



COMMONWEALTH of VIRGINIA
Department for the Aging

[Click here to go to the Virginia Department for the Aging Home Page](#)

TABLE OF CONTENTS
AAA TUESDAY E-MAILING
June 24, 2008

SUBJECT	VDA ID NUMBER
<u>AMR Reporting</u> (Marica Monroe)	08-121
<u>Virginia's Comprehensive Community Integration Plan</u> (Bill Peterson)	08-122

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08-121

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Finance Directors
Area Agencies on Aging

FROM: Marica B. Monroe

DATE: June 24, 2008

SUBJECT: AMR Reporting

Agency Monthly Reports (AMRs) are due monthly by the 12th of the month following the month on which you are reporting. Please submit these reports timely and completely, especially as it relates to the Request tab, to include the sections indicated below. The Request tab contains valuable information that assists VDA in its processing of your payment requests. Also, please remember that an AMR should be submitted **every** month, even on months when no payment is being requested. Any unencumbered cash on hand can be included on the AMR prior to receipt of an audit amendment.

Unencumbered Cash-on-Hand at Beginning of Contract
Cash Received Y-T-D for This Contract
Cash Requested Last Report But Not Yet Received
Cash Available Y-T-D for This Contract
Cash Disbursed During Previous Months of This Contract
Cash Disbursed During Report Month

Thank you for your time and attention and I want to say that I have truly enjoyed working with you thus far and I look forward to helping with your future needs.



COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Directors,
Area Agencies on Aging

FROM: Bill Peterson

DATE: June 24, 2008

SUBJECT: **Virginia's Comprehensive Community Integration Plan**

Virginia's Olmstead Community Integration Team is asking for public comment on the 2008 *Comprehensive Cross-Governmental Strategic Plan to Assure Continued Integration of Virginians with Disabilities* (see attached). This updated Plan was developed by the Community Integration Implementation Team which includes over 20 state agencies, two statewide councils, and representatives from local governments and local agencies. Written comments are being accepted through 6/18/08 and may be sent via email (olmstead.public.comments@governor.virginia.gov) or FAX to 804-786-3389.

Virginia's Olmstead Community Integration Team is also seeking AAAs who would be interested in being members of the Team and participating in future meetings. The Team meets roughly four times a year in Richmond. Those AAAs who are also ADRCs may have a particular interest in participating. Let me know of your interest and I will arrange for an invitation from the Governor's Office.

Attachment

DRAFT FOR PUBLIC COMMENT

Approved by the Community Integration Implementation Team March 25, 2008
With Advice from the Community Integration Advisory Commission May 30, 2008

***VIRGINIA'S
COMPREHENSIVE
CROSS-GOVERNMENTAL
STRATEGIC PLAN***

***TO ASSURE CONTINUED COMMUNITY INTEGRATION
OF VIRGINIANS WITH DISABILITIES***

**DRAFT
2008 UPDATE**

FOR PUBLIC COMMENT

Table of Contents

	Page
I. INTRODUCTION	1
A. How This Plan Was Prepared	1
B. Our Mission	1
C. Our Vision	2
D. Our Goals	2
E. Our Critical Success Factors	2
II. Goals #1 and #2: Action Plans That Apply to All Four Types of Facilities	5
A. <i>Critical Success Factor #1: Plan, Understand, Choose and Self-Direct Services and Supports</i>	5
B. <i>Critical Success Factor #2: Choose Among Quality Community Providers and Direct Support Professionals</i>	7
C. <i>Critical Success Factor #3: Obtain Housing</i>	8
D. <i>Critical Success Factor #4: Locate and Obtain a Job</i>	11
E. <i>Critical Success Factor #5: Access Transportation</i>	12
F. <i>Critical Success Factor #6: Surrogate Decision-Making</i>	14
G. <i>Critical Success Factor #7: Access Ongoing Supports</i>	15
III. Goals #1 and #2: Action Plans That Apply to a Specific Type of Facility	18
A. <i>Critical Success Factor #7: Access Ongoing Supports</i>	18

APPENDICES:

Appendix I	Definition of Planning Terms
Appendix II	A Guide to Acronyms Used in This Plan
Appendix III	Executive Directive 6 (2007)

**VIRGINIA'S COMPREHENSIVE, CROSS-GOVERNMENTAL
STRATEGIC PLAN TO ASSURE CONTINUED COMMUNITY INTEGRATION
OF VIRGINIANS WITH DISABILITIES—DRAFT 2008 Update**

I. INTRODUCTION

On August 2, 2007 the four Secretariats, two Councils, 21 Executive Branch entities, and six local government and agency representatives comprising the Community Integration Implementation Team, and the 21-member stakeholder Community Integration Advisory Commission jointly adopted Virginia's first *Comprehensive, Cross-Governmental Strategic Plan to Assure Continued Community Integration of Virginians with Disabilities* pursuant to Executive Directive 6 (2007). This Plan was submitted to the Honorable Timothy Kaine, Governor, on August 31, 2007.

Executive Directive 6 directs that the Team prepare annual updates and report on progress implementing this plan by August 31 of each year. The Team respectfully submits this 2008 Update.

How This Plan Was Prepared

The Implementation Team divided into three smaller groups, each of which also included a liaison and an alternate liaison from the Advisory Commission:

- Services and Supports (Critical Success Factors #1, 6 and 7)
- Workforce and Employment (Critical Success Factors #2 and 4)
- Housing and Transportation (Critical Success Factors #3 and 5)

The small groups met from September 2007 through March 2008 developing proposed updates to the Plan. These updates were presented to and acted on by the full Implementation Team March 25, 2008.

On April 1 and May 30, 2008, the Advisory Commission considered the updates adopted by the Team, advised the Team on changes, and now submits the draft updates for public comment.

Definitions of planning terms and acronyms used in this Plan Update appear at Appendices I and II, respectively. Executive 6 (2007) appears at Appendix III.

A. Our Mission

The Implementation Team (IT) shall continue its "collaborative efforts to complete and annually update a comprehensive, cross-governmental strategic plan designed to assure continued community integration of Virginians with disabilities. . . .The plan shall be submitted to (the Governor) for (his) approval no later than August 31, 2007, and shall be updated and submitted annually by August 31 of each succeeding year."

Executive Directive 6 (2007)

B. Our Vision

We envision Virginia as “one community” for all citizens—one that welcomes individuals with disabilities and supports them as active members of their own communities. By “own community,” we mean any location an individual with a disability chooses that affords the individual the opportunity for maximum possible autonomy over his or her daily life.

We believe that individuals, of all ages and with any disabilities, have the right to decide where to live, and live as independently as possible, in the most integrated setting. This is the same right—no more and no less—enjoyed by individuals who do not have disabilities.

—*One Community: Final Report of the Task Force to Develop an Olmstead Plan for Virginia (August 28, 2003)*, as adopted in 2004/2005 by the EO 61 and EO 84 Oversight Advisory Committee, in 2006 by the EO 2 Oversight Advisory Board, and in 2007 and 2008 by the Team and Commission.

C. Our Goals

Goal #1: Virginians with disabilities who currently reside in a mental health, mental retardation, nursing or assisted living facility will have the opportunity to choose to move from these facilities to an appropriate, more integrated setting and stay there.

Goal #2: Virginians with disabilities who are at risk of unwanted admission to a mental health, mental retardation, nursing or assisted living facility, will have the opportunity to receive services and supports that prevent admission.

D. Our Critical Success Factors

1. Virginians with disabilities plan, fully understand and choose among services and supports they need, self-directing them to the extent possible.

Choices must be meaningful and driven not by disability “labels,” but by the unique needs and preferences of individuals with disabilities. We believe that, in order to assure meaningful choices, the Commonwealth must:

- Provide services and supports that are appropriate to and respectful of the individual, affordable, accessible, available, diverse, reliable, safe and accountable;
- Allow self-determination and consumer direction¹ of services and supports to the extent possible;
- Provide maximum opportunities for individuals with disabilities and their families to participate in planning and developing services and supports as well as policy planning;
- Assure that individuals with disabilities and their families know about these services and supports and the choices that are available to them;
- Encourage independence and community involvement through livable/walkable communities², beginning with local comprehensive plans and continuing through implementation that provides transportation, housing, employment and access to services; and
- Address the institutional bias in the State Medicaid Plan by balancing community and institutional services.

¹ In this Plan, the term “consumer direction” and the term “self-direction” are synonymous.

² A “livable/walkable community” is one that has affordable and appropriate housing, supportive community features and services, adequate mobility options and encourages employment opportunities for all who want to work, which together facilitate the public sense of safety, personal independence and engagement of residents in civic and social life.

2. Virginians with disabilities choose among individuals and agencies qualified to provide the services and supports they select.

In order that individuals with disabilities have the opportunity to live, work, and participate in activities in the community of their choosing, needed services and supports must be available from qualified providers. Qualified providers can be individuals or organizations that have a variety of backgrounds, professional expertise and skills that maximize the ability and capacity of individuals with disabilities to live independently in the community of their choosing, with a quality of life that empowers them to fully participate in society. To increase the availability of qualified providers, Virginia should embrace creative solutions, including public/private partnerships, and ensure that adequate compensation is provided for services rendered.

3. Virginians with disabilities locate and obtain housing appropriate to their needs and preferences.

Services and supports mean little unless Virginians with disabilities have access to housing that enables them to live as independently as possible according to their individual needs and preferences. A full array of permanent and transitional housing options must, therefore, be available. Transitional and permanent housing for people with disabilities must be affordable and accessible to all individuals who are: 1) institutionalized; 2) living in a setting they consider to be restrictive; 3) at risk of institutionalization; 4) on residential services waiting lists; and 5) homeless. Housing should be separate from supportive services and not be contingent on the receipt of services; however, supportive services must be available, accessible if needed and desired, flexible and individualized. The use of Universal Design should become standard practice in the development of new housing. If embraced at the beginning of the planning process, Universal Design can be an affordable development option.

4. Virginians with disabilities locate and obtain a job if appropriate.

A true measure of integration into the community, for every individual who is able and wants to do so, is the individual's opportunity to work. The dignity, responsibility, and economic independence resulting from gainful employment is the most effective way of reducing dependence on public benefits, enhancing self-reliance, changing attitudes, and promoting full community integration of individuals with disabilities.

5. Virginians with disabilities access transportation appropriate to their needs.

Transportation is basic in the integration into and survival in community living for individuals with disabilities; it is what allows all citizens to work, go to the doctor, visit friends, shop, and participate in activities in the manner they choose. Transportation of all kinds must be consistently available, affordable, accessible, reliable, and safe, and meet the needs of individuals with disabilities throughout the Commonwealth, in both rural and metropolitan areas. Transportation also includes safe and appropriate pedestrian and bicycle facilities ("complete streets") and paratransit, which provides complete needs of all individuals participating within the community.

6. Virginians with disabilities—if they lack capacity to make decisions—have the same choices, options and benefits as other Virginians with disabilities through a surrogate decision-maker qualified to act on their behalf.

Most individuals with disabilities are fully capable of making choices and decisions for themselves, just as individuals without disabilities are. We acknowledge that some individuals with disabilities lack the capacity to make some or all decisions and choices for themselves. Every such individual should have a means by which decisions and choices

may be made on his or her behalf. Among many other examples, some individuals may have an advance directive, and others may need a surrogate decision-maker appointed and available to act on their behalf. The surrogate decision-maker could be a family member chosen in the order set forth in the Health Care Decisions Act (Va. Code § 54.1-2986), a guardian, or other legally authorized representative. Unless the context indicates otherwise, wherever reference is made to a decision or choice by an individual with a disability in the report that follows, the decision or choice may be made by an appropriate surrogate decision-maker if the individual cannot make the decision or choice independently.

7. Virginians with disabilities access ongoing supports in order to stay in the most integrated setting of choice, self-directing them to the extent possible.

In order to assure choices to individuals with disabilities, ongoing community support and services must be available and reflect the importance of Virginia's full continuum of care, from self-care through institutional care.

II. GOALS #1 AND #2: ACTION PLANS THAT APPLY TO ALL FOUR TYPES OF FACILITIES

Critical Success Factor #1: Plan, Understand, Choose and Self-Direct Services and Supports

Action Plan #1.1

Expectation	Individuals with disabilities will plan, fully understand, choose and direct their own services.				
Strategy	Identify people with disabilities or their families who have successful experiences with directing their services and supports and include them in state and local initiatives (for example, training and mentor programs) to assure that service providers and disability communities share a commitment to maximize principles of self-direction and choice.				
Measurable outcomes	1) The number of people with disabilities who plan, fully understand, choose and direct their own services will increase. 2) The number of people with disabilities living in the most integrated setting will increase. 3) Education and training of community service providers, people with disabilities and families is well coordinated and consistently provided. 4) The media is educated.				
Implementation Actions			Date/s	Responsible agency/cies	Cost/s
1. Identify best practice or promising practice models in other states that support self direction. <ul style="list-style-type: none"> Email a request to DMAS, VDA, DMHMRSAS, VDOE, DSS, DRS, and IHEs for models from other states that are considered best or promising practice efforts in Virginia that demonstrate intent to promote best practices and are supportive of self direction. Include a summary of best practices in the 2008 update to the Governor. 			06/08	DMAS, VDA, DMHMRSAS, VDOE, DSS, DRS, DVS, IHEs	\$0
2. Incorporate self direction language and promotion of person-centered practices (PCP) in policies and documents of state and local agencies, including training materials. Follow progress of Systems Transformation Grant (STG) implementation.			Ongoing	IT	\$0
3. Develop strategies to identify and address the disparity among communities with regard to knowledge about self-direction and person-centered practices. Follow progress of Systems Transformation Grant (STG) implementation, including major outreach and training initiatives; development of a technical assistance cadre; development and disbursement of PCP Toolkits, training materials, etc.; and Virginia self-direction conference.			2011	Agencies collaborating on STG	\$0
4. Identify responsible entities to coordinate statewide education and training efforts. Follow progress of STG implementation, including major outreach and training initiatives; development of a technical assistance cadre; and development and disbursement of PCP Toolkits, training materials, etc.			2011	Agencies collaborating on STG	\$0
5. Encourage IHEs to include a curriculum that places priority on concepts of self direction and person-centered practices in all appropriate fields. <ul style="list-style-type: none"> Share STG-developed "Person-Centered Principles" with SCHEV to distribute to the IHEs. Support requests for technical assistance and training on curriculum development. 			12/08	SCHEV	\$0

Action Plan #1.2

Expectation	Individuals with disabilities will have a variety of choices to support their selected community integration option.			
Strategy #1.2.1	Expand self-direction options in all service environments.			
Measurable outcome	The number of people having self-direction options will increase.			
Implementation Actions		Date/s	Responsible agency/cies	Cost/s
1. Identify best or promising practice models in other states that maximize self-direction choices and options. <ul style="list-style-type: none"> • Email request to DMAS, VDA, DMHMRSAS, VDOE, DSS, DRS, and IHEs for models from other states that are considered best or promising practice efforts for Virginia that demonstrate the intent to promote best practices and are supportive of self-direction and choice at each point of the service continuum. • Include a summary of best practices in the 2008 update to Governor. 		06/08	DMAS, VDA, DMHMRSAS, VDOE, DSS, DRS, IHE, VDH	TBD
2. Develop new self-direction community integration options for Virginians, including, where applicable, adding self-direction to home and community-based waivers. <ul style="list-style-type: none"> • Support current efforts to address Goal 2 within the Systems Transformation Grant (STG). • Use recommendations from the DMHMRSAS Person-Centered Planning Leadership Team to support this strategy. • Promote awareness of the "best practice" models identified through #1 above. 		2011 Current Current 02/09	Agencies collaborating on the STG	TBD
3. Involve the SILC, the Centers for Independent Living (CILs), Area Agencies on Aging (AAAs), CSBs, and private case management organizations in creating implementation plans for new targeted community integration best practices referenced above including transitional start-up costs. <ul style="list-style-type: none"> • Compile a summary of new services and changes to be made through adoption of best practice models. • Collaborate on establishing priorities based on populations in need, funding, and implementation plans. • Work with identified agencies to determine options for funding the models. • Implement the models. • Assure that Virginia policy reflects the expanded options and funding mechanisms. 		12/08 1/09- 06/09 12/10 1/11	Agencies collaborating on the STG	TBD
Community Integration Advisory Commission Advice: Change the Measurable outcome to: The number of people <u>receiving information about SD options and using SD options</u> will increase.				
Strategy #1.2.2	Develop an infrastructure to support people with disabilities to choose how their allocated funding is spent, with appropriate accountability.			
Measurable outcome	The number of people using individualized budgeting will increase.			
Implementation Actions		Date/s	Responsible agency/cies	Cost/s
1. Adopt money follows the person initiatives. Follow progress of Systems Transformation Grant (STG) implementation: <ul style="list-style-type: none"> • Determine budget authority and methodology; amend waivers. • Design and field test pilots by waiver. • Define roles of fiscal employer/agent and broker. • System change complete. 		2011	Agencies collaborating on the STG	TBD

Critical Success Factor #2: Choose Among Quality Community Providers and Direct Support Professionals

Action Plan #2.1

Expectation	An environment conducive to attracting and maintaining a network of quality community providers and direct support professionals will be created.			
Strategy #2.1.1	Publish/communicate complete career ladder of certifications and licensure for individuals serving people with disabilities.			
Measurable outcome	The number of quality community providers and direct support professionals in Virginia will increase.			
Implementation Actions		Date/s	Responsible agency/cies	Cost/s
1. Continue to support existing career pathways for direct support professionals, including the College of Direct Support.		Ongoing	IT, DBVI, DRS, DMHMRSAS, DMAS	
2. Track the implementation of recommendations from the Health Reform Commission.		Ongoing	IT, DBVI, DRS, DMHMRSAS, DMAS	
Community Integration Advisory Commission Advice: Change the Expectation to: An environment conducive to attracting and maintaining <u>an adequate</u> network of quality community providers and direct support professionals will be created.				
Strategy #2.1.2	Adequately reimburse quality community providers and direct support professionals so that they can afford to do business.			
Measurable outcome	Reimbursement of quality community providers and direct support professionals in Virginia will increase.			
Implementation Actions		Date/s	Responsible agency/cies	Cost/s
1. Continue to monitor compensation and pay rate for direct support professionals				
2. Issue a report to the Governor.		2007	Commission	TBD
3. Advocate and educate the Governor's Office and the General Assembly about the need.		Ongoing	OCI, IT	\$0
4. Facilitate activity between public and private entities to encourage collaboration and create a cohesive effort to increase rates.		Ongoing	OCI, IT, Commission	TBD
Community Integration Advisory Commission Advice: In Implementation Action 1, insert "Ongoing" under Date, and "OCI" under Responsible Agency/cies.				
Strategy #2.1.3	Identify methods of encouraging delegation of publicly-funded skilled services where appropriate so that individuals who direct their own services have sufficient flexibility to choose to have a direct support professional to perform the delegated duties.			
Measurable outcome	The number of quality community providers and direct support professionals in Virginia will increase.			
Implementation Actions		Date/s	Responsible agency/cies	Cost/s
1. Identify medicine and nursing code sections and agency regulations that need to be changed or amended to increase the flexibility of individuals to direct their own publicly-funded skilled care that would not counter current delegation regulations.		2008	IT, DRS, DMAS, OCI, DHP	TBD
2. Consider amending Section 54.1-3408 (P) of the Drug Control Act to say "normally self-administered drugs" and not limit the route of administration.		2008	OCI, IT, DHP	TBD
3. Work with the General Assembly to provide tax incentives for private care providers for the training and certification of employees.		2008	OCI, Secretary of Finance	TBD

Critical Success Factor #3: Obtain Housing

Action Plan #3.1

Expectation	Housing will be accessible for people leaving institutions or at risk of becoming institutionalized.			
Strategy	Eliminate physical, social and other barriers that impede a person's ability to live in the most integrated environment possible. (Accessibility means different things for different people. For a person with a mobility limitation the elimination of structural barriers might result in accessibility. For a person with a developmental disability, accessibility might be a system of supports that mitigate limitations and perhaps include a congregate living model.)			
Measurable outcomes	1) The number of people getting accessible housing will increase. 2) The number of people in supportive housing will increase.			
Implementation Actions		Date/s	Responsible agency/cies	Cost/s
1. Approach the Money Follows the Person Housing Task Force to develop a strategy for standardizing data collection.		TBD	VHDA, DHCD, DSS, DMAS	TBD
2. Identify the barriers to accessible housing and how to address them. <ul style="list-style-type: none"> • Work with building code officials that are responsible for ensuring that buildings are in compliance to develop recommendations on addressing barriers through programmatic responses. • Promote acceptance of Universal Design as the standard for development of new housing. 		10/08	DPOR, VHDA, VHDA (?)	
3. Evaluate the need for additional program resources to assist the development of accessible units in appropriate locations, and recommend the allocation of additional resources as needed. <ul style="list-style-type: none"> • Recommend that the General Assembly Housing Commission participate. • Explore funding sources for the fund expansion. • Identify appropriate agencies to submit grant applications or to take the lead on state budget initiatives. • Encourage Universal Design features for all new construction. 		Ongoing 12/08	VBPB, DHCD, VHDA, DMHMRSAS, DRS, OCI, DSS, DMAS	\$35,000
4. Monitor and follow the work of the Money Follows the Person Housing Task Force.		Ongoing	DHCD, VHDA, DMAS DMHMRSAS, DRS, VBPB	
Community Integration Advisory Commission Advice: Add Section 504 compliance to this action plan.				

Action Plan #3.2

Expectation	Housing will be affordable for people leaving institutions or at risk of becoming institutionalized.		
Strategy 3.2.1	Produce more units for people above 60% of the area median income that can be occupied using no more than 30% of their available income.		
Strategy 3.2.2	Provide income supplements to people below 60% of the area median income such that no more than 30% of their available income is spent for housing.		
Measurable outcomes	1) The number of units to house people at or below 60% of the area median income will increase. 2) The number of people receiving subsidies sufficient to meet their housing needs will increase.		

Implementation Actions	Date/s	Responsible agency/cies	Cost/s
1. Compile existing data to determine the number of people currently in or at risk of admission to facilities needing affordable housing units.			
2. Identify the type of disability housing needed, targeted income level, and geographic region. (The strategy in Implementation Action 3.1 will also include data for these areas.)	7/07	DMAS, DMHMRSAS, DSS, VDA	\$13,000
3. Determine the number of affordable housing units needed for the populations identified in 1 and 2 above. Complete an analysis of the data compiled in 1 and 2 above to determine the number of units needed.	7/07	DHCD, VHDA, DMAS	\$25,500
4. Evaluate the need for additional program subsidies to increase affordability. <ul style="list-style-type: none"> • Research current fair market rents throughout Virginia. • Develop program structures to make housing more affordable. • Project costs for such programs. • Funding of a Statewide Housing Trust Fund in addition to providing resources for Rental Assistance will provide the resources necessary to meet the needs identified in the plan. 	7/07	DHCD, VHDA, VBPD DMHMRSAS, DRS	\$35,000
5. Preserve affordable, accessible housing where it exists. <ul style="list-style-type: none"> • Identify the funding stream that maintains the affordability of these units. • Develop strategies that consider geography and funding sources. • Provide resources for rental assistance to help maintain affordability. 	Ongoing	VHDA, DHCD	TBD
6. Develop affordable, accessible housing where it does not exist. Funding of a Statewide Housing Trust Fund in addition to providing resources for Rental Assistance will provide the resources necessary to meet the needs identified in the plan.	3/08	IT	TBD
Community Integration Advisory Commission Advice: Add Section 504 compliance to this action plan.			

Action Plan #3.3

Expectation	Housing will be available and appropriately located.
Strategy 3.3.1	Make specific financing resources available.
Strategy 3.3.2	Increase local capacity to undertake development.
Strategy 3.3.3	Insure appropriate enforcement of laws and regulations.
Measurable outcomes	<ol style="list-style-type: none"> 1) The number of new units will increase. 2) The number of developers and design professionals capable of building new units, built to Universal Design standards, in appropriate regions will increase. 3) The number of Fair Housing Complaints, including failure to make reasonable modifications, will decrease. 4) The number of local communities' comprehensive plans that reflect the needs of people with disabilities and address issues of livable/walkable communities including accessibility, affordability and availability will increase.

Implementation Actions	Date/s	Responsible agency/cies	Cost/s
<p>1. Develop a baseline.</p> <ul style="list-style-type: none"> ● Outcome 3: Obtain baseline data on the number of Fair Housing Complaints alleging failure to meet the design and construction requirements and failure to make reasonable modifications and accommodations for FY '06. ● Outcome 4: Review comprehensive plans to evaluate report data on the needs of people with disabilities. Consult with the Virginia Association of Counties and the Virginia Municipal League to access data availability. Review the comprehensive plans to evaluate report data that addresses issues of accessibility, affordability, and availability. Consult with the Virginia Association of Counties and the Virginia Municipal League to access data availability. 	12/07	DPOR, IT	\$0
<p>2. Work with local disability organizations and advocates in collaboration with public housing agencies to ensure citizen participation, as required by HUD, is occurring in development of the public housing agency and Consolidated Plans so that accurate data and needs information is being taken into consideration when the plans are developed. Convene regional meetings of CSBs, CILs, AAAs, and Disability Services Boards, to determine local capacity needs and determine methods of addressing those needs (programs and delivery models). Include public housing agencies.</p>	11/07	OCI	\$10,000
<p>3. Develop a plan to expand outreach and promote awareness of the existing financial and capacity building resources available.</p> <ul style="list-style-type: none"> ● Identify populations to be targeted. ● Develop additional informational publications as needed and distribute them. ● Conduct information sessions as needed for targeted populations. ● Determine opportunities to expand the Accessible Housing Registry, www.accessva.org, as a marketing and outreach tool. Investigate and recommend incentive opportunities to ensure that accessible housing is included and updated on the Accessible Housing Registry, www.accessva.org (i.e. tax credits). ● Incorporate a comment and rating option on the website for the Accessible Housing Registry, www.accessva.org. ● Ensure that accessible housing developed with the Community Development Block Grant, Housing Opportunities Made Equal, Low Income Housing Tax Credit, and other public resources, are included and updated on the Accessible Housing Registry, www.accessva.org. 	6/08	VHDA, DHCD	\$10,000
<p>4. Develop methods of enhancing enforcement of laws and regulations.</p> <ul style="list-style-type: none"> ● Strengthen enforcement of state fair housing laws that require housing developers to include set-asides of accessible units. ● Educate builders, developers, and state and local housing officials about their obligations under federally financed housing programs. ● Educate people with disabilities and disability advocates about the obligations of builders and developers. 	6/08	DHCD, DPOR	\$40,000
<p>Community Integration Advisory Commission Advice: Add Section 504 compliance to this action plan.</p>			

Critical Success Factor #4: Locate and Obtain a Job

Action Plan #4.1

Expectation	People with significant disabilities transitioning out of institutions will have the option to become employed.			
Strategy	Make available information and resources to pursue and obtain employment.			
Measurable outcome	The number of referrals to organizations that provide services to assist people with disabilities to become employed will increase.			
Implementation Actions		Date/s	Responsible agency/cies	Cost/s
1. Ensure that all information about job location, availability and training/education needed is up to date and available to those who are transitioning into the community.		Ongoing	IT, VEC, Workforce Office, DRS, DBVI	
2. Ensure that the availability of employment information is consistent with the Money Follows the Person Protocol.		2008/Ongoing	DRS, DBVI, VEC, DMAS	

Action Plan #4.2

Expectation	People with disabilities will have informed choice in their employment options, including self-employment.			
Strategy	Develop knowledge of available employment options and the means to attain them.			
Measurable outcome	At least 100 people in nursing homes, 100 people in institutions, and 100 other people transitioning to the community under the Money Follows the Person Demonstration will receive employment services options packages and will understand the various options.			
Implementation Actions		Date/s	Responsible agency/cies	Cost/s
1. Working with advocates, disseminate the employment services options package to appropriate bodies, including those assisting people who are transitioning, in hard copy and through websites.		10/07	DRS, DBVI, DMHMRSAS, DMAS	TBD
2. Working with CILs and ESOs, train staff, including staff involved in institutional discharge planning, on employment services options and informed choice so that they can support persons with disabilities to obtain desired employment.		Ongoing	DRS, DBVI	TBD

Action Plan #4.3

Expectation	Opportunities for employment will exist.			
Strategy	Increase job opportunities and the capacity of employment support services.			
Measurable outcome	The unemployment of people with disabilities will decrease.			
Implementation Actions		Date/s	Responsible agency/cies	Cost/s
1. Develop a baseline, using the unemployment rate for people with disabilities and Census and DOL data.		3/06	IT, DRS, DBVI, with RRTC	TBD

2. Encourage use of the Medicaid Works Program and increase the initial financial eligibility criteria to 300% of income.	2008	DMAS, General Assembly, Governor's Office, OCI	TBD
3. Working with providers, people with disabilities, advocates and the General Assembly, recommend removal of financial disincentives for people with disabilities to become employed.	Ongoing	IT, DMAS, DSS, DRS, Department of Taxation	TBD
4. Expand personal assistance services by increasing appropriations for the DRS program and by increasing rates for both the DRS program and DMAS providers.	Ongoing	DRS, DMAS	TBD
5. Make supported employment, assistive technology, and home modifications as applicable, an option in all Medicaid waivers; fund supported employment consistently with DRS rates.	Ongoing	DMAS	TBD
6. Expand funding and capacity of long-term employment supports.	2008	DRS	TBD

Critical Success Factor #5: Access Transportation

Action Plan #5.1

Expectation	People with disabilities leaving institutions or at risk will be aware of available transportation options.			
Strategy	Educate and publicize available transportation options to people with disabilities.			
Measurable outcome	The number of people utilizing transportation services will increase.			
Implementation Actions		Date/s	Responsible agency/cies	Cost/s
1. Determine what data is readily available. Get information from agencies on the type of data they collect. Assess whether that data is useful.			OCI, DMAS, DBVI, DMHMRSAS, VDA, DRS	\$0
2. Support DRPT in coordinating local plans.		10/08	DRPT	\$0
<ul style="list-style-type: none"> • DRPT will conduct a third round of local workshops. • DRPT will prepare a state plan with data obtained at workshops. • DRPT will implement a coordinated program of universal access Americans with Disabilities Act (ADA) paratransit, i.e. a qualified user in one community can access paratransit in other Virginia communities 		7/08		
3. Develop a mechanism to educate people with disabilities and other stakeholders about transportation access and opportunities through VirginiaNavigator and disability services.		10/08	DRPT	\$0
4. Make recommendations for the use of vouchers and other incentives for transportation.		10/08	VBPD	TBD
<ul style="list-style-type: none"> • Research other states' mileage reimbursement, volunteer driver, and voucher programs. • Research other states' incentive programs for people with disabilities. 				
Community Integration Advisory Commission Advice: Change Implementation Action 3 to: Develop a mechanism to educate people with disabilities and other stakeholders about transportation access and opportunities, including the benefits of collaboration/cooperation between local jurisdictions, through VirginiaNavigator and disability services.				

Action Plan #5.2

Expectation	People with disabilities leaving institutions or at risk will know how to take advantage of available transportation services and the process to file an appropriate complaint.		
Strategy	Train CILs, CSBs, AAAs, ESOs, case managers and other key personnel, to train end users.		
Measurable outcome	The number of people trained to take advantage of their transportation choices will increase.		
	Implementation Actions	Date/s	Responsible agency/cies
	1. Identify training needs and create a training model. <ul style="list-style-type: none"> Request agencies to submit existing training activities; compile existing training activities. Identify processes to redress violations of the transportation provisions of the Americans with Disabilities Act. Develop training tools to share existing training activities. Identify key audiences. 	10/08	DMAS, VDA, DRS, DMHMRSAS, DSS, DRPT, VDDHH, DBVI
	2. Provide training. <ul style="list-style-type: none"> Incorporate training materials into a format usable by the 2-1-1 VIRGINIA system. Provide CILs, CSBs, AAAs, ESOs, case managers and other key personnel training materials. Groups identified will begin sharing information and/or developing a training curriculum. 	10/08	DMAS, DRPT, VDA, DRS, DMHMRSAS, DSS, DRPT, VDDHH, DBVI
			Cost/s
			\$0
			\$0.5 million

Action Plan #5.3

Expectation	The State will leverage funding to support current and increased transportation services.		
Strategy	Coordinate transportation services to maximize efficiencies to support additional transportation services.		
Measurable outcome	1) A plan will be submitted to the Governor by October 2008. 2) The current level of transportation services will increase as measured by the number of trips, miles, and riders.		
	Implementation Actions	Date/s	Responsible agency/cies
	1. Identify transportation needs/barriers by compiling data from local coordination service plans.	10/07	DRPT, Human Services Transportation Committee
	2. Local Coordination plans will identify coordination/improved efficiency opportunities. Include coordination with housing, medical, and employment transportation.	10/08	DRPT, VHDA, DHCD, VEC, DRS
	3. Develop a State Human Services Transportation Plan.	10/08	DRPT
	4. Establish mobility long range goals with performance measures in cooperation with other modal agencies during development of the next Statewide Transportation Plan.	12/09	VDOT, DBVI
	5. Explore options to develop a strategy to hold transportation services accountable to people with disabilities for failure to provide agreed services.	TBD	IT
	6. Consider incentives for transportation providers to provide services including incentives to coordinate transportation services and disincentives for those who do not.	10/08	DRPT
			Cost/s
			\$0
			\$0
			\$500,000
			\$0
			\$0

Critical Success Factor #6: Surrogate Decision-Making

Action Plan #6.1

Expectation	A qualified surrogate will be available to each individual statewide who needs one; if an individual cannot afford one, one will be provided.			
Strategy	Identify appropriate human and financial resources needed and develop mechanisms to make the resources accessible.			
Measurable outcome	There will be no unmet surrogate decision-making needs.			
Implementation Actions		Date/s	Responsible agency/cies	Cost/s
1. Conduct a statewide assessment of individuals who have unmet surrogate service needs. Determine the need based on current data available and identify gaps where data are not available		12/08	DMHMRSAS, DSS, DRS, DMAS, VDA	\$0
2. Develop an estimate of the cost for the appropriate level of service based on the data available regarding unmet need.		01/09	DMHMRSAS, VDA, DSS, DRS, DMAS	\$0
3. Develop a budget amendment to implement the action steps.		08/09	DMHMRSAS, VDA DSS, DRS, DMAS	\$0

Action Plan #6.2: NOTE: ACTION PLAN #6.2 was to be revised UPON DISCUSSION WITH VIRGINIA GUARDIANSHIP ASSOCIATION TO IDENTIFY EXISTING RESOURCES AND PROJECTED COSTS.

Expectation	For those who have a surrogate decision-maker, the surrogate will represent the best interests of the individual without exceeding the level of services required in accordance with applicable law and regulations.			
Strategy	Provide training for surrogate decision-makers on respect for individual values, person-centered practices, self direction, appropriate standards, and consistency with the needs of the individual.			
Measurable outcome	All surrogate decision makers will receive training prior to serving as surrogates.			
Implementation Actions		Date/s	Responsible agency/cies	Cost/s
Community Integration Advisory Commission Advice: The Team should complete this action plan by working with the Public Guardian and Conservator Advisory Board.				

Critical Success Factor #7: Access Ongoing Supports

Action Plan #7.1

Expectation	All people with disabilities will have accessible, quality medical, dental, vision and hearing care in their communities.			
Strategy	Increase the number of accessible (including physically accessible) medical, dental, vision and hearing providers in communities that offer services to people with disabilities.			
Measurable outcome	The number of accessible medical, dental, vision and hearing providers offering services to people with disabilities will increase by 20%.			
Implementation Actions		Date/s	Responsible agency/cies	Cost/s
1. Collect needs picture by locality with assistance from DSBs, CSBs, CILS and AAAs.		12/08	DMHMRSAS, DSS, VDH, VDOE, DMAS, VDA	\$0
2. Follow implementation of recommendations of the Governor's Health Reform Commission in "Roadmap for Virginia's Health." Follow implementation of the VDH Health Promotion Grant.		Ongoing	IT	TBD
3. Add dental care as a covered service by Medicaid for adults.		TBD	DMAS	TBD

Action Plan #7.2:

Expectation	Services will be flexible and targeted to all Olmstead populations.			
Strategy	Pursue Medicaid options under the 2005 Deficit Reduction Act.			
Measurable outcome/s	TBD			
Implementation Actions		Date/s	Responsible agency/cies	Cost/s
1. Identify new state plan option services to maximize benefits to all citizens.		TBD	DMAS, DMHMRSAS	TBD
2. Apply for Centers for Medicare and Medicaid Services grant funds for demonstration projects.		TBD	DMAS, DMHMRSAS	TBD
3. Obtain allocation from the General Assembly for project(s) sustainability.		TBD	OSHHR, DMAS, DMHMRSAS	TBD
4. Change all applicable policies and regulations.		TBD	OSHHR, DMAS, DMHMRSAS	TBD

Action Plan #7.3

Expectation	Waiver services will be available for all who want them.			
Strategy	Expand existing waivers.			
Measurable outcome	100% of people eligible for existing waivers will receive desired waiver services.			

Implementation Actions	Date/s	Responsible agency/cies	Cost/s
1. Develop a baseline on 1/1/08 using MR, Day Support, and DD Waiver urgent and non-urgent wait list information.	01/08	IT, DMHMRSAS, DMAS	\$0
2. Using the MR Waiver Study waiting list phase out plan, develop a phase-out plan for the DD waiver to eliminate both waiting lists.	06/08	DMAS, DMHMRSAS	\$0
3. Appropriate slots for waivers every year based on waiting list phase out.	Ongoing	OSHHR, DMAS, DMHMRSAS	TBD
4. Identify additional needed services. Utilize the MR Waiver Study as a model for how to identify additional needed services. Identify additional needed services for other waivers.	Ongoing	OSHHR, DMAS, DMHMRSAS	TBD
5. Obtain appropriation for additional services.	Ongoing	OSHHR, DMAS, DMHMRSAS	TBD

Community Integration Advisory Commission Advice:

Change Implementation Action 3 to: Eliminate the waiting lists in accordance with the percentages in the Olmstead Task Force Report. Target dates and budget amounts can be drawn from the MR systems study.

Add an Implementation Action: Develop a protocol to allow individuals on the DD waiver to move to the MR waiver if and when they later qualify for the MR Waiver, to avoid loss of services.

Add an Implementation Action: Identify policy and administrative barriers and develop an action plan with time lines for correcting those policy and administrative barriers.

Add an Implementation Action: Develop an outreach and information dissemination plan about Medicaid waivers for students with disabilities and their families, with DMHMRSAS, DOE and DMAS responsible.

Action Plan #7.4:

Expectation	Medicaid will cover all needed services for people with mental illness.		
Strategy	Create Medicaid-reimbursable wellness management, peer supports, and supported employment services.		
Measurable outcome	At least three new services will be established.		
Implementation Actions	Date/s	Responsible agency/cies	Cost/s
1. In conjunction with CSBs, pilot supported employment practices. <ul style="list-style-type: none"> DMHMRSAS, DRS, and DMAS plan pilot approach. Issue DMAS provider manual changes re Mental Health Support Services (MHSS) in workplace. Issue Request for Proposals (RFP) to CSBs working with DRS vendors. Conduct supported employment Pilot. 	1/07 4/07 6/07-6/08	DMHMRSAS	\$100,000
2. In conjunction with CSBs, pilot Peer Support practices. <ul style="list-style-type: none"> Issue RFP to Peer Specialist Training Programs. Confirm curricula compliance with DMAS Qualified Mental Health Para-Professional requirements. Conduct Peer Specialist Trainings. 	2007	DMHMRSAS	\$1,658,000

3. In conjunction with CSBs, pilot Wellness Management practices. <ul style="list-style-type: none"> Continue Peer Training Programs in Wellness Recovery Action Plan (WRAP) facilitation. Continue CSB regional trainings in Recovery and include the hospitals in each planning region. 	2007	DMHMRSAS	\$377,000
4. Seek additional State General Funds (SGF) in Governor's budget to help underwrite start-up and transition costs associated with transforming the mental health system towards a more recovery-oriented focus on employment.	2007	DMHMRSAS	\$1,000,000
5. Seek additional SGF in Governor's budget to expand the supported employment Pilot to develop programs to train CSB staff in the importance of employment in the process of recovery and utilizing the most effective technologies to help people with mental health issues get and keep competitive employment.	2007	DMHMRSAS	\$250,000
6. Seek additional SGF in Governor's budget to develop, plan, and deliver regional training on trauma-informed Wellness Management practices to mental health provider staff and peer providers.	2007	DMHMRSAS	\$250,000
7. Seek additional SGF in Governor's budget to promote the implementation of both the evidence-based Illness Management and Recovery and Illness Self-Management programs in all state psychiatric facilities and local mental health programs.	2007	DMHMRSAS	\$75,000
8. Seek additional SGF in Governor's budget to collaborate with statewide partners and people with mental health issues to design, create and support a Virginia Mental Health Recovery Institute to provide comprehensive training/recovery education/ongoing consultation to state and local mental health agencies in the transformation of the mental health system to one that truly embraces a culture of recovery.	2007	DMHMRSAS	\$700,000

Action Plan #7.5

Expectation	Specialized services and supports will be available to permit individuals to continue to live in their homes, through such supports as the Older Blind Program, the Companion Program, and the Caregivers Grant.			
Strategy 7.5.1	Provide increased community-based adjustment to blindness training and specialized adaptive equipment distribution to older people experiencing vision loss.			
Strategy 7.5.2	Provide increases to the companion program.			
Strategy 7.5.3	Provide grants to caregivers of older individuals.			
Measurable outcomes	1) The frequency of rehabilitation teacher contacts with older blind customers will increase. 2) The percentage of eligible individuals receiving services will increase. 3) Caregiver grants will be available statewide.			
Implementation Actions		Date/s	Responsible agency/cies	Cost/s
1. Request budget increases to make sufficient older blind services available to all eligible individuals.		Ongoing	DBVI	\$250,000
2. Identify unmet needs related to the Caregivers Grant program to close the current service gap.		Ongoing	DSS	\$0
3. Request a budget increase for home-based services for elders and adults with disabilities who are on the waiting list.		Ongoing	DSS	\$2.0M

III. GOALS #1 AND #2: ACTION PLANS THAT APPLY TO A SPECIFIC TYPE OF FACILITY

Critical Success Factor #7: Access Ongoing Supports

Action Plan #7.1-F: Assisted Living Facilities

Expectation	Information about community-based options will be readily available.			
Strategy	Provide information on all community living opportunities to people with disabilities who receive auxiliary grants.			
Measurable outcome	100% of individuals receiving auxiliary grants and living in assisted living facilities will receive community-based options information.			
Implementation Actions		Date/s	Responsible agency/cies	Cost/s
1. Utilize lessons learned from VACIL's nursing home transition grant for assisted living facilities.		07/08	DMHMRSAS, DSS, VBPD, VDA	TBD
2. Educate and train appropriate staff on available resources and service options.		7/08	DSS, DMHMRSAS	TBD
3. Mandate communication of options to all people covered by this Plan.		7/09	DSS, DMHMRSAS	TBD

Action Plan #7.2-F: Assisted Living Facilities

Expectation	Money will follow the person.			
Strategy	Use auxiliary grants for other community living options.			
Measurable outcome	The auxiliary grant will fund 250 people living in other community options.			
Implementation Actions		Date/s	Responsible agency/cies	Cost/s
1. Explore a portable auxiliary grant option; identify requirements for implementing pilot.		8/06	DSS, DMHMRSAS	TBD
2. Submit to General Assembly for approval and administrative funding of the pilot.		11/06	DSS	TBD
3. Implement the pilot for two years to test a portable auxiliary grant option.		12/07	DSS, DMHMRSAS	\$160,000
4. Evaluate for program outcomes and costs; identify needed policy changes.		9/09	OSHR, DSS, DMHMRSAS	TBD
5. Seek approval and appropriation for statewide implementation and, if necessary, authority for regulatory changes as of 7/10.		5/10	OSHR, DSS, DMHMRSAS	TBD
6. Revise regulations.		7/10	OSHR, DSS, DMHMRSAS	TBD

Definition of Planning Terms

Action plan: A brief outline of expectations, strategies, measurable outcomes, implementation actions, dates, responsible agency/cies, and cost/s that would result in success for the applicable critical success factor.

Cost/s: If known, the cost of implementing each action.

Critical success factor: A key area in which the Commonwealth's satisfactory performance is required in order for Virginians with disabilities who currently reside in, or are at risk of unwanted admission to, a state mental health, mental retardation, nursing or assisted living facility to achieve their goal of community integration.

Date/s: For each implementation action, the date by which implementation should begin.

Expectation: A sentence that describes what Virginians with disabilities expect.

Implementation Actions: Action statements that describe sequentially how each strategy would be implemented.

Measurable outcome/s: For each strategy, a sentence that describes how success would be measured if the strategy were implemented.

Responsible agency/cies: For each implementation action, the agency or agencies that would actually implement the action.

Strategy: A phrase that describes what is needed to meet the expectations. There can be more than one strategy for an expectation.

A Guide to Acronyms Used in this Plan

AAAs	Area Agencies on Aging
ADA	Americans with Disabilities Act
AG	Auxiliary Grant
ALF	Assisted Living Facility
AMI	Area Median Income
BP	Best Practice(s)
CAS	Commonwealth Autism Services
CILs	Centers for Independent Living
CSBs	Community Services Boards
DBVI	Department for the Blind and Vision Impaired
DGS	Department of General Services
DHCD	Department of Housing and Community Development
DHP	Department of Health Professions
DMAS	Department of Medical Assistance Services
DMHMRSAS	Department of Mental Health, Mental Retardation and Substance Abuse Services
DOL	U.S. Department of Labor
DPOR	Department of Professional and Occupational Regulation
DRPT	Department of Rail and Public Transportation
DRS	Department of Rehabilitative Services
DSB	Disability Services Board
DSP	Direct Support Professional
DSS	Department of Social Services
DVS	Department of Veterans' Services
ED	Executive Directive
ESO	Employment Services Organization
GA	General Assembly
GO	Governor's Office
HHR	Health and Human Resources
HUD	U.S. Department of Housing and Urban Development
IHE	Institutions of Higher Education
IT	Implementation Team
JLARC	Joint Legislative Audit and Review Commission
MFP	Money Follows the Person

MH	Mental Health
MHPC	Mental Health Planning Council
MHSS	Mental Health Support Services
MR	Mental Retardation
OCI	Office of Community Integration
OCS	Office of Comprehensive Services for At-Risk Youth and Families
OSCT	Office of the Secretary of Commerce and Trade
OSEd	Office of the Secretary of Education
OSHHR	Office of the Secretary of Health and Human Resources
OST	Office of the Secretary of Transportation
PA	Personal Assistant
PCP	Person-Centered Practices
PHA	Public Housing Agency
RFP	Request for Proposals
SCHEV	State Council of Higher Education for Virginia
SD	Self Direction or Self-Directed
SE	Supported Employment
SGF	State General Funds
SILC	Statewide Independent Living Council
STG	Systems Transformation Grant
TBD	To Be Determined
VACIL	Virginia Association of Centers for Independent Living
VACo	Virginia Association of Counties
VBPD	Virginia Board for People with Disabilities
VCCS	Virginia Community Colleges System
VDA	Virginia Department for the Aging
VDDHH	Virginia Department for the Deaf and Hard of Hearing
VDH	Virginia Department of Health
VDOE	Virginia Department of Education
VDOT	Virginia Department of Transportation
VEC	Virginia Employment Commission
VHDA	Virginia Housing Development Authority
VML	Virginia Municipal League
VOPA	Virginia Office for Protection and Advocacy
VR	Vocational Rehabilitation
WIA	Workforce Investment Act



Executive Directive 6 (2007)

COMMUNITY INTEGRATION TEAM

Virginians with disabilities have a right to enjoy the same benefits of society and freedoms of everyday life that Virginians without disabilities enjoy. The Commonwealth has an obligation under the U.S. Supreme Court's Olmstead v. L.C. decision, the Americans with Disabilities Act, and the Virginians with Disabilities Act to provide appropriate opportunities for people with disabilities to become fully integrated into the community if they choose to do so. This is more than a legal obligation—it is a moral imperative. State government must continue to have appropriate structures and plans in place to facilitate the integration of Virginians with disabilities into every community in the Commonwealth.

By virtue of the authority vested in me as Governor under Article V, Section 1 of the Constitution of Virginia and Sections 2.2-103 and 2.2-104 of the Code of Virginia, I hereby direct the following Cabinet Secretaries and their respective executive branch agencies and councils to continue their collaborative efforts to complete and annually update a comprehensive, cross-governmental strategic plan designed to assure continued community integration of Virginians with disabilities:

Secretary of Commerce and Trade

Department of Housing and Community Development
Department of Professional and Occupational Regulation
Virginia Housing Development Authority
Virginia Employment Commission

Secretary of Education

Department of Education
State Council of Higher Education for Virginia
Virginia Community Colleges System

Secretary of Health and Human Resources

Department for the Blind and Vision Impaired
Department of Health Professions
Department of Medical Assistance Services
Department of Mental Health, Mental Retardation and Substance Abuse Services
Department of Rehabilitative Services
Department of Social Services

Mental Health Planning Council
Office of Comprehensive Services for At-Risk Youth and Families
Statewide Independent Living Council
Virginia Board for People with Disabilities
Virginia Department for the Aging
Virginia Department for the Deaf and Hard of Hearing
Virginia Department of Health

Secretary of Public Safety

Department of Veterans' Services

Secretary of Transportation

Department of Rail and Public Transportation
Virginia Department of Transportation

Special Advisor to the Governor for Workforce Development

The goals of this strategic plan shall be to provide individuals with disabilities the opportunity to choose to move from institutions to appropriate, more integrated settings and to avoid unwanted institutionalization. The plan shall contain strategies that comprehensively address community services and supports, housing, transportation, employment and workforce issues, and shall be accompanied by a report on statewide progress in addressing these issues. The plan shall be submitted to me for my approval no later than August 31, 2007, and shall be updated and submitted annually by August 31 of each succeeding year.

I hereby direct the Cabinet Secretaries, executive branch agencies and councils to work in close collaboration with the Community Integration Advisory Commission established pursuant to §§ 2.2-2524 – 2529 of the *Code of Virginia*, and to provide any information requested by the Commission to carry out its charge of monitoring community integration in the Commonwealth.

I further direct the Cabinet Secretaries, executive branch agencies and councils to work in close collaboration with local governments and local government agencies in the Commonwealth. The Director of Community Integration for People with Disabilities shall coordinate and oversee this initiative and provide staff support to the Community Integration Advisory Commission.

This executive directive will remain in full force and effect unless amended or rescinded by further executive action. Given under my hand and under the Seal of the Commonwealth of Virginia, this 18th day of May, 2007.

Timothy M. Kaine, Governor