 million dollars of state general fund money will be used for match funding for local transit and human transportation providers in FY 2017.

Currently, there are only seven communities that have public transit and parallel paratransit systems. AMC, supported by the Council, worked with six additional communities to create a coordinated transportation system in each community, usually with a mix of public grants, private donations, and user fees. In many remote communities, transportation into the community is only by airplane or boat and transportation within the community is by snow machine, four-wheeler, or boat.

AMC and the Council continue to evaluate the current state of transportation for people with disabilities, identify barriers to mobility that people with disabilities encounter in their communities, identify future transportation needs of individuals with disabilities within those communities and establish strategies to meet those transportation needs.

Another current issue being addressed by AMC and the Council, the DLC, the SILC and other partners is the lack of availability of accessible taxi cabs state-wide. With funding support, several communities were able to add accessible cabs using public money, but is operated by private cab companies. More are needed to meet the demand. In addition, the Council, working with providers, has met with and helped train local representatives of the Transportation Safety Administration (TSA) to better assist individuals with disabilities with the airport screening process.

### Child Care

A common challenge facing many Alaskan families, regardless of which community they live in, is the financial burden and cost of quality early care and education. Alaska is one of nine states where the annual cost for both licensed child care centers and family child care homes for children under age five exceed the annual cost of college tuition. An Alaska family must spend 46.5% of their full time, full year, minimum wage earnings on care for a 4 year old and 57.7% for an infant. In Alaska, preschool children make up the largest group in care, with 38% in full time care. Alaska does not have a universal preschool program. There are no three year olds in state funded preschool programs. There is a pilot Alaska-Prekindergarten Program which is available in 8 of the 53 school districts in the state and covers only 3% of 4 year olds in the state. This \$2 million program is annually at risk in the state budget. The Alaska Head Start program is available to families at or below 100% of the federal poverty level (FPL), with programs able to admit up to a max of 35% of children from families with income up to 130% of the FPL. This still leaves 76% of Alaskan 4 year olds with no state or federally funded pre-school program. Those few that are in a funded program typically only have 3.5 hours a day, 4 days a week, in a program. On average, children of working parents in Alaska spend 35 hours a week in childcare. Over 73% of licensed childcare providers charge over the state rate for preschool child care, with rates ranging from \$477 to \$1,370 per month. This is an issue that impacts not only low income families, but all families who rely on childcare to go to work every day. There is a Child Care Assistance Program (CCAP) for families eligible for public assistance. Families must provide detailed personal and financial information to be part of the program. For families of children with special needs, there is the Alaska INI Program to provide supplemental funding to licensed child care providers to help increase the availability of inclusive child care. To access this federal funding, a child must be under 12, have a diagnosed disability, be CCAP eligible and have a provider willing to work with the program. The Alaska INI Child Care program is severely underutilized with only 36 children in 25 families statewide accessing the additional funding. There is no child care assistance for families of children with special needs whose income exceeds the poverty level.

In addition to costs, there is a shortage of licensed providers also. While Alaska does not have reliable data on the numbers of families seeking licensed child care, a survey of providers say that 43% of them have children on waitlists. There are a variety of reasons for this. Of the child care providers surveyed in 2015, 22% said they were not operating at full capacity because of lack of staff. Close relationships between young children and their teachers are an important part of creating quality care environments and positive child outcomes. However, in Alaska, the average annual income for these professionals is around \$20,000, and as a result, the industry's turnover rate is over 46%. In contrast, the average salary for a teacher is \$65,000.

In Alaska, most families must piece together a variety of afterschool solutions, with only 19% of Alaska's children participating in an afterschool program. If an afterschool program were available, 43% of Alaskan's children would participate. Most of the programs are in Alaska's 5 urban school districts. On average, 24% of Alaska's school aged children are alone and unsupervised between 3 and 6 pm. To help address this need, the Alaska Children's Trust awarded a grant to create the Alaska Afterschool Network (AAN). The AAN is a network of nonprofit, private, tribal and government organizations to collect data and promote high quality, afterschool programs.

### Recreation

Alaska has many community inclusion opportunities within school extracurricular after school programs focused on youth, including Special Olympics partner's clubs for students with and without disabilities. Other recreational opportunities open to all ages include: Special Olympics Alaska with year round sports programs and an Anchorage-based health and wellness center, Challenge Alaska (adaptive ski program, outdoor recreational program, Paralympic academy, and a sled hockey team), as well as an inclusive playground initiative now underway in Anchorage, Alaska. The Council has been highly involved in increasing awareness of these community inclusion opportunities and supporting these efforts. For those with a developmental disability eligibility determination, the IDD mini-grants allow for up to \$2,500 annually which can, with doctor's prescription, pay for gym membership and other recreational opportunities. Additionally, for those utilizing IDD grant funding or have an IDD waiver, day habilitation services provide supports to access the greater community as well. Provider agencies across the state have different unique facets of day habilitation, some with recreational centers and others with a boat to go out fishing. Alaskan businesses are also becoming more welcoming to Alaskans with disabilities such as Bouncing Bears indoor play center, H2Oasis indoor water park, and Century movie theatres with "sensory" movie days where they adapt the environment to be more friendly to individuals with sensory disabilities.

**Analysis of the State Issues and Challenges [Section 124(c)(3)(C)]**

\* - Required field

**Criteria for eligibility for services \***

A developmental disability in Alaska is defined as a severe, chronic disability that is a mental or physical impairment, manifested before age 22, is likely to continue indefinitely, and results in substantial functional limitations in 3 or more of the following areas: self-care, receptive/expressive language, learning, mobility, self-direction, independent living and economic self-sufficiency.

The Community DD Grant Program is designed to address the needs of individuals with developmental disabilities who are on the registry for a waiver or who do not qualify for a waiver. Unfortunately, funding for grant services is minimal and does not adequately cover their needs. Grant services work well for individuals whose primary caregivers are family members that can provide many hours of support. Agencies try to serve as many individuals as possible with these funds, but the result is that each person receives a minimal level of services.

Short-Term Assistance & Referral (STAR) programs assist people with developmental disabilities and their families in addressing short-term needs, avoiding crisis situations, and deferring the need for residential service or long-term care. STAR programs do not have the funds needed to address all of their service needs. Aging & Disability Resource Centers (ADRCs) are also available to connect people with disabilities and their families to long-term supports in their communities including in-home care, transportation, and assistive technology. There are not enough ADRC staff to meet the demands of individuals with developmental disabilities and their families.

Alaska has 4 waivers, 2 of which are specifically for individuals with developmental disabilities: 1) Persons with Intellectual and Developmental Disabilities (IDD) and 2) Adults with Physical and Developmental Disabilities (APDD), 3) Children with Complex Medical Conditions (CCMC), and 4) Adults Living Independently (ALI). Major challenges for waiver services include the length of time spent on the registry waiting for a waiver and the lack of trained direct service staff. This is generally due to the poverty level wages paid to direct care staff, especially in rural communities, where the cost of living is extremely high.

Senior and Disability Services (SDS) has reduced their annual draws from 200 individuals per year to only 50 individuals from the registry for IDD waiver services. Currently there are a little over 538 individuals on the registry; 20% or 107 with a score of zero. With the recent profound decrease in annual draws, these numbers are expected to increase substantially over the next few years.

The Special Education and Early Intervention services delivery systems face the same challenges as the other service systems in Alaska: the shortage of highly qualified staff and the difficulties providing needed services in remote communities. Schools often have to rely on itinerant related service providers, i.e. Physical Therapy (PT), Occupational Therapy (OT), Speech Language Pathology (SLP), due to the low numbers of students needing these services and the difficulty obtaining qualified staff willing to live in remote communities. The Council is the governing agency for the Special Education Service Agency (SESA), a public agency that provides assistance for students with low incidence disabilities, primarily in rural districts, to help meet this need.

The main employment challenge for individuals with developmental disabilities in remote communities is the limited employment opportunities in these areas. There are few paying jobs in general in these communities and individuals with disabilities are unlikely to be hired for these positions. If service providers can be located, they need to be highly creative in identifying subsistence employment opportunities.

**Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families \***

The Council has identified barriers to the unserved and underserved population through 15 community forums throughout the state, as well as opportunities for call-in and online comments. We had 5 broad questions which allowed participants to voice their individual and community needs, concerns and possible solutions. According to our data, the Council has identified a list of unserved/underserved individuals or groups: rural/remote communities, those with challenging behaviors, those with barriers to eligibility, youth transitioning from school to adult services, post-secondary transition age youth, aging and disabled caregivers, individuals with developmental disabilities who have aging care givers, individuals with neurodevelopmental disabilities such as autism or FASD, and parents with developmental disabilities.

The most underserved, and in some cases unserved, individuals in Alaska are those living in remote communities. Geographically, Alaska is the largest state in the U.S.; covering an area 1/5th the size of the rest of the United States yet has the lowest population density. While 66% of all Alaskans live in 3 main cities, those who live in rural/remote Alaska face many challenges, including access to major health facilities (1,000 miles by plane for some), access to drinking water and human waste disposal systems, and a high poverty and unemployment rate. One third of Alaskans lives in rural/remote Alaska, with no roads linking them to other communities that can only be reached by plane, boat, snowmobile, dog sleds or seasonal/temporary roads. Travel and living costs are extremely expensive, thus further complicating service delivery. The problems of vastness and distance, coupled with a lack of generalist and specialist care, requires creative approaches to meet the needs of Alaskans with developmental disabilities and their families. Telepractice offers Alaska some of the best and most cost effective opportunities for improving the quality, scope and access to diagnosis, treatment and supports. While telehealth solutions are making progress, there is still a large disparity between availability and need. Barriers identified by stakeholders include: equipment and accessibility, training and capacity, professional licensure and portability, privacy and security, standards of care, reimbursement and sustainability as well as a wide variety of policy and regulatory barriers.

Individuals with developmental disabilities with a dual diagnosis and/or challenging behaviors stayed on the list as underserved, as most of these individuals are at risk for out-of-state placements. The council has been actively supporting the Complex Behavior Collaborative (CBC) a state funded program to provide evidence based intervention and training to support individuals at risk of out of state placement. The CBC works with an individual's provider, family, teams, and is not limited to serving a certain age or disability. The Collaborative is housed in the Division of Behavioral Health office, which is managed by UCEED.

During public forums, one topic that often came up was the need for services for individuals who are not eligible for waivers. To be eligible for a waiver an individual must have a diagnosed disability, and in the case of a DD like FASD, this can be very difficult, if not impossible for an individual. Unfortunately, funding for these grants is so limited; it does not begin to adequately serve them. In addition, there are many individuals with brain based disabilities and average to above average IQs, which are not able to get basic DD eligibility and include individuals with autism, FASD or a TBI. These individuals "fall through the cracks" and often become unemployed, homeless and/or incarcerated.

After listening to public testimony and the concerns of stakeholders and partners, the Council has chosen to focus on the massive challenge of screening, diagnosis, education, treatment, services and supports for Alaskans with Autism Spectrum Disorder (ASD) and/or Fetal Alcohol Spectrum Disorders (FASD). Planning and systems development for both FASD and ASD fall under Alaska's Office of Public Health and are populations that are potentially served by both developmental disability and the behavioral health programs. While accurate prevalence data is not available, recent studies have reported that 2%-5% of school-aged children may have a FASD. Alaska will certainly be on the high side of this data. In Alaska, it is estimated that 2.1% of children have an ASD/DD diagnosis. There is not reliable data for adults. According to a survey conducted by the Title V Maternal Child Health program, three major child health concerns were identified by those raising children with a special health care need: behavioral/mental health challenges, social isolation, and bullying. These concerns are very often those strongly voiced by families raising children or youth with an ASD and/or FASD.

As in most rural areas, Alaska experiences significant disparities in the geographic distribution and scope of generalists and subspecialists, including developmental-behavioral pediatricians, and the other specialists necessary for the multi-disciplinary diagnoses of ASD and FASD. In addition to the challenges of screening and diagnoses, there are significant barriers to the support of individuals with neurobehavioral/developmental disabilities like FASD and ASD, in particularly in rural Alaska. There is limited access to evidence based practices, appropriate education, supports and accommodations, professional training, insurance and Medicaid program coverage, employment and housing, community engagement and family and caregiver supports. Despite these challenges, Alaska's medical and mental health community and families are highly motivated to improve the current system of diagnoses, support and care through integration, partnerships and greater collaboration. Improvements of the quality of life for Alaskans with an ASD and/or FASD will rely on the greater access to screening and diagnosis, expanded use of telepractice, training for medical and behavioral health providers, educators, employers, legal system and the public, sustainable resources that include insurance and Medicaid/CHIPS/EPSDT and family and

C caregiver supports. The Council has formed the FASD Workgroup and the Autism AD Hoc Committee to promote statewide collaboration and coordination to move forward these crucial improvements and have developed Five Year Plans for across the lifespan systems improvement.

The Council feels that individuals with IDD's who have aging care givers are a community that has seen much growth in recent years. The Council acknowledges this community, and will continue to monitor and serve as need requires for the purpose of isolating future needs for this group.

**The availability of assistive technology \***

The availability of assistive technologies has expanded in recent years through partnerships with the Division of Vocational Rehabilitation (DVR), Alaska's Tech Act grantee; its contractor, Assistive Technology of Alaska (ATLA); and centers for independent living in interior, southcentral and southeast Alaska. There is also an assistive technology equipment loan and exchange program through ATLA that has been expanding over recent years. A statewide assistive technology loan program through DVR is housed at Northrim Bank in Anchorage. It is a low cost, low interest loan program designed to make technologies available to individuals who would not normally qualify for them through traditional bank loans.

There continues to be a shortage of qualified assistive technology professionals in Alaska, although training is occurring on a regular basis through online classes at ATLA, training sessions at the State Special Education Directors Conference, the Special Education Conference and the Full Lives Conference that occur every year. ATLA is currently sending Assistive Technology trainers to rural Alaskan communities in order to educate the providers and individuals with needs as to the availability and access to in-home assistive technology.

A few providers have begun to use smart home-based and monitoring technology. The Council is also working with SDS in collaboration with Hope Community Resources and ATLA to perform real-world testing on smart home technologies to see if it is a viable option in Alaska. If Assistive technology is found to be widely applicable, the fiscal savings could be immense. Not to mention the additional independence for people with IDD's. They will be able to live more successfully on their own with only a little additional technology in place.

**Waiting Lists \***

Numbers on Waiting Lists in the State						
Year	State Pop (100,000)	Total Served	Number Served per 100,000 state pop	National Average served per 100,000	Total persons waiting for residential services needed in the next year as reported by the State, per 100,000	Total persons waiting for other services as reported by the State, per 100,000
2012	731081	1599	217	0	136	525
2013	736399	1813	246	0	128	503
2014	736732	1937	263	0	147	543

a. Entity who maintains wait-list data in the state for the chart above

Case Management authorities  Providers  Counties  State Agencies  Other

**b. There is a statewide standardized data collection system in place for the chart above**Yes  No **c. Individuals on the wait-list are receiving (select all that apply) for the chart above** No Services Only case management services Inadequate services**d. To the extent possible, provide information about how the state places or prioritizes individuals to be on the wait-list** Comprehensive services but are waiting for preferred options Other

Use space below to provide any information or data available related to the response above

In Alaska, those individuals who are waiting on the wait list may have access to limited amounts of supported employment, respite care, care coordination, day habilitation, case management, and specialized equipment which are funded by developmental disability grants. The Developmental Disabilities Registration & Review (DDRR) application incorporates information about an individual's community participation, living situation, caregiver concerns, and need for services, including projected timeframe for the need of a particular service. Questions asked attempt to measure immediate need and circumstances that might make an individual vulnerable to crisis, and include weighted questions. The form uses a numerical assessment of need, the higher the need, the greater the number of points that are given to calculate an individual's DDRR score, with a score ranging from 0 to 135. Each quarter, approximately 12 people with the highest need, as evidenced by the highest numerical scores at the time, are selected from the registry. The yearly maximum draw number is 50 individuals.

**e. Description of the state's wait-list definition, including the definitions for other wait lists**

In order to be eligible for the Developmental Disabilities Registration & Review (DDRR), an individual must have a developmental disability defined as a severe, chronic disability that is a mental or physical impairment, manifested before age 22, is likely to continue indefinitely, and results in substantial functional limitations in 3 or more of the following areas: self-care, receptive/expressive language, learning, mobility, self-direction, independent living and economic self-sufficiency. The individual must also need a combination of special, interdisciplinary, supports or other services that are of lifelong or extended duration and are individually planned and coordinated. Examples of types of developmental disabilities are intellectual disability, cerebral palsy, autism, and seizure disorder. To be determined eligible for an IDD waiver, a person must be found to be eligible for Medicaid, be enrolled with the Division of Medical Assistance and meet the ICF/ID level of care which includes having one of 5 qualifying diagnoses: 1) Intellectual Disability, 2) Other Intellectual Disability – Related Condition, 3) Cerebral Palsy, 4) Epilepsy, 5) Autism. FASD is not one of the qualifying diagnoses. At one time, the state had an FASD waiver which ended years ago. Currently, individuals with an FASD diagnosis are not eligible for IDD waiver services unless they have a cognitive impairment as well. With our high FASD prevalence in Alaska makes this a highly underserved population.

**f. Individuals on the wait-list have gone through an eligibility and needs assessment**Yes  No 

Use space below to provide any information or data available related to the response above

The Division of Senior & Disability Services (SDS) maintains a waitlist for services called the IDD Registry. The applicant submits a completed Developmental Disability Eligibility Determination and Request for Services form and supporting documentation to SDS; staff then determine whether the applicant is eligible for services. If the applicant meets the eligibility requirements, he or she is assigned an ID number and a letter is sent advising the individual that the request for services is approved. At this time an approved recipient could pursue developmental disability grant services. In order for the individual to be selected for Alaska's IDD HCBS, he/she must complete a second application, the Developmental Disabilities Registration and Review (DDRR) form. Then SDS staff review the DDRR form, places the applicant on the IDD Registry, and notifies the applicant of his or her score and registry placement by letter. The applicant must update the DDRR form annually or when changes in circumstances or in level of need are noted to maintain eligibility for selection.

**g. There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g., person-centered planning services)**Yes  No **h. Specify any other data or information related to wait-lists**

Short-Term Assistance & Referral (STAR) programs assist people with developmental disabilities and their families to address short-term needs, avoid crisis situations and defer the need for residential service or long-term services and supports. STAR services include environmental modifications, adaptive equipment and services that assist families (i.e., behavioral training, personal care, basic living needs, medical appointments). Through the STAR program there are also mini-grants available for 1-time awards, not to exceed \$2,500 per person, for health and safety needs (i.e., therapeutic devices, access to medical, dental, vision care, special health care needs). DD mini-grants also exist and include the opportunity to apply for \$2,500 annually. Aging and Disability Resource Centers (ADRC) also connect people with disabilities and their families to long-term care supports in their communities, including in-home care, transportation and assistive technology. The ADRC First Pilot Project is also underway and seeks to improve access and outcomes for individuals seeking long-term services and supports by providing a short pre-screening that will ensure the individual receives information and options counseling, provides short-term crisis support to prevent institutionalization, and assists in planning for future needs. The ADRC First pilot intake and screening is specifically designed to look at each individual holistically in order to assist them in navigating the service delivery system so they are able to make informed choices about their care.

### i. Summary of Waiting List Issues and Challenges

The main waitlist challenge is inadequate funding for services which has been exemplified in recent budget cuts resulting in draws decreasing in 2016 from 200 to 50 annually. Previously, Alaska had instituted a yearly draw of 200 due to the size of the waitlist. With this yearly draw reduced by 75%, funding challenges are expected to increase. There are currently 538 people waiting for waiver services. The application process is difficult as individuals have to complete two separate processes in order to be placed on the registry. To remain on the registry, an annual update must be completed. The grant funding for minimal services while on the registry is small and the need for services so great that there is never enough funding to cover everyone's needs. Finding funding for the evaluations required for the application, especially for those not receiving Medicaid is another challenge. Other issues include the inconsistency between SDS staff in evaluating and scoring applications; and the use of a deficit-based instead of a strength-based assessment tool. In addition, Alaska's system is based on individual needs, so individuals with stable family supports often have a difficult time moving up the registry.

#### Analysis of the adequacy of current resources and projected availability of future resources to fund services \*

In earlier sections the State's fiscal health was described in detail. To summarize, the state is running more than a \$3 billion dollar shortfall in annual revenues, and using savings to make up the difference. At this rate, our savings will deplete in 2 years. In the past 2 years, both the Governor and the Legislature have cut state general fund dollars going into the state budget by 26%. They continue to look for every possible way to save money, including reducing the high costs of Alaska's Home and Community Based waivers, which is the primary funding resource for services for individuals with developmental disabilities in Alaska.

In FY 2015, Alaska spent a total of \$168,270,300 on the I/DD waiver, serving 2,025 people, at an average cost of \$83,100 per person. In addition, another 91 people were served by the Adults with Physical & Developmental Disabilities Waiver, at a cost of \$9,341,900, or an average of \$102,700 per person. Another waiver, Children with Complex Medical Conditions, served 273 with a cost of \$12,595,400, or an average of \$46,100 per child. The total cost of these 3 programs was \$190,207,600, with the state's share being just over \$95 million. Also, in FY 15 the state invested another \$13,847,000 in a Community DD grant program with purely state funding, The CDDG program provides some basic services to persons who do not meet the nursing home level of care, but are DD eligible, and for families on the DD waitlist.

Because of the severe budget climate, the Division of Senior and Disability Services (SDS) made a decision to cut its annual draw of the DRR (waitlist) from 200 persons annually to 50, beginning in 2016. The Council was a key factor in getting SDS to make annual draws of 200 in 2009 when the waitlist was over 1000 people. The result has been a significant drop in the waitlist, now at 538, but the cost for waivers has grown significantly, prompting SDS to cut the number of annual draws. Although the Council opposed the drop in the number of draws from the waitlist, we understand the necessity, and make recommendations to SDS on cost savings.

For FY 2017, SDS has been directed by the Governor to find an additional \$26 million dollars in savings across all its programs. While the decision to make these cuts is the state's, SDS has put together a working group made up of the Council, Commission on Aging, service providers and stakeholders, which has been tasked to make recommendations to the state on ways to save \$26 million. Some of the ideas being explored include: are better use of ADRC's and pre-screening to direct people into the appropriate service, increased use of technology, refinancing the state funded grant program into a Medicaid option 1915(i) program, or a demonstration "c" waiver for families who need less intensive services, and "soft caps" on several service categories.

FY 17 and 18 will focus on Medicaid redesign to save money while maintaining core services in our difficult fiscal environment. Without significant enhancements to the State's revenue sources, we can expect greater cuts to our home and community based services, and in particular, the State funded grant programs. The Council's role remains and shall continue to be one of champion for these services, as well as bring forward innovations and ideas that help maintain the level of services in new and more efficient ways. We have The Alaska Mental Health Trust Authority behind us and the other beneficiary groups, and they are investing millions of dollars into the Medicaid redesign and reform effort. The next 5 years will certainly be transformative, we are committed to coming out the other end with a system that is still home and community based, person centered, and integrated in the community, but more efficient, balanced and supportive of family caregivers.

There are 53 school districts in Alaska with 507 public schools, 27 public charter schools, 34 correspondence schools and 1 state operated boarding school. The Average Daily Membership (ADM) of K-12 students in 2015 was 128,580 in 2015 with 13.7% enrolled in special education services. The base student allocation in 2015 was \$5,830, an increase of \$150 over the previous 4 years of flat funding. Special education funding in Alaska is calculated using the pupil-weighted funding formula. The state receives about 37 million in Federal special education funding with a state contribution that goes to districts using a multiplier of 1.2 of the ADM. In addition, districts can receive Intensive Needs (IN) Funding, which uses a multiplier of 13 times the ADM. Each year about 600 new applications are made for this

◦ funding, with an average of 2,500 students statewide annually qualifying for this funding. There are a few municipalities that chip in by levying a local mil rate, but this is not consistent, nor is there a requirement, per the Alaska Constitution, for a local contribution to education. Alaska's Part B program struggles with the Maintenance of Effort (MOE) requirements of IDEA.

The Early Intervention/Infant Learning Program (EI/ILP) Part C program also struggles with MOE. The EI/ILP serves about 2,000 infants and toddlers statewide. The program has multiple funding streams. The Feds contribute 2 million, with another 8.5 million coming from the state. The Council joined with EI/ILP to advocate for a 1.5 million increase in this funding to help meet the needs driven by Child Abuse Prevention and Treatment Act (CAPTA) Federal legislation. The increase passed in 2013. In addition, the 17 state EI/ILP programs should be accessing additional funds through billing of private insurance and Medicaid for therapy. This is not happening on a consistent basis, for multiple reasons, and has resulted in large program disparity.

**Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive \***

Alaska does not have any institutions or ICF/IID facilities; however there are approximately 100 Alaskans in out-of-state placements at ICF/IID facilities at any given month. Of these, typically 10-15 of them have IDD waivers. There are very few individuals with developmental disabilities who live in nursing homes. The Council has not heard any complaints from individuals or their families regarding services in out-of-state ICF/IID placements or nursing homes from individuals with disabilities or their families. The Council has continued to be active in its support of the Complex Behavior Collaborative which provides a group of expert consultants to work with individuals, families and providers to keep them in their home community and current residence. Because of gaps in eligibility, waitlists, and services many Alaskans with an IDD, especially those with an FASD, high functioning Autism, and TBI end up receiving "services" in emergency rooms, psychiatric hospitals, or jail.

**To the extent that information is available, the adequacy of home and community-based waiver services (authorized under section 1915(c) of the Social Security Act(42 U.S.C. 1396n(c))) \***

Senior and Disability Services (SDS) moved from drawing 200 individuals off the IDD Registry each year to 50 per year starting in April, 2016. Currently there are 538 individuals on the registry, with 107 having a score of zero, meaning they reflect no current or immediate need for services. SDS creates a report each year from data gathered during the application process, which allows the state to project the cost of serving individuals on the registry, and target registry draws. Most people on the registry request more than one service, although there are some who have not requested specific services. The annual cost projection represents SDS's best estimate to serve all the individuals on the registry, with the assumption that they would be served through the Medicaid Waiver program since waiver reimbursement rates provide the most accurate cost data upon which to base budget projections. However, approximately 10% of individuals selected in the quarterly draws do not receive services because they do not qualify for the Medicaid Waiver, decline the program or are otherwise unavailable to participate. Furthermore, about half of the individuals on the waitlist receive grant funded services, which provide some, but not the full array of services available through the waiver.

In accordance with state and federal law, SDS attempts to tailor services to meet individual needs. The report includes a table of average annual costs which represent an average of the rates for service in that fiscal year. In the FY 15 report, the projected cost to serve all individuals on the Registry at that time, (724) was \$44 million, 50% state and 50% federal. However, since then the waitlist has dropped to 538 persons, 74.5% of what it was at the time of the last report. Correspondingly, a more current estimate of projected costs should be \$32.5 million. Not accounted for in the cost estimates are costs associated with provider capacity building and infrastructure to support the provision of requested services. There are some service characteristics pertaining to rates that are worth noting: 1) The Care Coordination service rate is calculated assuming that an individual receives this service for an entire year; 2) Intensive Active Treatment (IAT) rates are variable depending upon the service, provider and community in which the service is obtained. The IAT average is a good-faith estimate of the cost for this service; 3) Respite and Chore service estimates have been calculated at the maximum allowed cost, and therefore represent a liberal estimate of the cost to provide these services; 4) The Environmental Modifications cost represents the maximum allowable cost over three years of service, with the presumption that the entire cost would be granted during the first year of service; and 5) The Residential Habilitation rate represents an average of the costs for all of the sub-categories that fall under this service definition (i.e., Family Habilitation, Group Home, In-Home Supports, Shared Care, and Supported Living).

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**Rationale for Goal Selection [Section 124(c)(3)(E)]**

\* - Required field

**Rationale for Goal Selection \***

The Council's selection of goals was data-driven, 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 in 13 community forums across the state, including the fact that all the challenges were exacerbated in rural/remote communities (our targeted disparity population). Selected goals include supports and services, employment, early intervention, education, and healthcare. Each goal has significant objectives on advocacy and leadership work because it represents the foundation of all other Council work. This way all members in each Council committee are actively working on these foundational initiatives, imbuing advocacy work in all that we do.

Issues surrounding home and community-based services, Medicaid, and an adequate disability workforce are always a top priority-based on public input and Council members' personal experiences. Lack of adequate and accessible transportation is an issue in both urban and rural/remote areas of Alaska but the situations are exponentially more difficult the more remote the community. The Council chose to keep employment as a separate goal are due to great need in this area. The Council has many projects that are employment-focused, including Employment First Implementation, Able Act implementation, Supported Employment, Microenterprise program, expansion of Project SEARCH, and the Disability Employment Initiative.

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 enormous geography, low population, severe living conditions and a shortage of highly qualified professionals.

Healthy living issues are continually brought before the Council. Challenges in this area came up at most of the forums we held, so it was another goal that did not require a lot of discussion. The reasons for challenges in this area are also directly related to Alaska's size, 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/remote communities as one solution to some of these challenges.

The objectives under each plan are based on the organization and work of the Council in that, unlike other states, the Council does not grant funds to other entities. The Council works specifically to make systems change in statute/regulation, policy and procedures, build capacity, and coordinate advocacy activities.

**Collaboration [Section 124(c)(3)(D)] \*****DD Network Collaboration:**

Although a formal agreement is not in place, the Executive Directors of the Council, Disability Law Center (P&A), Center for Human Development (UCEDD), Statewide Independent Living Council (SILC) and Stone Soup Group (parent navigation network) meet quarterly to ensure activities are coordinated, emerging issues are strategized and opportunities to build capacity and make systems change are identified. In addition, both the P&A and the UCEDD have seats on the Council, and they, along with many of their employees, participate in Council business by sitting on one or more of the Council's standing committees, ad hocs or work groups. In addition, the Council has numerous sub-contracts or financial agreements with our UCEDD, as well as two with the SILC. Other major collaboration efforts are described below:

**Medicaid Reform Collaboration:**

The Council follows Medicaid reform efforts in our state very closely. In April, 2016 the Alaska Legislature passed a sweeping Medicaid Reform bill and Governor Walker signed into law in July, 2016. The reform package is extensive and far reaching, with the intent to improve the delivery system in general to be more cost effective. The Council is most interested in those facets of the bill that could impact home and community based services, such as our waivers and personal care attendant services. Over the next couple of years reform efforts will take up a significant amount of the

Council's time and resources, with the end goal being a completely revamped service delivery system that the state can afford to sustain into the future. In these reform efforts, Council staff and members participate in several workgroups which include a wide spectrum of partners. Collaborators include the Alaska Mental Health Trust Authority (the Trust), the Alaska Commission on Aging, the Alaska Mental Health Board, the Alaska Hospital and Nursing Home Association, the Department of Health and Social Services, Divisions of Healthcare, Behavioral Health, Public Assistance and Senior and Disability Services, and many, many others.

Already, reform efforts and discussions are leading us down a path that will include the following:

1. Thorough exploration of Medicaid Plan Options, 1915 (f) and 1915 (k)
2. And/or exploration and adoption of a demonstration 1915 (c) waiver to replace state grant funded services
3. Exploration of a new assessment tool to replace ICAP
4. Conflict Free Case Management
5. Implementation of new CMS Integrated Settings Rule
6. New opportunities to utilize technology for the delivery or supervision of services and adoption of smart home technology, both for independence and for remote safety monitoring
7. New rate setting methodologies
8. Capitated services
9. Managed care demonstration
10. Improved services for persons with complex or difficult behaviors

#### **Advocacy Collaboration:**

The Council is engaged in local, state and federal advocacy, but the council's biggest impact has been and continues to be on a state level. The Council partners with the Alaska Association of Developmental Disability organization (AADD) and the Key Coalition of Alaska to annually sponsor the Key Campaign, a fly-in to the Capital of Juneau during legislative session. Council staff is involved in all levels of planning the key campaign and developing the advocacy platform. In addition, the Council provides \$5,000 in scholarship funding for airfare for self-advocates and family members to participate in Key, as well as send

Council members and staff. Overall, the Key Campaign results in meetings of advocates with all 60 legislator's offices, as well as meeting with the Governor and his administration. In 2016, the Key issues were:

1. Increase the Waitlist Draw (from 50 to 175 annually). *Not successful.*
2. Pass ABLE Act Enabling Legislation. *Successful.*
3. Maintain funding for Community Developmental Disability Grants (\$13.1 million) *Successful.*

#### **Employment Collaboration:**

The Council's primary efforts in Employment include the Alaska Integrated Employment Initiative (AIEI) and the Alaska Mental Health Trust Authority's Beneficiary Employment and Engagement Initiative (BEE Initiative). The AIEI grant completed its 4 year of efforts to improve the employment outcomes (specifically, doubling the number employed) of transition age youth with intellectual and developmental disabilities. Partners within the project and members of the Advisory Council include individuals with I/DD, parents, family members, educators, employers, state agency representatives, providers, and partner agencies. The Trust BEE Initiative has a focus on employment for beneficiaries with a subset of activities around community engagement. This effort started in 2013 when the Council approached the Trust to obtain support to expand the efforts of the Department of Labor's Disability Employment Initiative to focus on better serving Trust beneficiaries (individuals with Intellectual and developmental disabilities, mental illness, substance abuse, addiction, traumatic brain injuries and other mental or cognitive disabilities) in gaining access to quality employment and training services to foster increased independence, less reliance on public benefits systems and a better quality of life through integrated community engagement.

The AIEI Grant's primary partners include the University of Alaska Anchorage Center for Human Development (Alaska's UCEDD), the Disability Law Center of Alaska (P&A), the Division of Senior and Disabilities Services (oversees the Medicaid waivers), the Division of Vocational Rehabilitation, the Office of Special Education within the Department of Education and Early Development, the Arc of Anchorage, REACH Incorporated (I/DD service agency), Hope Community Resources (I/DD service agency) and has Council members, parents and self-advocates from Project SEARCH on their Advisory Board.

The Trust BEE Initiative has a broader population focus and thus contains partners from state agencies including the Divisions of Juvenile Justice, Vocational Rehabilitation, Senior and Disabilities Services, Public Assistance, Employment and Training Services, the University of Alaska Anchorage Center for Human Development, Tribal Vocational Rehabilitation, The Arc of Anchorage, Anchorage Community Mental Health Services, the Alaska Mental Health Board, the Department of Veterans Affairs Vocational Rehabilitation and others.

**Health Collaboration:**

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The Council will continue to collaborate with Special Olympics Alaska, University of Alaska Anchorage Center for Human Development, HOPE Community resources, Arc of Anchorage, and many others as a steering committee member of the Aging and Disabilities Task Force. This task force started in 2015 and held a two day summit directed at healthcare providers, direct service providers, educators, government agencies, as well as persons with disabilities. Education and discussion included resources available to families, community health care services, transportation issues, and basic facts (including preventive health screenings, access to physical activity as well as behavioral health interventions) about age related conditions. There are currently plans to have an Aging and Health summit every year.

**Core Indicators Project Collaboration:**

The Council will continue to collaborate with the Trust, Alaska's UCEDD, and SDS on Alaska's process of becoming a National Core Indicators (NCI) state. Currently, Alaska is in its first year of data collection which will yield vital information on individual outcomes including employment, health, welfare, and rights system performance, staff stability, and family indicators. The Council has facilitated this collaboration, ensuring that proper funding mechanisms were in place to begin data collection. Data garnered from becoming an NCI state will be imperative for the Council's evaluation of goal areas as well as clarifying where additional collaborations may be needed in the future.

## 5 Year Goals

### Goal #1: GOAL # 1: Community Inclusion, Supports, and Services

#### Descriptor \*

Improve service delivery to empower individuals with intellectual and developmental disabilities (IDDs) to live and thrive in their communities with formal and informal supports and services that promote independence.

#### Expected Goal Outcome \*

• Reviewing data from past Council initiatives will allow the Council to identify successful programs and initiatives. Collaborating on activities influencing statewide tele-practice policies will increase the frequency, quality and scope of services to families statewide. • Researching the challenges of caregivers will identify barriers that the Council can address in future initiatives. • Improving 5 policies will ensure that more individuals, and their caregivers, have access to lifelong services and supports. • The development of a comprehensive work plan for systems change that improve the services, supports and outcomes of Alaskans with FASD. • The Autism Five Year Plan Phase II that is being coordinated by the Council with statewide stakeholders, will be annually reviewed and the plan implemented. • Alaskan service provider agencies will be better able to incorporate person-centered practices in their delivery of home and community-based services. • By increased outreach, the Council will be able to provide the public with more disability related best practice information and increased community engagement. • Council members and stakeholders will have increased advocacy opportunities. • Council members and stakeholders will have increased opportunities for leadership training. • Mentorship will facilitate new Council members understanding of their role and responsibilities and encourage active involvement by all members.

#### Objectives

- Objective 1.** Improve at least 5 policies for appropriate lifelong service access for all populations who experience intellectual and developmental disabilities and supports for their caregivers, specifically targeting Alaska's underserved population of individuals with neurodevelopmental disabilities.
- Objective 2.** Monitor and review at least 5 policies that will increase the use of person-centered practices for home and community-based service (HCBS) settings in the Alaskan service delivery system.
- Objective 3.** Expand Council outreach and community involvement to at least 10 annual opportunities to educate and encourage support from the public on advocacy issues of importance to people who experience IDDs.
- Objective 4.** Expand opportunities for individuals with intellectual/developmental disabilities and their families to become engaged in self-advocacy and self-advocacy leadership, strengthening the state's self-advocacy organization, participating in at least 2 annual legislative advocacy efforts that improve policies and programs for persons with disabilities to include statewide coalition participation.

### Goal #2: GOAL # 2: Employment

#### Descriptor \*

Alaskans with disabilities and their families will receive the necessary employment services and supports needed to become competitively employed in an integrated setting.

#### Expected Goal Outcome \*

• More policies and procedures will specifically denote the competitive and integrated employment concepts of Alaska's Employment First Law, resulting in state agency practices that focus service provision towards employment, especially employment which includes at least minimum wage and more meaningful community jobs for Alaskans with disabilities. • More Alaskans with significant disabilities will be aware of the opportunity to work, saving their earned income, without risking the loss of their needed public benefits by utilizing an ABLE account option. • With increased state agency collaboration and DD network plan collaboration on post-secondary transition initiatives, more Alaskan youth and young adults with disabilities will be employed in competitive and integrated employment before they reach the age of 26. • DVR youth caseload (ages 16-26) increasing from 30% to 40% and with DVR youth with I/DD caseload increasing from 15% to 25% by 2021. • SDS I/DD waiver youth and young adult (ages 16-26) utilization of supported employment services increasing from 166 individuals to 182 individuals by 2021. • Indicator 14 (Measure B) data denoting recent Alaskan students with disabilities a year after exiting school services increasing in rates of being engaged in higher education or competitive employment, from 43.4% to 53.4% by 2021. • An enhanced transition system, assisting not only students and family members, but teachers as well, to understand best practices around post-secondary transition in addition to available resources, including long term services and supports. • Less Alaskans will be paid subminimum wage under 14(c), especially youth and young adults with disabilities. • More Alaskans would be employed in competitive and integrated employment, with the target being Alaska's employment rate for individuals with disabilities increasing from 47.2% to 57.2%; and Alaska's employment rate for individuals with a cognitive disability increasing from 34.5% to 44.5% by 2021. • Alaskans with disabilities and the service system as a whole will have a more accurate understanding of the interplay of work and benefits through awareness and training on the Alaska Disability Benefits 101 online tool. • Engagement of employers through the interagency collaborative, Business Employment Services Team (BEST), as well as working with the State of Alaska to institute a hiring goal percentage for hiring Alaskans with disabilities will allow for more job opportunities for Alaskans with disabilities as well as better access to available state resources for employers to support their employees with disabilities. • Infrastructure which supports working Alaskans with disabilities would be enhanced with respect to: asset building, financial literacy, ongoing benefits advisement, as well as employment provider training on long term employment supports to help Alaskans with disabilities retain

employment once achieved. • Self-employment opportunities for Alaskans with developmental disabilities will be strengthened through the Microenterprise program, which will allow an alternative to regular wage employment. • Capacity would be built with respect to training providers in best practices and promising practices around employment with providers overall demonstrating a high competency level in employment support services.

#### Objectives

**Objective 1.** Provide support for the implementation of Alaska state laws increasing the employment of individuals with disabilities which lead to 2 new or improved policies, procedures, or regulations per year.

**Objective 2.** Increase career pathways for youth (ages 16-26) that will contribute to a 10% increase in the employment rate for youth with disabilities by 2021 in integrated and competitive employment in partnership with Alaska's P&A, UCEDD, and State DD agency as well as state self-advocacy organization.

**Objective 3.** Work with partners to develop and implement a plan to increase the number of individuals with intellectual and developmental disabilities who are employed by 10% by 2021 in integrated and competitive employment.

### Goal #3: GOAL # 3: Early Intervention

#### Description \*

Strengthen policies and programs so that infants and toddlers with disabilities, their families, and caregivers receive appropriate early intervention services and supports.

#### Expected Goal Outcome \*

• Infant learning and early childhood programs will have the knowledge and technical assistance they will need to optimize funding and program parity. • The utilization and availability of inclusive childcare for infants and toddlers with a disability will increase. • Professionals and families of infants and toddlers with known or suspected disabilities will have the knowledge they need to access appropriate evaluations and early interventions. • Alaska's infant learning, early intervention, early childhood education and child care programs will have resources to help meet the recruitment, retention and professional development needs of their programs. • Toddlers enrolled in Part C services will receive timely and appropriate transition planning before their third birthday. • The Federal requirements as Alaska's Interagency Coordinating Council for Infants and Toddlers with Disabilities under Part C of the Individuals with Disabilities Education Act will be met. • Parents of young children who have been involved in early intervention services will have advocacy and leadership opportunities.

#### Objectives

**Objective 1.** Assist, advise, and collaborate with statewide partners to optimize at least 3 policies or practices annually that improve funding, program parity, and utilization of early intervention services and inclusive childcare for infants and toddlers with disabilities statewide.

**Objective 2.** Increase the knowledge of professionals and families of infants and toddlers with disabilities resulting in appropriate early screenings, identifications, referrals, and interventions by supporting at least 3 opportunities annually for multidisciplinary training and collaboration to improve systems.

**Objective 3.** Collaborate and coordinate to improve the number, scope, and practice of early childhood professionals to meet the needs of the state by participating in at least 2 collaborative workforce development and improvement efforts annually.

**Objective 4.** Meet the annual 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 #4: GOAL # 4: Education

#### Description \*

Participate in activities that lead to enhanced practices so that children and youth with disabilities have access to appropriate qualified professionals, curriculum, inclusion, support, and resources to ensure they have the skills they need for educational success and future independence.

#### Expected Goal Outcome \*

• The graduation rates of students with disabilities will improve. • As evidenced by outcomes on Indicator 14, there will be an increased number of recent graduates with disabilities engaged in work or continuing education opportunities. • Teachers, parents and school administrators will have knowledge about how school disciplinary policies intersect with IDEA and state regulations. • Teachers graduating from a UA teacher preparation program will have a foundational training on the principles of behavior and evidence based practices. • Parents will have increased training and advocacy opportunities. • Educational agencies and the public will have increased access to information on current special education topics, best practices, trainings and initiatives. • Council members and stakeholders will have opportunities to engage in meaningful special education systems improvement activities. • The Federal requirements as Alaska's Special Education Advisory Panel under Part B of the Individuals with Disabilities Education Act will be met. • The Special Education Service Agency (SESA) will have guidance and oversight.

#### Objectives

- Objective 1.** Participate in at least 3 collaborative initiatives and programs annually to improve graduation rates and postsecondary transition for students with disabilities.
- Objective 2.** Identify and participate in at least 3 activities annually that enhance the training, recruitment, retention, and professional development of education professionals to meet the needs of students with disabilities.
- Objective 3.** Meet the statutorily mandated annual requirements as Alaska's Special Education Advisory Panel (SEAP) under the Individuals with Disabilities Education Act (IDEA) and as the governing agency for the Special Education Service Agency (SESA).

**Goal #5: GOAL # 5: Healthcare**

**Description \***

Alaskans with disabilities will have greater access to needed health care services that will improve their quality of life.

**Expected Goal Outcome \***

• ~~At least 100 people will be trained on emergency preparedness for Alaskans with disabilities.~~ • At least 500 Alaskans will increase their knowledge on health promotion, safety, and/or emergency preparedness for individuals with disabilities by being reached through social media. • At least 50 Direct Service Providers will be trained on appropriate adaptive physical activity. • At least 75 Alaskans will be trained on Aging and Disability topics in Alaska at the Aging & Disability Summit. • More Alaskans with IDD will be able to have appropriate support systems in place as they age. • Council staff and members actively participate in Medicaid reform workgroups across the state to increase the services and eligibility for people with disabilities.

**Objectives**

- Objective 1.** Provide at least 10 annual trainings to individuals experiencing disabilities, direct care professionals, and caregivers regarding health promotion, safety, and/or emergency preparedness for individuals with disabilities.
- Objective 2.** Collaborate with at least 2 partner agencies annually to increase the number of individuals aging with IDDs that have appropriate support systems in place.
- Objective 3.** Actively participate in at least 3 state, tribal, and/or community workgroups on Medicaid reform and redesign annually.

**Evaluation Plan [Section 125(c)(3) and (7)]**

\* - Required field

**Evaluation Plan \***

During the Council's tri-annual meetings, Council members complete an annual review and analysis of the 5-year plan. They review data associated with each objective in the 5 year plan. Each goal and objective, including separate information on self-advocacy, will be reported out individually. Members will also be provided a summary of the information from the Program Performance Report (PPR) that is prepared annually in accordance with the requirements of the DD Act.

Council members will then review the activities of each committee and workgroup: Developmental Disabilities, Education, Early Intervention, Legislative, Employment & Transportation, Autism Ad Hoc, Medicaid Ad Hoc Committees, and the FASD Workgroup. Committee Chairs present a list of committee accomplishments and review the progress made on their work plan. Council members are then asked to determine if the listed activities were completed and which activities need to be continued. They will also discuss any factors that impeded progress toward goals before setting priority activities for the upcoming year.

Council staff will also report progress made on any grants or initiatives not covered through committee reports. The various partners working with the Council are also invited to present their priorities for the upcoming year. Council members will also review input from various sources, including the annual consumer satisfaction survey, recommendations from the various committees and workgroups, as well as input from public testimony and community forums. Council members then use this information to prioritize work plan activities for the upcoming year, using the 5 year plan as a guide.

In addition to completing the annual report, three types of evaluation will be conducted, including outcomes, summative, and formative evaluations. All of the Council's objectives are written to show annual targets or outcomes regarding the number of programs, policies, or practices that were changed or the number of individuals who received some form of capacity building activities (i.e. training, technical assistance, collaboration, consultation, etc). The summative evaluations document is an aggregate analysis of activities and outcomes.

Formative evaluations will be conducted according to stated timelines and measures for continuous quality improvements implemented. Sign in sheets and tally counters will be utilized for meetings, events, and trainings to ensure targeted numbers were met. Data will also be garnered from many state agencies relating to respective goal data points.

Research, performance feedback information, and lessons learned along the way will be used to drive continuous improvement and capacity building, systems change, and advocacy activities. Quantitative and qualitative data will be used to inform stakeholders of progress made, outcomes, and findings of the Council's work, and develop recommendations for change that will enhance the Council's mission.

The attached logic model provides a conceptual framework for the Council's work and outlines linkages among inputs, activities, outputs, system outcomes, and individual outcomes.

In addition to attending Council meetings, Council members are all required to participate on at least one working committee and each committee must have a minimum of three Council members. The chair of each committee must be a Council member. Committees meet monthly by teleconference to complete committee work.

Committees also include community members with particular expertise needed to round out the committee. Each year, these working committees develop a work plan based on the priorities given to them by the full Council based on the 5-year plan. The work plans drive the agenda for the monthly teleconference meetings, which in turn creates a monthly check on work plan progress at the committee level. Members can request additions or changes to committee work plans based on new issues that have arisen, public testimony, etc. at the quarterly Council meetings.

The Council identifies emerging trends and needs from many sources including, but not limited to: the Council's annual consumer survey, public testimony, personal experiences of Council members, meeting with providers, participation as a partner board with the Alaska Mental Health Trust Authority, implementing its responsibilities as the Interagency Coordinating Council on Infants and Toddlers with Disabilities, and the Special Education Advisory Panel, governing the Special Education Service Agency, committee work, attendance at conferences, meetings with legislative and congressional representatives, participation in meetings with the Council's numerous community and state partners, and work done in collaboration with the DD Network.

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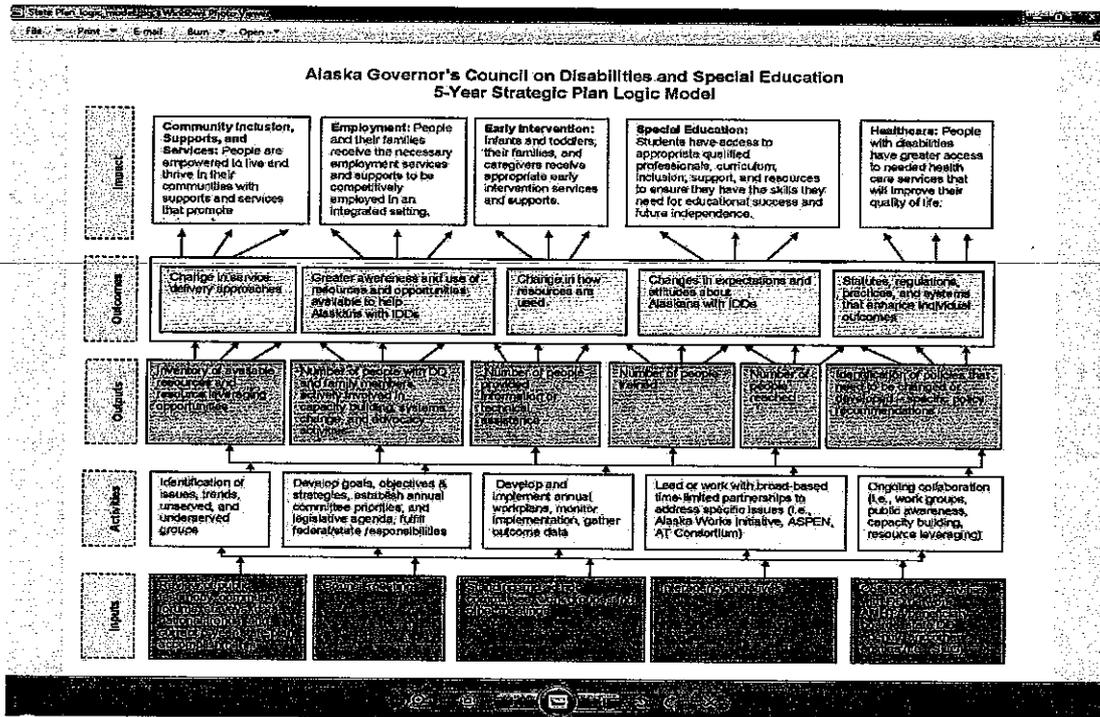
In addition, the Alaska Mental Health Trust Authority provides ongoing funding for the Council to employ a Research Analyst III to provide Trustees with information on the status, conditions and needs of beneficiaries with developmental disabilities. The Research Analyst III helps the Council identify emerging trends, and issues which provides a mean for updating the comprehensive review and analysis, by gathering and analyzing existing data, conducting surveys, researching best practices and innovative programs being implemented in other states, and drafting written reports for review by Council and committee members.

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Logic Model

\* - Required field

Logic Model \*



Alaska Governor's Council on Disabilities and Special Education 5-Year Strategic Plan Logic Model

Council inputs include:

- Review of public testimony, community forums, surveys, data, national trends, and current 5-year state plan accomplishments
- Council meetings
- Standing and ad hoc committees, work groups, and other meetings
- Interagency initiatives
- Collaborative activities with DD network, AMHTA/beneficiary boards, state DD agency, and other entities (i.e., SILC)

Which informs Council activities:

- Identification of issues, trends, unserved, and underserved groups
- Develop goals, objectives & strategies, establish annual committee priorities, and legislative agenda, fulfill federal/state responsibilities
- Develop and implement annual workplans, monitor implementation, gather outcome data
- Lead or work with broad-based time-limited partnerships to address specific issues (i.e., Alaska Works Initiative, ASPEN, AT Consortium)
- Ongoing collaboration (i.e., work groups, public awareness, capacity building, resource leveraging)

Which leads to Council outputs:

- Inventory of available resources and resource leveraging opportunities

- Number of people with DD and family members actively involved in capacity building, systems change, and advocacy activities
- Number of people provided information or technical assistance
- Number of people trained
- Number of people reached
- Identification of policies that need to be changed or developed – specific policy recommendations

**Which results in Council outcomes:**

- Change in service delivery approaches
- Greater awareness and use of resources and opportunities available to help Alaskans with IDD
- Change in how resources are used
- Changes in expectations and attitudes about Alaskans with IDDs
- Statutes, regulations, practices, and systems that enhance individual outcomes

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**Which ultimately impacts the Council's 5 goal areas:**

- **Community Inclusion, Supports, and Services:** People are empowered to live and thrive in their communities with supports and services that promote independence.
- **Employment:** People and their families receive the necessary employment services and supports to be competitively employed in an integrated setting.
- **Early Intervention:** Infants and toddlers, their families, and caregivers receive appropriate early intervention services and supports.
- **Special Education:** Students have access to appropriate qualified professionals, curriculum, inclusion, support, and resources to ensure they have the skills they need for educational success and future independence.
- **Healthcare:** People with disabilities have greater access to needed health care services that will improve their quality of life.

## Projected Council Budget [Section 124(c)(5) (B) and 125(c)(8)]

\* - Required field

Goal	Subtitle B \$	Other(s) \$	Total
GOAL # 1: Community Inclusion, Supports, and Services	\$77,248.00	\$114,000.00	\$191,248.00
GOAL # 2: Employment	\$77,248.00	\$484,635.00	\$561,883.00
GOAL # 3: Early Intervention	\$77,248.00	\$271,320.00	\$348,568.00
GOAL # 4: Education	\$57,936.00	\$129,200.00	\$187,136.00
GOAL # 5: Healthcare	\$77,248.00	\$98,824.00	\$176,072.00
General management (Personnel, Budget, Finance, Reporting)	\$91,732.00	\$319,958.00	\$411,690.00
Functions of the DSA	\$24,140.00	\$24,140.00	\$48,280.00
Total	\$482,800.00	\$1,442,077.00	\$1,924,877.00

**Assurances [Section [124(c)(5)(A)-(N)]**

\* - Required field

Written and signed assurances have been submitted to the Administration on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124 (C)(5)(A) – (N) in the Developmental Disabilities Assurance and Bill of Rights Act.

**Approving Officials for Assurances**

For the Council (Chairperson)

**Designated State Agency**

A copy of the State Plan has been provided to the DSA

**Public Input And Review [Section 124(d)(1)]**

\* - Required field

**Describe how the Council made the plan available for public review and comment. Include how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment \***

The Council's 5-year plan draft was disseminated in a variety of ways. The draft plan was posted on our website in an accessible pdf format. The Council also tweeted and posted on Facebook an invitation to provide comment. An email requesting stakeholders provide comment on the draft plan was also sent out on all of our listservs which totaled 2,627 recipients and was emailed to our contact list. Each Council member was also asked to send it to interested stakeholders statewide. The Council accepted comments during the required 45 day public comment period from May 19 through July 5. The public could respond in a variety of ways including completing an online survey, sending staff an email with comments, calling on the phone or faxing comments, or meeting with staff to provide comment in person. Within the public notice were instructions for requesting a different format to provide comment. On June 21 a reminder regarding the public comment period was posted to Facebook as well as being tweeted. On June 22, a reminder regarding the public comment period was also sent again to our stakeholders via an email to all of our listservs. The opportunity for public comment was also noted at external meetings which council staff participated in during the public comment period from May 19 through July 5. In addition, the Council provided advance notice of the public comment period at the Full Lives statewide conference in March 2016 which included a variety of stakeholders in attendance, with flyers regarding this feedback opportunity available at our conference resource table.

**Describe the revisions made to the Plan to take into account and respond to significant comments \***

There were 14 online survey responses and 2 emailed responses derived from the public comment period, May 19 through July 5, relating to the draft 5-year plan. The majority of the online survey responses either did not feel the need to offer any changes via comment or provided comments which affirmed their support for the goals, objectives, and activities as written. Those respondents who did offer suggestions primarily included items which were either already included in the Council's intended activities to meet the outlined goals and objectives or suggested items which were not within the general purview of a developmental disability council. The general comments offered regarding the overall plan and process were highly positive, but did include some suggestions which again were either not within the scope of work for a developmental disability council or were already encompassed in planned activities. In addition to the survey responses, two email responses were received. Neither gave suggestions which delineated changes to specific goals and/or objectives outlined in the draft; however, they did offer global concept suggestions around education and early intervention. The suggestions around education fit with capacity building activities elucidated in the plan around workforce training and the suggestions around early intervention were not within the purview of the Council. In summation, public comment overall aligned well with the draft plan goals and objectives and did not necessitate significant revisions to the plan.